

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: October 3, 2016

Auditor Information			
Auditor name: Joel T. Whitt M.A.			
Address: P.O. Box 10751 College Station, TX 77842-0751			
Email: joel.whitt@zajonc-corp.com			
Telephone number: 210-744-4943			
Date of facility visit: August 22, 2016 – August 24, 2016			
Facility Information			
Facility name: Tom Green County Juvenile Detention Center			
Facility physical address: 1253 West 19 th Street, San Angelo Texas 76903			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 325-655-2323			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Mark Williams, Agency Head			
Number of staff assigned to the facility in the last 12 months: 49			
Designed facility capacity: 25			
Current population of facility: 8			
Facility security levels/inmate custody levels: NA			
Age range of the population: 10-17			
Name of PREA Coordinator: Patrick A. Graves		Title: Deputy Chief/Director of Detention/PREA Coordinator	
Email address: Pat.Graves@co.tom-green.tx.us		Telephone number: 325-655-2323	
Agency Information			
Name of agency: Tom Green County Juvenile Probation			
Governing authority or parent agency: <i>(if applicable)</i> Tom Green County Juvenile Board			
Physical address: 1253 West 19th Street, San Angelo Texas 76903			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 325-655-2323			
Agency Chief Executive Officer			
Name: Mark Williams		Title: Chief Juvenile Probation Officer	
Email address: Mark.Williams@co.tom-green.tx.us		Telephone number: 325-655-2323	
Agency-Wide PREA Coordinator			
Name of PREA Coordinator: Patrick A. Graves		Title: Deputy Chief/Director of Detention/PREA Coordinator	
Email address: Pat.Graves@co.tom-green.tx.us		Telephone number: 325-655-2323	

AUDIT FINDINGS

NARRATIVE

The Tom Green County Juvenile Probation Department (TGCJPD) requested a PREA Audit for the Tom Green County Juvenile Detention Center (TGCJDC) located in San Angelo, Texas. This PREA Audit Report is specific to the findings related to the TGCJDC. The pre-audit work began on June 7, 2016 and the onsite portion of the PREA Audit was conducted between August 22, 2016 and August 24, 2016. (NOTE: for the purposes of this PREA Report the term “Agency” at all times represents the TGCJPD and the term “Facility” at all times represents the TGCJDC.

Tom Green County Juvenile Probation Department (TGCJPD) requested a PREA Audit for the Tom Green County Juvenile Detention Center (TGCJDC) located in San Angelo, Texas was conducted on August 22, 2016 through August 24, 2016 by Joel Whitt M.A. from San Antonio, Texas, a U.S. Department of Justice Certified PREA Probationary Auditor for Juvenile Facilities. Audit notices were posted throughout the Facility 42 days prior to the on-site review and date stamped photographic evidence was submitted demonstrating the timely posting of the notices. The Facility was requested and agreed to keep all notices posted until the completion of the audit and approval of the Final Report. As of the date of this report, the Auditor has not received any correspondence or mail at the Post Office Box address included on the Notice of Audit.

It was requested of the Agency and Facility to complete the *Pre-Audit Questionnaire* and it was provided to the Auditor along with electronic copies of the supporting documents in the weeks preceding the on-site review portion of the audit. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the Facility along with the data included in the completed *Pre-Audit Questionnaire*. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing and submitted to the PREA Coordinator and the Agency Head through electronic mail to which responses were requested. Answers to the questions were submitted by the Agency and Facility management three weeks before the on-site portion of the audit and reviewed by the Auditor prior to the on-site review. During this Correspondence two phone conferences were scheduled with the PREA Coordinator (Pat Graves), Agency Head (Mark Williams) and Supervisor of Detention (Terry Reeves). It was also noted at this time that the Organizational Chart did not specifically indicate the PREA Coordinator. A revised Organizational Chart was presented to the Auditor prior to the onsite audit.

The Auditor conducted an entrance conference with Agency and Facility administration on the morning of August 22, 2016. After introductions and welcoming remarks by the Agency Head, PREA Coordinator and Supervisor of Detention and the Auditor, the discussion focused on the audit schedule and an overview of the process. Present were Mark Williams the Tom Green County Chief Juvenile Probation Officer (Agency Head), Pat Graves the Assistant Chief Juvenile Probation Officer and PREA Coordinator, and Terry Reeves the Supervisor of Detention (title of the Facility Head). It was determined at the close of this meeting and review of the schedule of the onsite audit that there were 8 residents in the Facility and all residents were males and 100% of these residents would be interviewed. A random number generator was utilized to identify 15 staff members who were in the random staff interview pool and verified that of these staff each shift was included and represented and a sample of both male and female staff were included. After this introductory meeting and the selection of random staff and the schedule review for interviews with specialized staff the Auditor toured the physical plant escorted by Terry Reeves the Supervisor of Detention. Both the Agency and Facility are housed in one building. The tour included the Agency areas that include office space for probation officers, mental health works and administrative support staff. The public entrance to the building required visitors enter into a public waiting area and pass through a security screening and identification verification. It was observed that in both the public and Agency space of the building notices of zero tolerance, abuse reporting and information on the Concho Valley Rape Crisis Center were posted as well as the notice of the PREA Audit. The detention/Facility area of the building required access through secure doors that enter a visitation area where notices were also observed. The detention Facility included the kitchen, dining area, two resident wings with a single shower and single cells to house up to 25 male or female youth, the office of the PREA Coordinator, Supervisor of Detention, Education Rooms, Intake Room, and exercise areas inside and outside of the Facility. The Auditor spoke informally with staff encountered during the tour and paid particular attention to the video monitoring capabilities in control rooms and administrator offices and camera placement both inside and outside of the Facility. After the physical plant review, the Auditor began interviewing the Agency Head, PREA Coordinator, PREA Incident Review Team Member, available Random Staff and the eight residents for the remainder of day one. On day two, the Auditor, as planned with the Supervisor of Detention arrived at 6:00 am to interview random staff who worked the overnight shift (11pm to 7am) and the day shift (7am to 3pm) and the Facility custodial staff.

Random Staff Interviews were completed with full and part-time random staff who worked all three shifts on day two. Additionally on day two the auditor interviewed two mental health care providers, kitchen staff, education staff, and specialized staff. On the second and third day the Auditor completed resident file, staff background checks, staff training records, Facility documents and video review of camera locations, and verification of unannounced rounds as documented over the past 22 days (the number of days video is available on the server) and found that unannounced rounds as documented were completed by the PREA Coordinator and Supervisor of Detention. The exit conference was conducted on the third day.

During the three days of the on-site audit, the Auditor was provided use of the PREA Coordinator's Office for confidential interviews, document reviews, and file review. The Auditor conducted all staff interviews, specialized staff interviews, contractor interviews, and resident interviews in this office as it was located in the center of the Facility and near the education room where the residents were at the time of the interviews.

Formal personal interviews were conducted with Facility staff, specialized staff, residents and contractors. On the first day of the on-site review, there were 8 residents housed in the Facility (8 males and 0 females). The auditor interviewed all 8 residents or 100% of the residents at the Facility. Residents were interviewed using the recommended Department of Justice (DOJ) protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment.

Eleven detention officers (Random Staff) were interviewed during the on-site review. Included in the interviews were male and female detention officers. Interviews also included specialty staff including two mental health providers (contract staff), custodial staff, kitchen staff, first responders, administrative investigator, PREA Incident Review Team Members, intake and screening, human resources and training individuals. Also interviewed were the Agency Head, PREA Coordinator, and the Supervisor of Detention. Staff was interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, first responder duties, data collection processes and other pertinent PREA requirements.

The auditor reviewed personnel files for fifteen (15) staff members to determine compliance with training mandates and background check procedures. Case files for the 8 current youth in the Facility and 4 discharged residents were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas.

The Auditor spoke via telephone to staff at the Concho Valley Rape Crisis Center (CVRCC) and verified the web address and hotline numbers posted were correct and that they provided advocacy services as indicated in the MOU between the Agency and CVRCC; each was confirmed. The Auditor also verified the SANE services available at Shannon Medical Center in San Angelo. While there have been no forensic exams provided for residents of the Facility it was verified that a SANE Nurse is always on-call and available for any instance of sexual assault. The Shannon Medical Center is identified in the Coordinated Response Plan as the forensic and medical treatment service provider and services are also specified on the Shannon Medical Center's website.

On the on-site review of the physical plant, the Auditor observed, among other things, the Facility configuration, location of cameras, cell doors and windows, lay out of cells for changing and use of toilet free from cross gender viewing, staff supervision of residents, access to of camera areas (all were locked), placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The Auditor noted that per Facility design, Policy and Procedures all residents are assigned a single cell, opposite gender staff are prohibited from entering the cell except in a security situation accompanied by staff of the gender of the resident. Notices of the PREA audit were posted throughout the Facility in common areas. It was also noted that while the posters with hotline reporting numbers indicated Abuse, Neglect and Exploitation but did not include Sexual Abuse or Sexual Harassment. The Auditor was provided unimpeded access to all parts of the Facility during the on-site review.

The Auditor conducted an exit conference with the agency officials on August 24, 2016. Agency administration and staff were very open and receptive to areas where PREA compliance needs and recommendations were identified. The Auditor identified that the updated Organizational Chart with the PREA Coordinator had replaced the former Organizational Chart on site and resources for updated posters with the specific PREA language included were discussed.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Tom Green County Juvenile Probation Department (TGCJPD) requested a PREA Audit for the Tom Green County Juvenile Detention Center (TGCJDC) located in San Angelo Texas. This PREA Audit Report is specific to the findings related to the TGCJDC. The pre-audit work began on June 7, 2016 and the onsite portion of the PREA Audit was conducted between August 22, 2016 and August 24, 2016. (NOTE: for the purposes of this PREA Report the term “Agency” at all times represents the TGCJPD and the term “Facility” at all times represents the TGCJDC. The Tom Green County Juvenile Probation Department operates the Tom Green County Juvenile Detention Facility located at 1253 West 19th Street, San Angelo Texas. San Angelo is located in the Western part of Central Texas. The Agency and Facility are housed in single free standing building within the City of San Angelo. Both the Agency and Facility are certified by the local Juvenile Board. The Agency and Facility are also regulated by the State of Texas via the Texas Juvenile Justice Department (TJJJ). Texas Administrative Code Title 37, Chapter 343 governs secure pre- and post-adjudication facilities and imposes significant rules on the operations and programming. The Facility has 25 single cells and Policy mandates that all residents are housed in a single cell. The Facility can detain youth ages 10 to 17 when brought by the police. TJJJ required ratios for detention Facilities that operate a single cell design is 1 Detention Security Officer to every 8 youth during waking hours and 1 to 24 during sleeping hours. The Facility exceeds this standard by policy as it requires compliance with the 1 to 8 ratio and has a required 1 to 18 ratio during sleeping hours; however, per Policy and Staffing Plan there is always 1 staff of each gender at the Facility and the required TJJJ ratio is surpassed. The current staffing plan that has been passed and approved by the Governing Body (Juvenile Board) of the Agency has approved the existing staffing plan and the staffing plan that shall go into effect on 01/01/2017 that will change the required ratios to be compliant with PREA Standards that are required by October 2017.

The Tom Green County Juvenile Detention Center (Facility) is comprised of two units/wings with a total of 25 single cells between two units/wings. Each cell has a toilet that is not in view of the window of the door and changing area. There are two locked single toilets in the day room area that can only be accessed by staff. There is a single shower per unit that is where residents are required to shower alone behind a closed door. There is a single security room for mental health supervision located in the central control room and two holding cells in the Intake Area for security. Both wings have a control room/staff office with monitoring capabilities both visual and by video of communal areas that are used during resident sleep hours; however the primary wing that is utilized for frequently and houses the mental health observation room is considered the Central Control Room. The Facility includes two educational classrooms, one intake room with two cells, Supervisor of Detention Office, PREA Coordinator Office, Visitation Area, outside secure recreation, two large open day areas, Mental Health Services Office (contractor use). The maximum capacity for this Facility is 25 residents. Juveniles are brought to this Facility when detained by the police.

There are a total of 49 staff who have contact with youth in the Facility; a total of 7 of these staff have been hired in the past 12 months. Over the past 12 months a total of 303 youth have been admitted to the Facility who remain at the Facility an average of 13 days. The Facility services as the County Juvenile Detention Center for both male and female youth. Of these youth 303 admitted during the past 12 months 168 have resided in the Facility for more than 72 hours. This is the Agency and Facility’s first PREA Audit and since August 20, 2012 there have been 5,130 youth admitted to the Facility. Currently there are a total of 11 volunteers and/or contractors who have contact with youth. The Facility utilizes the local hospital for Forensic Sexual Assault Medical Exams. There is one administrative investigator employed by the Agency and criminal investigations are completed by the Tom Green County Sheriff’s Office.

The Facility’s design helps ensure the safety of youth as it is single cell, all cells have a toilet and area to change that is out of cross gender view, incidental viewing, and camera viewing. Showers are one youth at a time and are behind a solid door that is closed, entry and exit procedures require the youth to be fully clothed, and these doors are captured on the video surveillance system. Throughout the Facility the video surveillance system is implemented to cover all doors in the Facility ensuring that deviation from the areas staff or residents are permitted to go would be on video for the current storage capacity of 22 days. The Agency Head, PREA Coordinator, and the Supervisor of Detention all have access to review stored data in the system, ability to monitor all cameras at any time from their desks, and the ability to save and record data as needed for investigations.

The Agency and Facility are located in the same building. Only authorized staff may leave the Agency’s Probation Department, Administrative or public areas and must be admitted upon verification of identification, security check and under supervision through a locked door. There are two entrances to the Facility. One Entrance is used to access the Agency’s

Administrative and Probation office area through the public waiting room. This same entrance to the Facility can be accessed through an alternative entrance for Agency staff members; however this building entrance still requires that access to the Facility is through the entrance already noted. The second Facility Entrance is the Intake Entrance which is utilized by law enforcement when youth are brought to the Facility. This entrance leads into a secure room with two single cells. The Intake area does include a shower and toilet however these areas are not in view of the surveillance system or cameras. All entrances and exits are monitored by video surveillance cameras and this video is maintained at least 22 days.

SUMMARY OF AUDIT FINDINGS

Pre-Audit: The PREA Audit period began on July 11, 2016. At this time it was noted and reported to the PREA Coordinator that the current Organizational Chart did not identify the PREA Coordinator and would not be compliant with Standard 115.311. On August 1, 2016 the revised Organizational Chart was received that included the PREA Coordinator position.

Samples of contracts with confinement facilities that the Agency may use for youth ordered by the courts to place a resident at did not all indicate the expectation of compliance with PREA Standards. This was discussed in the Pre-Audit component of the Audit as some contracts did include this language and some did not; it was noted to be reviewed on-site as the new proposed contract for placement to be implemented on September 1, 2016 did include this language.

On-Site: The onsite component of this PREA Audit occurred on August 22nd, 23rd, and 24th. During the completion of the onsite it was determined that the Organization Chart had been updated and replaced previous Organizational Chart. This and verification of staff training of all PREA Requirements were received at the time of the onsite and reconfirmed at the time of this report.

During the past 12 months, the Agency reported that there have been no allegations of sexual abuse or sexual harassment in their responses to the PAQ. The Auditor determined based on documentation, interviews and pre and onsite audit components that this was accurate and no allegations had been made in the past 12 months.

Overall, the interviews of residents reflected that they are aware of and understand the PREA protections and the agency's Zero Tolerance policy for sexual abuse and sexual harassment. Residents receive written materials at intake (i.e., *Resident Handbook*) that provide detailed information about PREA protections, the multiple ways to report sexual abuse or sexual harassment and ways to protect themselves from sexual abuse. Residents initial each section of the orientation materials and sign on the form that they received it with the date included for verification when orientation, education, and the Resident Handbook are received. Subsequent to intake orientation, residents are provided more comprehensive education on PREA that includes personal instruction, review of the Resident Handbook, and the services available for victims of sexual abuse or sexual harassment. Residents indicated they understand the various ways to report sexual abuse and/or sexual harassment internally and all residents indicated that they believed staff would respond immediately to verbal or written reports. Residents were able to articulate to the Auditor what they would do and who they would tell if they or someone in the Facility were sexually abused or sexually harassed. All residents indicated that they had contact with family or someone on their approved list outside of the Facility, access to a counselor, access to a teacher, and access to their Juvenile Probation Officer who could also report to if it was needed. Residents consistently indicated to the auditor that they felt safe in the Facility which is a most significant indicator of a positive and sexually safe culture in the Facility. Several residents interviewed indicated this was not their first time in the Facility and they were very familiar with the Facility. All residents indicated that it is a very structured Facility and that the staff take their jobs seriously when it comes to maintaining safety within the Facility.

All Facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's Zero Tolerance Policy. Staff were knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Overall, most staff demonstrated they were well trained on the PREA first responder's protocol for any PREA related allegation and they could clearly articulate the appropriate steps they would follow if they were the first responder to an incident. As there have been no reported incidents of sexual abuse or sexual harassment in over 36 months staff can benefit from additional training. Additionally, training specifically on the First Responder Duties, Orientation and Education Process, Coordinated Response Plan, and 11 training areas required by PREA that indicate that the Policy dated 05/09/2016 has been reviewed, acknowledged and documented with staff signatures. The majority of Staff received annual training prior to May 9, 2016 when the Agency Policy pertaining specifically to PREA was updated. The auditor received verification that training was provided to staff on updated policies and areas identified in this report where additional training was recommended or indicated was provided on September 10, 2016 to all detention staff and verified by employee signatures.

In summary, after reviewing all pertinent information and after conducting the onsite review, resident interviews and staff interviews, the Auditor found that Mr. Williams, Mr. Graves and Mr. Reaves and staff have clearly made PREA compliance a
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high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of PREA. Discussions with the Agency Head, PREA Coordinator and Supervisor of Detention reinforced the agency's commitment to ensuring the sexual safety of residents and staff in the Facility. It was further evident that staff and residents were invested in PREA as demonstrated through their knowledge and understanding of the protections and requirements. The positive culture of sexual safety in this Facility is evident in the overall operations of this Facility and the level of PREA compliance noted by this Auditor. During the resident interviews the clear message received by youth was "this place is safe" based on their descriptions of staff, sleeping areas, shower processes, and searches. Residents indicated cross gender viewing, searches or pat downs do not occur several stated "they cannot do that" and all indicated they have never viewed this occur or heard of it occurring. While there are certain areas of compliance that will require strengthening through corrective actions as detailed in this report, those corrections are relatively easy to accomplish and the Auditor expects full compliance will be achieved prior to the 30 day period as the training was scheduled at the time of the Exit Meeting and new Posters were identified by the PREA Coordinator and Auditor available on the PREA Resource Center. As a result of the exit conference with Agency began their corrective actions prior to receiving this report.

The final status of standards that were exceeded, met, not met or not applicable is detailed below. There are a total of 41 standards. Most standards have between 1-10 subsections. To achieve compliance on any given standard, the Facility must achieve 100% compliance with each and every subsection within the standard. The compliance performance is shown for the Final Audit Report issued October 3, 2016.

PREA Standards Compliance Overview – Final Audit Report

Number of standards exceeded: 1

- §115.317

Number of standards met: 40

- §115.311, §115.312; §115.313; §115.316; §115.318;
- §115.321; §115.322;
- §115.331; §115.332; §115.333; §115.334; §115.335
- §115.341; §115.342
- §115.315; §115.352; §115.353; §115.354;
- §115.361; §115.362; §115.363; §115.364; §115.365; §115.367; §115.368;
- §115.371; §115.372; §115.373; §115.376; §115.377; §115.378; and
- §115.381; §115.382; §115.383; §115.386; §115.387; §115.388; §115.389

Number of standards not met: 0

Number of standards not applicable: 0

Total Standards: 41

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA Page 1
2. Agency and Facility Organizational Chart
3. Interviews with the following:
 - a. PREA Coordinator
 - b. Agency Head
 - c. Supervisor of Detention
 - d. 100% of the 8 Facility Residents
 - e. Interviews with 11 Security Staff
 - f. Interviews with Specialized Staff (1 First Responder, 1 PREA Incident Review Team Member, 2 Mental Health Contractors, and 1 Education Staff Member)

Findings (By Subsection):

Subsection (a): The Agency has a comprehensive policy on sexual abuse and sexual harassment contained on page 1, 22, 23, 24, and 25 of the Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA. The policy clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policy details definitions that are compliant with the PREA definitions on pages 22, 23, 24, and 25. The policy further outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA also provides detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse or sexual harassment.

Subsection (b): The Agency has designated the Assistant Chief Juvenile Probation Officer, Mr. Pat Graves as the PREA Coordinator. Mr. Graves is housed in the Facility and supervises the Supervisor of Detention and Training Supervisor Terry Reeves; Mr. Graves reports to the Chief Juvenile Probation Officer Mr. Mark Williams who is the Agency Head. Both the PREA Coordinator and Agency Head reports that the PREA Coordinator has sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA.

Subsection (c): The Agency has a single 25 single cell Facility. The PREA Coordinator is located within the Facility and no PREA Compliance Manager is required or designated.

Corrective Action: None.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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.

Evidence Reviewed (documents, interviews, site review):

1. Fiscal Year 2015 Residential Contracts (6)
2. Fiscal Year 2016 Residential Contracts (6)
3. Interview with the following:
 - a. Agency’s Contract Administrator (Chief Juvenile Probation Officer/Agency Head)

Findings (By Subsection):

Subsection (a): The Agency currently contracts with six (6) providers for the placement of their youth. Each of the six are with private residential providers that are licensed by the Texas Department of Family and Protective Services (TDFPS). All contracts require the service provider to adhere to federal law which includes PREA; 50% of current contracts further contain explicit and specific clauses that require PREA compliance. The 50% of current contracts that did not contain this specific language were to be renewed effect 09/01/2016. Verification that these contracts will contain the explicit and specific clauses that require PREA Compliance was made onsite and as of 09/14/2016 the Agency provided copies of the renewed contracts that contained the explicit and specific clauses that require PREA Compliance.

Subsection (b): The Agency has contacted all of their six contract placement facilities. Two of the facilities have already successfully completed a PREA audit. The remaining four facilities are all working toward PREA compliance in the coming year. The Agency will need to continue monitoring the progress of these contractors in achieving PREA compliance.

Corrective Action: None.

Standard 115.313 Supervision and monitoring

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

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

Evidence Reviewed (documents, interviews, site review):

1. Facility Staffing Plan (Approved January 1, 2016 by the Chief Juvenile Probation Officer)
2. Facility schematics and diagrams of physical plant layout
3. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA Pages 2, 3, and 4 (Detection, Prevention, & Responding)
4. Unannounced Rounds – Unannounced Round Log Maintained in Supervisor of Detention's Office used to document unannounced rounds
5. PREA Verification of Monthly Unannounced Rounds based on documentation identified in #4 and of rounds completed verified by past 22 days of video surveillance footage that captured rounds completed in August of 2016.
6. Interviews with the following:
 - a. Supervisor of Detention
 - b. PREA Coordinator
 - c. Agency Head
7. On-site review of housing areas and program areas of Facility (Intake Area, Resident Day Areas, Resident Cells, Kitchen, Dining, All Storage Areas, All access to Court or Agency areas, Education and Mental Health Areas, Public Areas, Staff Supervision Areas and Staff Control Room; all doors and areas of the Facility were viewed)
8. Documentation in Memo Form and Report Form of Plan Development with the PREA Coordinator and Supervisor of Detention and Approval by the Juvenile Board

Findings (By Subsection):

Subsection (a): The agency has developed a staffing plan for the Facility. This staffing plan discusses all 11 required elements in this standard. The Facility submitted schematics of the physical plant, these diagrams identified staff placement and movement. The staff plan for the Facility, inclusion of contingencies of coverage of on-call probation officers, mandatory coverage until relief arrives (staff are held over), approval of ratio and documentation that the staffing plan for 2017 has been developed and is approved to be implemented on 01/01/2017 to bring the ration from the existing 1/8 during day time and 1/18 at night to 1/8 and 1/16. However, documentation indicates that with staff of each gender assigned to each shift and through the use of overtime ration is maintained and is typically no higher than 1/12.5 at night currently.

Subsection (b): The staffing plan requires deviations be documented and reviewed. The plan includes a statement that the agency must comply with the staffing plan except during limited and discrete exigent circumstances. Further the agency policy and staffing plan require documentation of deviations. The Shift Log Book and Shift Summary Forms are utilized for this reporting as identified in the Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA Pages 2, 3, and 4 (Detection, Prevention, & Responding). The Facility reports in the PAQ that there have been no deviations from the required ratios and staffing plan in the past 12 months.

Subsection (c): This subsection regarding the new juvenile staffing ratios is not applicable until October 1, 2017. The approved Staffing Plan for 2017 indicates that effective January 1, 2017 the resources will be available for compliance and this ratio shall be met.

Subsection (d): The agency's staffing plan was effective in January 1, 2016, Annual Review was completed in August for Juvenile Board Approval that indicates as of January 1, 2017 the ratio will be brought into compliance with Subsection (c) of this standard prior to the October 1, 2017 deadline for this ratio to be met.

Subsection (e): In the agency's PAQ, they report that they conduct unannounced rounds on all shifts this is included in Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA Pages 2, 3, and 4 (Detection, Prevention, & Responding); this policy includes the language that prohibits staff from alerting other staff of these rounds. The agency staffing plan requires that unannounced rounds occur once per month on all shifts and be performed by the PREA Coordinator and the Supervisor of Detention. The policy further requires the PREA Coordinator to collect all documentation monthly and review for compliance with the policy. The Auditor reviewed the Unannounced Rounds Documentation (Log) that document the unannounced rounds occurring on all shifts. The Auditor reviewed saved surveillance video that is maintained; unless otherwise determined to be needed and achieved, on the server for 22days the maximum storage capacity the system currently has. The Auditor and PREA Coordinator identified the documented times of Unannounced Rounds in the Log and went to these times in the saved video surveillance records. Confirmation that the Supervisor of Detention and PREA Coordinator were present and completed unannounced rounds occurred as documented were evident. Copies of the Logs and Policies were provided to this Auditor.

Corrective Action: None.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 2
 - a. Cross Gender Viewing
 - b. Search Procedure
 - c. Bath and Care Procedures
2. Texas Administrative Code Title 37, Chapter 343 Secure Juvenile Pre-Adjudication Detention (State standards promulgated by oversight agency TJJD) – Stated in Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 3
3. Interviews with the following:
 - a. Random Staff
 - b. Random Residents

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 2; Agency Procedures for Searches, Bathing and Care all address resident searches. Searches are also governed by the Texas Administrative Code Chapter 343 as promulgated by the regulatory agency, the Texas Juvenile Justice Department (TJJD). Cross gender searches (i.e., pat, visual body cavity, strip) are explicitly prohibited by Agency and Facility Search Procedures. There is no exigent circumstances exemption in their policy. In the responses to the PAQ, the agency reports that no cross-gender searches of residents have occurred.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 3, Agency Procedures for Searches, Bathing and Care do not allow exigent circumstances to justify cross-gender searches of any kind. TJJD standards in Chapter 343 prohibit all cross gender supervision during showers, searches, toilet, etc.

Subsection (c): TJJD Chapter 343 prohibits cross gender pat down searches in §343.260. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 2 and Agency Procedures for Searches prohibit all cross gender pat-down searches and strip searches. This policy also requires that body cavity searches are conducted by a medical practitioner. In the responses to the PAQ, the agency reports that no cross-gender searches of residents have occurred. Random Staff and Resident Interviews all confirmed in 100% of all interviews completed that they were prohibited and they have never witnessed this occur.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 3; Agency Procedures for Searches, Bathing and Care all provide that staff shall not supervise or visually observe residents of the opposite gender during showers, strip searches, disrobing by residents, performing bodily functions, or when personal hygiene practice requires the presence of a staff member of the same gender. This policy complies with TAC 343 requirements as well. These Policies and Procedures further require that staff of the opposite gender shall verbally announce their presence when entering a housing unit populated by residents of the opposite gender. The Auditor interviewed random residents who consistently stated they were not supervised by staff of the opposite gender during shower routine, toileting, or

changing clothes. Further, residents consistently indicated that the announcements are always made by staff over the intercom system and that opposite gender staff did not enter cells or complete rounds that they were aware of. Interviews with staff corroborated that residents' privacy from opposite gender staff is protected and that the practice is to always do announcements and at no time are they permitted to enter the single cell of the opposite gender except for security reasons and at this time they were accompanied by a staff member of the same gender as the resident. Due to the physical design any viewing by cross gender staff would be deliberate and captured on video due to the location of the cameras that views the doorway where staff stand but does not show the shower, changing or toilet areas.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA; and Agency Procedures for Searches both address resident searches prohibits searches or physical examinations of a transgender or intersex resident for the sole purpose of determining the resident's genital status. Interviews with staff indicate they have been trained and are knowledgeable on this policy and they do not conduct these type searches.

Subsection (f): Agency Search Procedures and Staff Training and Orientation Requirements requires all juvenile supervision officers and juvenile probation officers to be trained on how to conduct searches of residents including transgender and intersex residents before working with residents.

Corrective Action: None.

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

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA, page 3
2. Interviews with the following:
 - a. Agency Head
 - b. Supervisor of Detention
 - c. PREA Coordinator
 - d. Random Staff

Findings (By Subsection):

Subsection (a): Agency and Facility Policy last updated 05/04/2016- page 3 ensures that residents who are deaf/hard of hearing or those that are blind or visually impaired have access to all aspects of the Facility's PREA protections. The Agency has made provisions for youth with learning disabilities there is a Qualified Mental Health and Mental Retardation Professional provided by the local Mental Health and Mental Retardation Administration (MHMRA) which is part of the Texas Department of State Health Services. These staff have video conference equipment for access to psychiatrists and other MHMRA Services and training to work with these residents. The Local Independent School District provides a Special Education Teacher to the Facility for the self-paced learning program who is also trained to work with learning disabled youth. Additionally, the Facility has the ability to use large text and has staff who is trained in sign language as an interpreter.

Subsection (b): Agency and Facility Policy last updated 05/04/2016- page 3 ensures that residents who are limited English proficient (LEP) have access to all aspects of the Facility's PREA protections. Both the Agency and Facility Staff indicate that approximately 50% of the staff are Bi-Lingual (English and Spanish), there are on-call staff and law enforcement who are also available for translator services and the Agency has on-going access electronic applications that provide immediate translation services for over 30 languages. Policy states that within 48 hours a translator will be secured if resources are not immediately available.

Subsection (c): Agency and Facility Policy last updated 05/04/2016- page 3 prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances as authorized by this standard. Interviews with staff members consistently revealed that resident interpreters are never used and staff could articulate why using resident interpreters is not considered a best practice. Both the Agency and Facility Staff indicate that approximately 50% of the staff are Bi-Lingual (English and Spanish), there are on-call staff and law enforcement who are also available for translator services and the Agency has on-going access electronic applications that provide immediate translation services for over 30 languages. Policy states that within 48 hours a translator will be secured if resources are not immediately available.

Corrective Action: None.

Standard 115.317 Hiring and promotion decisions

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 3-6
 - a. Hiring and Promotion Decisions [§ 115.317] Policy Pages 3-7
 - b. Employment Disqualification – Pages 3-4
 - c. Employment – Page 4
 - e. Promotions – Page 4
 - f. Volunteer and Contractor Training § 115.332 – Pages 6-7
 - g. Failure to Disclose – Page 4
 - h. Disclosure – Page 5
3. Agency County Employment Application Form (as of date of on-site audit)
4. Professional Reference Check Form
5. Personnel Files for New Hires and Existing Staff (15 reviewed onsite)
6. Contractual Agreement for Education and Mental Health Providers having contact with residents
7. Interviews with the following:
 - a. Administrative (Human Resources) Staff

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 3-6 provides the disqualifications from employment with the agency and the prohibition tracks this PREA standard. Evidence that this information was viewed onsite in employee files. Only one new hire was identified and all of the required documentation and information was presented in the file. Page 4 of the policy provides the procedures for promotions and requires any candidate for a promotion to submit a completed Internal Application that included the required disclosure questions. Pages 6 and 7 governs contractors and does require the needed background checks; self-disclosure is included in the signed contracts reviewed onsite.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 4 requires the agency to take into consideration any incidents of sexual harassment in determining whether to hire or promote an applicant.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 3-6 contains the requirements of state standards for criminal background checks promulgated by TJJD. Subsection A requires criminal history checks from the Texas Crime Information Center (TCIC) and the National Crime Information Center (NCIC). Additionally, applicants must have checks in the Fingerprint Applicant Services of Texas (FAST) and the Fingerprint-based Applicant Clearinghouse of Texas (FACT) through the Texas Department of Public Safety. Checks must be received prior to employment. Additionally, policy requires the Agency to consult the local child abuse registry and the child abuse registry of any state where the applicant has resided in the last 10 years. The Auditor reviewed personnel files for new hires and the documentation showed that the required checks are being conducted. No employees hired in the past two years had an

institutional background however, the Facility maintains and active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Supervisor of Detention of any arrests or violations. The Facility also utilizes the Child Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 4 requires criminal background checks for contractors and includes the requirement for the child abuse registry check in any state where the contractor has resided. The Auditor reviewed contracts with the Education Provider and Mental Health Providers and the corresponding background check of one of the contractor's employees which demonstrated compliance with this subsection.

Subsection (e): Facility maintains and active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Supervisor of Detention of any arrests or violations. The Facility also utilizes the Child Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility.

Subsection (f): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 4-6 address the requirements of this standard and require that the information required by this standard is to be solicited during the employment interview process and on the application reviewed onsite.

Subsection (g): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 5 provides that failing to disclose the information required under this section or providing false or misleading information will result in disqualification of consideration for employment or in post-hire termination.

Subsection (h): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 4-5 indicate compliance based on policy. Onsite employee file review indicated that no employees hired in the past two years had an institutional background however, the Facility maintains and active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Supervisor of Detention of any arrests or violations. The Facility also utilizes the Child Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility.

Determination that the Agency exceeds standards was made based on the Policy, multiple levels of background checks, on-going active subscription to FAST that based on finger print data alerts the agency of any violations, registry checks and background checks on all staff, volunteers and contracts completed every 2 years.

Corrective Action: None.

Standard 115.318 Upgrades to facilities and technologies

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

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

Evidence Reviewed (documents, interviews, site review):

1. Interviews with the following:
 - a. Agency Head
 - b. Facility Superintendent
 - c. PREA Coordinator
2. Site Review and Tour of Building and Infrastructure (interior and exterior) noting Camera Placements/Coverage
3. Review of recorded material and camera monitoring to verify placement/coverage to ensure no restrooms, toilets or changing areas were viewed by cameras.

Findings (By Subsection):

Subsection (a): Since 2012 the Facility has upgraded its Video Surveillance System to eliminate blind spots. While this update was not made in the past 12 months, it was designed to increase security and to protect residents from Sexual Abuse. The additional camera and their location determination clearly to into consideration the overall safety of residents as it creates a trail for residents to remain on while being moved by staff throughout the building.

Subsection (b): Staff are required to remain on the camera path and deviations would be intentional and would be verified with this system. Video feed is currently maintained on the server for 22 days. This can be removed and stored when needed based on an allegation, investigation or suspected sexual abuse. Cameras were reviewed to ensure that there were none that viewed restrooms, showers, or locations that residents may undress or change their clothes; this check as well as the tour showed that the Facility had clearly considered the safety of both residents and staff and integrated the new cameras to eliminate blind spots and keep an on-camera pattern for staff to remain on during the performance of their duties as Detention Supervision Officers.

Corrective Action: None.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 3-6
2. Interviews with the following:
 - a. Random Staff
 - b. Investigative Staff
 - c. PREA Coordinator
 - d. Resident Reporting Sexual Abuse
3. Contact and Verification with the Shannon Medical Center in San Angelo that has Sexual Assault Nurse Examiners on call in the event that a sexual assault victim presents at the Emergency Room.
4. Concho Valley Rape Crisis Center notice of local SANE Services website: http://cv-rcc.org/get_help.aspx
5. Memorandum of Understanding between the Agency and the Concho Valley Rape Crisis Center
6. Memorandum of Understanding between the Agency and the County Sheriff's Office
7. Sexual Abuse First Responders Protocol – Agency's Coordinated Response Plan
8. Email correspondence between PREA Coordinator and the Shannon Medical Center Emergency Room Administration and Sheriff's Office
9. Investigator Training Records

Findings (By Subsection):

Subsection (a): The Agency conducts administrative investigations on all allegations of sexual abuse. The agency follows a uniform evidence protocol and trains first responders on their *Sexual Abuse First Responder's Protocol* for juvenile supervision officers. The Agency's protocol is adapted from the national protocol referenced in this standard. Investigators received training that included practices adapted from the *National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*. In the PAQ, the Agency reports no forensic medical exams have been conducted in the past 12 months.

Subsection (b): The protocol used by the Agency is adapted from the *National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*.

Subsection (c): According to Agency Policy and the Coordinated Response Plan, a victim of sexual abuse at the facility will receive SAFE/SANE services at the Shannon Medical Center in San Angelo. The Coordinated Response Plan provides that the County Sheriff's Office will arrange the SANE services through the Shannon Medical Center in San Angelo. Documentation was provided that both the Sheriff's Office and the Shannon Medical Center in San Angelo were requested to utilize protocols compliant with standard. Contact with the Hospital confirmed that there was always a SANE Nurse on call and in their absence an MD and RN would utilize the standard forensic kit and protocols. SANE services are provided to a victim without financial cost pursuant to Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 5.

Subsection (d): The Agency has a memorandum of understanding with the Concho Valley Rape Crisis Center (CVRCC). CVRCC will provide victim advocacy services to victims of sexual abuse at the Facility. Pursuant to the written Coordinated Response Plan the PREA Coordinator will contact the CVRCC upon notice of an allegation of sexual assault.

Subsection (e): Pursuant to the terms of the MOU, the CVRCC advocate will accompany and support the victim through the forensic medical exam process and the investigatory interviews, etc. This information is located on the Agency's Website and provided to youth during orientation and education in writing. The Auditor contacted the CVRCC to verify advocacy services and protocols utilized; verification that the hotline was operational was also made.

Subsection (f): The Agency PREA Coordinator has requested County Sheriff's Office to utilize the national protocol and follow the requirements of this standard. At the time of the onsite audit and this report a response had not been received formally; however the Sheriff's Office has indicated its investigators have been trained on protocols compliant with the standard. The Agency should obtain this response in writing with on-going follow-up.

Corrective Action: None.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 6
2. Texas Family Code Chapter 261 (*Investigation of Report of Child Abuse or Neglect*)
3. Texas Administrative Code Title 37, Part 11, Chapter 358 (Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents) - Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 6
4. Interviews with the following: a. Agency Head, b. Investigative Staff and c. PREA Coordinator.
5. Tom Green County Juvenile Probation Department's Policy has been published on their Website at <http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome>

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 6 requires staff to administratively investigate promptly, thoroughly and objectively all allegations of sexual abuse, sexual harassment and retaliation. All conduct that may be criminal is referred to the County Sheriff's Office. All sexual abuse and sexual harassment must also be report to TJJD for an administrative investigation pursuant to the Texas Family Code Chapter 261 and Texas Administrative Code Chapter 358. Interviews with the Agency Head and Investigative Staff confirm that these investigations and referrals to outside entities occur. Agency reports in the PAQ that they have had no allegations of sexual abuse in the past 12 months; auditor verified this in interviews with the Agency Head, PREA Coordinator, Supervisor of Detention and Random Staff.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 6 requires allegations of sexual abuse or sexual harassment are referred as required by Texas Family Code Chapter 261 and Texas Administrative Code Chapter 358. This information is posted on the agency website.

Subsection (c): The Tom Green County Sherriff's Office conducts all criminal investigations for conduct occurring in the Facility. This information is posted on the agency website.

Corrective Action: None.

Standard 115.331 Employee training

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA
2. Texas Administrative Code (TAC) 344 requires that all juvenile supervision officers and juvenile probation officers employed by the Department receive training on PREA prior to performing the duties of a certified officer and for certification.
3. Interviews with the following:
 - a. Random Staff
 - b. Supervisor of Detention
 - c. PREA Coordinator
4. Training and Orientation Requirements/Training Records/Employee Personnel Files

Findings (By Subsection):

Subsection (a): The Agency provided their New and Annual Employee Training Requirements/Curriculum. Both Policy and Training Requirements cover the eleven (11) mandated elements in this standard. In total, the training covers all PREA required training subjects in addition to the 11 mandated elements. This Training is provided by the Supervisor of Detention or PREA Coordinator in person. Staff are required to pass an after training quiz/exam upon completion of training. The Facility reports in the PAQ that all detention staff included in the ratio have been trained on the PREA curriculum. Random staff interviews indicated that these trainings were held annually and training records indicated this was accurate and that the new hire had received this training prior to working with residents. Evidence of training with dates was documented in each of the employee files reviewed. In past years this documentation had been completed in the format of a certificate. The Facility has recently updated its training records to reflect each of the required components of training in addition to other training that ensures compliance such as cross gender pat downs, completion of the Intake Screening, Resident Orientation and Education Training. Evidence was provided that all staff had received and the agency has documented this training through employee signature. Interviews with random staff indicate they have received the PREA training and are knowledgeable on the required information.

Subsection (b): The Agency’s Training Records indicate that gender specific training regarding the unique needs of both genders as well as gender non-conforming adolescents is provided.

Subsection (c): The Agency provides annual refresher training on PREA to all staff.

Subsection (d): The Auditor reviewed the training sign-in sheets where all employees trained sign and indicate they have received the training and understand the material. The Facility has recently updated its training records to reflect each of the required components of training in addition to other training that ensures compliance such as cross gender pat downs, completion of the Intake Screening, Resident Orientation and Education Training. Evidence was provided that all staff had received and the agency has documented this training through employee signature by the PREA Coordinator

Corrective Action: None.

Standard 115.332 Volunteer and contractor training

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 7-8
2. Training and Orientation Requirements/Training Records/ Volunteer, Intern, Contractual and Personnel Files
3. Interviews with the following:
 - a. Contractors (Mental Health and Education)

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 7-8 requires each volunteer, intern and contractor to complete orientation training on PREA. The Agency/Facility reports in the PAQ that they have trained 9 volunteers and contractors who have contact with residents.

Subsection (b): The Agency provides orientation training to volunteers and contractors based on the services they provide and the level of contact. These individuals receive an abbreviated training based upon the general staff training. Specifically, they are training on the PREA zero tolerance policy and PREA reporting procedures.

Subsection (c): The Agency maintains documentation confirming that volunteers and contractors understand the training they have received. All volunteers and contractors are required to sign a form indicating they have received and understand the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and that they further understand their reporting responsibilities under PREA.

Recommendation: Policy at the Facility also indicates Interns and Volunteers under the Texas Administrative code. This did not include the term contractor. While the policy did contain all of the required language for compliance it was recommended that the terminology of Contractor and Volunteer vs Volunteer and Intern in subsequent sections related to Texas Administrative Code outside of PREA be consistent to avoid confusion; however, the three requirements of 115.332 were met in the Policy Dated 05/04/2016 – Subject PREA page 7. This was only provided as a recommendation to keep terminology consistent.

Corrective Action: None.

Standard 115.333 Resident education

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

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.

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9
3. Resident Intake Form
4. Resident Orientation Handout
5. Resident Education Handbook
6. Resident Orientation and Education Documentation
7. Interviews with the following:
 - a. Random Residents
 - b. Intake Staff
 - c. Resident Interviews
8. Review of Resident Files
9. Tour of housing areas and program areas of Facility; specifically observing placement of PREA information (e.g., posters, brochures, audit notices, etc.)

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 9 requires that all juveniles admitted into the Facility shall receive a verbal Facility orientation within twelve (12) hours of admission. This orientation includes PREA information. In the PAQ, it is reported that 303 residents have been trained at orientation in the past 12 months. Residents are provided verbal instruction of the Zero Tolerance for Sexual Abuse and Sexual Harassment Policy, What to Report, When to Report and Where to Report and that they have a right to be free from sexual abuse and sexual harassment or from retaliation from reporting in good faith. Residents at intake are provided a handbook and sign that they understand and have received the orientation materials. The handbook has prompts for staff that require them to verbally review specific key sections in the handbook and then get the resident to initial their understanding.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 9 requires comprehensive age appropriate education for all residents as soon as practical but within 10 days of intake. This education currently requires the residents to review material with staff, the Resident Handbook, discuss policy, rights, and reporting. Staff review the Handbook that is comprehensive and inclusive of definitions of sexual abuse and sexual harassment. Policy requires a staff member to oversee this. Residents sign off on the completion of the Education Component and that they have received and understood the handbook and information.

Subsection (c): All residents currently in the Facility have had PREA training.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 requires the Facility to ensure the resident education is accessible in formats as needed for LEP, deaf, visually impaired, or otherwise disabled residents. Materials are available in Spanish as needed. For situations that need other languages, the Agency utilizes the means of translation identified in Standard 115.316.

Subsection (e): Resident files contain documentation of initial orientation completed at Intake and Education completed within 10 days of intake. Documentation is maintained in the Residents File.

Subsection (f): The Agency and Facility ensures that educational materials are continuously and readily available and visible to residents about PREA. All housing areas and programming areas have PREA informational posters and the Auditor observed these throughout the pre- and post-facilities as well as the education building. Posters were located throughout out all areas of the Facility including day areas, education areas, public areas, visitation areas, and dining areas. Residents have access to their handbooks in their rooms and each unit has a copy of the handbook as well. At the onsite it was determined that while the posters were accessible and viewable throughout the Facility they were dated 2008 and focused on Abuse, Neglect and Exploitation. The Hotline Numbers were correct; however they did not refer to reporting Sexual Abuse or Sexual Harassment. The Facility was informed that these must be replaced and updated or that additional posters located in the same areas must be added to include information specifically to Sexual Abuse and Sexual Harassment.

Corrective Action: It was noted that the posters were outdated from 2008 and did not include “Sexual Harassment”. These posters were replaced with materials from the PRC Website in less than 7 days of the on-site audit and photographs of these new posters in place of the old posters were sent via email to this auditor. Based on the evidence and verification that the End the Silence Posters from 2008 were updated with PRC materials that included “Sexual Harassment” and a working hotline number for both the TJJD Hotline and the Rape Crisis Center it the Facility has been found compliant with Standard. PREA Coordinator and Auditor worked to locate updated formats that included all PREA Compliant Language. This was located on the PRC Website. On 09/01/2016 all outdated posters and materials were replaced with updated materials that included Spanish and English versions in public and resident areas. Photographs of these materials now in place were provided on 09/01/2016. The Facility also updated information on its Website and in its Student Handbook to enhance the existing information. Staff were trained on these changes and signed that they had completed training and understood these changes. Documentation of training was received on 09/08/2016 which brought the Facility into compliance as only the posters lacked the language and photographic evidence of their change on 09/01/2016 was adequate to meet the standard.

Final Determination: Verification of Compliance was provided on 09/01/2016. Upon review with the PREA Coordinator it was determined on 09/08/2016 that the Facility was compliant with standard.

Standard 115.334 Specialized training: Investigations

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

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.

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 8
2. Interviews with the following:
 - a. Investigative Staff
4. Personnel Records for Investigative Staff (showing training records)

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 8 requires all investigative staff to have specialized training in conducting sexual abuse investigations in confinement settings. The Agency and Facility investigators conduct administrative investigations. Documentation that all investigators had completed TJJJ provided Specialized Training for Administrative Investigations in the past 24 months was provided.

Subsection (b): The specialized investigator training provided by TJJJ covers all the required components in this subsection including the use of Garrity warnings for compelled staff interviews.

Subsection (c): The Agency maintains documentation in personnel files of all training received by staff members. Sign-in sheets are maintained for all trainings.

Corrective Action: None.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 8
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator
 - c. Mental Health Staff
3. Review of Mental Health Staff Training Records

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 8 States “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; (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Currently there are three mental health providers. Interviews and Training Records indicate that this training is provided to medical and mental health care staff. There are no medical services provided on site. All medical services are provided away from the Facility at a physician’s office or at the emergency room.

Subsection (b): The medical contractors do not conduct forensic examinations of victims.

Subsection (c): The Agency/Facility has documentation that this training has been provided. Both mental health contractors interviewed were knowledgeable of this training and the materials included.

Subsection (d): There are currently no contract medical service providers at the Facility; however policy dictates they will be trained in accordance with PREA Standards.

Corrective Action: None.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 and 10
2. Behavioral Screening Form
3. Massachusetts Youth Screening Instrument-Version 2 (*MAYSI-2*)
4. Random Resident Files
5. Interviews with the following:
 - a. Residents
 - b. Staff Responsible for Risk Screening
 - c. PREA Coordinator
 - d. Supervisor of Detention

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 and 10 requires screening within 72 hours of the resident’s admission into the Facility. Policy requires the screening must be completed prior to assigning the juvenile to a housing unit. Interviews with staff who conduct the screening indicate that the screening is typically done within the first hour that a resident arrives at the Facility. Policy requires that at least every 30 days this screening is reviewed and administered again. Additionally at intake all residents complete the MAYSI-2. Consideration is given at intake as required by standard; additionally the Supervisor of Detention and Mental Health Staff review this information within 72 hours to determine if additional steps for resident safety are required. A review of resident files indicates the initial screening at intake is done timely and that the MAYSI is completed within 72 hours. Interviews with random residents indicate the screening occurs and the required inquiries are being made of residents. Resident file review also noted that all residents who had a history of abuse were seen by mental health staff in less than 10 days; or provided the opportunity. Additionally Policy states on page 10 that the TAC 343.414 and 343.608 (Behavior Screening) require the residents be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior and housing assignments made accordingly.

Subsection (b): The Facility uses an objective behavioral screening instrument. The screening instrument considers the youth’s own perceptions of safety and other risk factors including gender non-conforming appearance, mannerisms or identification.

Subsection (c): The behavioral screening instrument attempts to ascertain information about all eleven (11) enumerated items in this subsection. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 and 10 requires the behavioral screening to contain all the required elements of this subsection.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 and 10 required information to be ascertained through conversations with the resident at the intake process as well as from court records, case files, medical or mental health information available and any other relevant information in the resident’s file.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 9 and 10 provides that all information from the screening is kept confidential and only accessible by limited individuals. Interviews with staff who conduct behavioral screenings of residents indicate that there are appropriate controls on the dissemination within the facility of the responses to questions in the screening. Files are kept securely. Only medical or mental health care staff in addition to supervisors has access. If any other staff request access, there must be a business need and supervisor approval.

Corrective Action: None.

Standard 115.342 Use of screening information

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA pages 10
2. TAC 343.290 (Protective Isolation)
3. Interviews with the following:
 - a. Random Residents
 - b. Staff Responsible for Risk Screening
 - c. PREA Coordinator
 - d. Supervisor of Detention
4. On-Site Review of Housing Units (2 wings), Individual Cells, Intake Area, Isolation Room, Toilet and Shower Facilities

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 require that the information obtained in the screening/intake process be used to make housing and other assignments. Interviews with staff indicate the information is used to make decisions on resident housing and programming.

Subsection (b): The Agency/Facility reports in the PAQ that there have been no residents identified at risk of sexual victimization who were held in isolation during the past 12 months. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 requires that isolation is used only as a last resort when other less restrictive measures are inadequate. Policy requires that residents in isolation receive educational programming and recreation and exercise programming. It was indicated that if protective isolation was utilized it would be documented and maintained in the resident's record; however, protective isolation was reported to have never been utilized at the Facility. Interviews with residents and staff supported this claim. The Policy also indicates it complies with TAC 343.290 (Protective Isolation) states that protective isolation may be ordered when a resident is physically threatened by a resident or group of residents. This must be approved in writing by the Facility Administrator or designee. If the period of protective isolation exceeds 72 hours, then the Facility Administrator or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available. Based on the Policy on page 10 compliance with standard is evident.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 provides that lesbian, gay, bisexual, transgender or intersex (LGBTI) residents are not to be assigned specific housing units based solely on such identification. Interviews with staff corroborate this is the practice of the Facility. At the time of the audit visit, there were no youth identified that were LGBTI in the Facility population.

Subsection (d): Interviews with staff indicate that the placement of any LGBTI residents would be made on a case-by-case basis; but are not frequent. Staff interviews indicated that isolation would not occur and that other protective measures such as keeping the resident near staff in the classroom or program parts of the day would be those primarily utilized and that residents are never allowed in other residents cells; all residents have a private individual cell/room.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 provides that housing and programming assignments for a transgender or intersex resident shall be reassessed at least once every other month to review any threats to safety experienced by the resident.

Subsection (f): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 requires that transgender and intersex resident’s own views regarding their safety shall be given serious consideration. Interviews with staff corroborate that this would be the practice if these residents were in the Facility which all staff indicated they do not believe they have had a transgender or intersex resident in the Facility to date.

Subsection (g): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 ensures transgender and intersex residents can shower separately from other residents. The shower area only allows one resident to shower at a time and staff ensures that residents have privacy. Facility Bathing Procedures indicate that all residents shower separately and at no time are undressed in front of staff or other residents. Review of the Facility found that there was only a single shower in the resident area and it had a solid locking door.

Subsection (h): The Agency/Facility has had no residents in the past 12 months at risk of sexual victimization who were placed in isolation.

Subsection (i): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 only authorizes isolation for up to 72 hours. TJJD standards in Chapter 343 and TAC 343.290 contain this same protective requirement.

Corrective Action: None.

Standard 115.351 Resident reporting

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11
2. Resident Hand Book
3. On-site review of housing areas and program areas of the Facility; specifically reviewing PREA information visible and grievance box locations
4. *Grievance Form*
5. Interviews with the following:
 - a. Random Residents
 - b. Random Staff
 - c. PREA Coordinator
 - d. Supervisor of Detention
6. Posting on Website: <http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome>

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 10 requires multiple internal ways for residents to privately report PREA related incidents. These include verbal reporting to staff, written reports (i.e., grievance; “*Request to Official*” form or any written statement is accepted), anonymous reports and reports from third parties. The Resident Handbook contains a discussion of these internal reporting methods as well. Interviews with random staff and residents also indicate that these internal reporting mechanisms are available and utilized.

Subsection (b): State standards from TJJJ require that all residents have unimpeded access to TJJJ for reporting child abuse, neglect and exploitation. TJJJ is legally mandated to investigate all abuse, neglect and exploitation in county-operated facilities. TAC 358.440 (Reporting of Allegations by Juveniles) requires that juveniles in a Facility shall have the right to report to the Texas Juvenile Justice Department alleged abuse, neglect, and exploitation, including death. Juveniles shall be advised in writing during orientation into the Facility of their right to report allegations and of TJJJ’s toll-free number (877-786-7263) available for reporting allegations. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 provides that all residents shall have free, confidential, and unimpeded access to contact TJJJ via the telephone number listed on posters throughout the Facility for the purposes of reporting sexual abuse and sexual harassment. (Note: Posters were updated on 09/01/2016 as presented in 115.333). All residents indicated they had access to the phone or their Probation Officer if they requested for a grievance or to report.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 requires staff to accept reports made verbally, in writing, anonymously and from third parties. Staff is required to document all reports received. Interviews with staff indicate this is the practice of the Facility.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 requires Facility staff to provide writing materials for residents who wish to make a written complaint of sexual abuse or sexual harassment. Interviews with residents and staff indicate this is the practice of the Facility.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 provides employees multiple ways to privately report sexual abuse and sexual harassment of residents. All staff indicated they would report immediately, they would report to the Chief Probation Officer and contact Law Enforcement, Child Protective Services and TJJD. They identified multiple ways reporting can be anonymous including TJJD, Hotlines and written.

Corrective Action: None

Standard 115.352 Exhaustion of administrative remedies

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 sexual abuse states “Any allegations regarding sexual abuse would not be treated as a grievance by the Department. Rather, it would be reported to the appropriate oversight agency and law enforcement”. There have been no allegations of sexual abuse in the past 3 years. Based on this Policy on Page 12 it is evident that the Facility is exempt from 115.352 as allegations of sexual abuse are not treated as a grievance by the Tom Green County Juvenile Probation Department.

The Agency and Facility are required to comply with TAC 343.356 (Access to Attorney) requires that residents shall be permitted reasonable confidential contact with the resident’s attorney and their designated representatives through telephone, uncensored letters, and personal visits. Additionally, TAC 343.352(a)-(b) (Visitation) and 343.358 (Telephone) provide for the residents’ rights to receive visits by their parents or legal guardians as well as to complete telephone calls.

Corrective Action: None.

Standard 115.353 Resident access to outside confidential support services

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11
2. Resident Handbook
3. Memorandum of Understanding between Agency and the Concho Valley Rape Crisis Center
4. Interviews with the following:
 - a. Random Residents
 - b. Facility Superintendent
 - c. PREA Compliance
5. On-site review of housing areas and program areas of Facility; specifically looking for information about outside support services for residents
6. Review of website post onsite review as PREA Coordinator informed the Orientation Materials had been added to the site <http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome>

Findings (By Subsection):

Subsection (a): The Agency has a MOU with the CVRCC. This MOU covers victim advocacy services during forensic exams. It also includes crisis intervention counseling and referrals to services for victims. During the on-site review of the physical plant, the Auditor saw brochures, posters or information on the CVRCC in both the Resident areas with other postings and in the public waiting room where parents or visitors enter. The Resident Handbooks contained information on the CVRCC and advocacy services. During interviews with random residents, the majority understood the orientation material and education materials but only 4 of 7 indicated that they recalled victim services but were not sure what these were as they had not needed to inquire further. Three of ten residents interviewed thought they remembered hearing something about outside victim support services but they could not provide any information about how to access these services or what the services were. The remaining residents did not recall information regarding victim services. This information is in the Resident Handbook and is posted on the Facility walls but the Facility should increase awareness during orientation. After the onsite audit the PREA Coordinator sent documentation of training provided to detention staff that included this information being reviewed with staff in the Resident Handbook, Review of Resident Orientation Materials and Review of Resident Education Materials. These documents were received on September 9, 2016 with staff signatures indicating that they had received and acknowledged the training. Additionally, the PREA Coordinator informed the auditor that this information was now available on the Agency Website, it was verified that it was there. All CVRCC phone numbers as well as the Child Protective Services and TJJJD Hotline numbers were checked on 8/23/2016 and verified to be working. The Agency does provide residents with the right to communicate and correspond with persons outside the agency subject only to limitations necessary to maintain Facility security so providing residents access to these services will be relatively easy to do. All residents indicated in the interviews that they had family they could contact by phone, many did not know who their attorney was at this time as they had not been to court yet and had not been assigned an attorney yet, and residents indicated they could contact their Juvenile Probation Officer if they wished to discuss anything with them. The Agency does not detain persons solely for civil immigration purposes. Based on the resident's uncertainty of advocacy services it was indicated in the exit interview that this should be expanded on in the Orientation and Education of Residents Processes. The Agency agreed and

included this information specifically and more clearly in the Resident Handbook and on the Agencies Website. Detention staff were retrained on the Orientation and Education process to ensure it is delivered and verified with resident signature upon receipt. Residents had been provided this information prior to the onsite. The enhancements made at the Facility are designed to ensure staff inform residents of this information, staff are trained to be aware of its importance, and residents are exposed to this information during both Orientation and Education and sign upon receipt. This recommended process has been integrated through revision of Policy, Material, and Staff Training to ensure all residents are aware of Advocacy Services. Evidence of new Policy Revisions, Training Revisions and enhanced Resident Handbooks were received on September 9, 2016; this also included signed verification that staff had been trained on the identified changes and enhancements.

Subsection (b): The Resident Handbook indicates that resident communication with the CVRCC is not monitored and is confidential.

Subsection (c): The Agency has an executed Memorandum of Understanding between Agency and the Concho Valley Rape Crisis Center (CVRCC).

Subsection (d): The Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11, the Texas Administrative Code 356 and 358 all indicate that residents are required to have reasonable and confidential access to their attorneys or other legal representation and reasonable to parents or legal guardians. Resident interviews confirmed this practice with parents; resident indicated they did not know who their attorney was or that they never asked to speak with them.

Corrective Action: None

Standard 115.354 Third-party reporting

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11
2. Third-Party Reporting Information Posters
3. Posting on Website: <http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome>

Findings (By Subsection):

Subsection (a): The Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 11 provides for the receipt of third-party reports of sexual abuse and sexual harassment. In the public waiting area for parents, guardians and visitors the Facility has notices in English and Spanish indicating the Zero Tolerance of sexual abuse and sexual harassment and provides CVRCC, TJJD, and Child Protective hotline numbers to report suspected sexual abuse or sexual harassment of residents. The Agency has provided a link on their county website that provides parents and all third parties with information about PREA and how to report sexual abuse and sexual harassment on behalf of residents. The link on the website provides information for parents or guardians on sexual abuse and sexual harassment and how to report to the Agency, Law Enforcement, TJJD, CVRCC and Child Protective Services.

Corrective Action: None.

Standard 115.361 Staff and agency reporting duties

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12
2. Coordinated Response Plan
3. Texas Family Code Chapter 261
4. Interviews with the following:
 - a. Random Staff
 - b. Supervisor of Detention
 - c. Mental Health Staff
 - d. PREA Coordinator
5. Mental Health Service Contracts

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 requires staff to report immediately all the information delineated in this subsection (i.e., sexual abuse, sexual harassment, retaliation, staff neglect, and violations of staff responsibilities). Interviews with random staff, Supervisor of Detention, Mental Health Staff and the PREA Coordinator indicate they understand their reporting obligations. The Coordinated Response Plan clearly outlines responsibilities to report and the responsibilities of the first responders to report.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 requires Facility staff to comply with mandatory child abuse reporting laws under Texas Family Code Chapter 261. Interviews with staff indicate that staff have received training on this topic and understand their role as a mandatory reporter. Staff interviews indicated that all staff would report to Child Protective Services, TJJD and Law Enforcement.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 prohibits staff from revealing confidential information related to a report of sexual abuse except to the extent necessary to make treatment, investigation, and/or other security management decisions. Interviews with staff indicate their understanding of this confidentiality provision.

Subsection (d): Interviews with mental health staff indicate they comply with this subsection regarding mandatory reporting laws and disclosing the limitations of their confidentiality. Mental Health Service Contracts include the requirement of the provider to disclose the limitations of their confidentiality upon initiation of services.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 requires parental notification of abuse of a resident; as well as specifically addresses the requirements of this subsection regarding notification to parents, legal guardians, Child Protective Services, and the resident's attorney. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 and the Coordinated Response Plan requires the Supervisor of Detention to contact the parents or legal guardians and attorney of the victim if applicable of alleged abuse. Additional training is recommended to clarify and solidify this procedural point. The written Coordinated

Response Plan clearly demonstrates the role and positions responsible for reporting alleged abuse. On 09/10/2016 training documentation signed by staff members was received by the auditor from the PREA Coordinator that verified all Facility Staff had completed training specific to the Coordinated Response Plan and their responsibilities.

Subsection (f): All allegations of sexual abuse and sexual harassment are reported to the Facility investigator(s) by the PREA Coordinator. The staff member or supervisor who completes the *Incident Report Form* forwards it to the Supervisor of Detention, Agency Head and PREA Coordinator who are all members of the PREA Incident Review Team. The PREA Coordinator is the lead on all administrative investigations unless there is a conflict of interest as determined by the Agency Head.

Corrective Action: None

Standard 115.362 Agency protection duties

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12
2. Coordinated Response Plan
3. Interviews with the following:
 - a. Random Staff
 - b. Supervisor of Detention
 - c. Agency Head
 - d. PREA Coordinator
 - e. Residents

Findings (By Subsection):

Subsection (a): The Agency reports in their PAQ that they have had no determinations made that a resident was subject to substantial risk of imminent sexual abuse. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 addresses the agency policy when learning a resident is subject to a substantial risk of imminent sexual. The Staff First Responder Duties on page 13 of the policy indicates the actions to be taken. Additionally, the written Coordinated Response Plan of the Facility also indicates immediate action, what actions are to be take and by each position. Staff Interviews, including Random Staff, Supervisor of Detention, Agency Head and PREA Coordinator all indicated that staff would take immediate response and defined immediate that indicated that all interviewed understood the urgency of the protection of a resident from imminent threat. While no residents had made an allegation of abuse or imminent threat of sexual abuse they constantly indicated that staff react to things immediately based on verbal and they are highly supervised. Residents stated they believe staff would take immediate action to protect them based on their responses to non-PREA related incidents such as physical altercations or threats.

Corrective Action: None.

Standard 115.363 Reporting to other confinement facilities

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 and 13
2. Interviews with the following:
 - a. Supervisor of Detention
 - b. Agency Head
 - c. PREA Coordinator
 - e. Residents

Findings (By Subsection):

Subsection (a): The Agency and Facility reports in the PAQ that in the past 12 months they have received no allegations that a resident was abused while confined at another Facility; this was confirmed in the interviews with the Supervisor of Detention, Agency Head and the PREA Coordinator. Additionally, they have received no allegations of sexual abuse from other facilities. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA requires the Facility Administrator to provide the required notifications under this section regarding a resident’s abuse while confined at other facilities. Interviews with agency and Facility leadership indicate they are knowledgeable about the requirements of this section and that this notification would occur when any allegations are received.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 and 13 requires notification within 72 hours as required by this standard. Interviews with agency and Facility leadership indicate they are knowledgeable about the requirements of this section and that they would adhere to this mandatory timeframe.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 and 13 requires the Facility to document when all such notifications are provided and to whom. Interviews with Agency and Facility leadership indicate they are knowledgeable about the requirements of this section and that they would comply with this requirement should they receive any allegations.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 and 13 requires all allegations are investigated in accordance with this standard. Interviews with agency and Facility leadership indicate they are knowledgeable about the requirements of this section and that they would adhere to this investigation requirement for any allegations that may be received.

Corrective Action: None.

Standard 115.364 Staff first responder duties

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 13
2. Coordinated Response Plan
3. Interviews with the following: a. Security Staff and Non-Security Staff First Responders b. Random Staff c. PREA Coordinator and d. Agency Head
4. Coordinated Response and First Responder Training (signed by staff) occurring after on-site portion of audit (September 10, 2016)

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 12 details the first responder duties for a security staff member or a non-security staff member (i.e., not a certified officer such as kitchen, janitorial, mental health) in accordance with this subsection. Interviews onsite with the Agency Head and PREA Coordinator indicated as did all Pre-Audit materials that there have been no allegations of sexual abuse in the past 12 months and all interviews indicated that it has been more than 36 months since any allegation had been made at the Facility. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 13 and the Coordinated Response Plan documents is clear that first responders are to only preserve and protect the scene along with the duties regarding protection of evidence on the victim and abuser. It was evident in the interviews with both Security and Non-Security Staff that since these protocols have not been utilized at the Facility they were not entirely certain as their role as a first responder when it came to securing the scene and maintaining evidence. This was discussed with the PREA Coordinator and Agency Head that training on these responsibilities was recommended and this training was included in the staff training completed after the audit and staff signatures of participation and acknowledgement of the training were received on September 10, 2016.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 13 and the Coordinated Response Plan are clear on the response of non-security staff. Interviews with non-security staff showed consistent responses of ensuring safety, separation of the two and maintaining physical evidence. All were able to describe their role and actions to preserve evidence on the victim but refresher training to include the alleged perpetrator and actions to preserve the scene is needed. This was also recommended to the Agency Head and PREA Coordinator and post onsite Training Documentation was received on September 10, 2016.

Corrective Action: None

Standard 115.365 Coordinated response

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14
2. Coordinated Response Plan
3. Interviews with the following:
 - a. Random Staff
 - b. PREA Coordinator
 - c. Agency Head
4. Contact and Verification with the Shannon Medical Center in San Angelo that has Sexual Assault Nurse Examiners on call in the event that a sexual assault victim presents at the Emergency Room.
5. Concho Valley Rape Crisis Center notice of local SANE Services website: http://cv-rcc.org/get_help.aspx
6. Memorandum of Understanding between the Agency and the Concho Valley Rape Crisis Center
7. Memorandum of Understanding between the Agency and the County Sheriff’s Office
8. Sexual Abuse First Responders Protocol – Agency’s Coordinated Response Plan
9. Email correspondence between PREA Coordinator and the Shannon Medical Center Emergency Room Administration and Sheriff’s Office

Findings (By Subsection):

Subsection (a): The Agency submitted Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 states the policy that requires a written Coordinated Response Plan. The Coordinated Response Plan indicated that it followed the structural design from first response including First Responders, Notifications, Investigations, Medical and Mental Health Services, Forensics Exams (SANE), Coordination with Law Enforcement, Advocacy, Protection and Retaliation Monitoring and PREA Incident Review Team meeting within 30 days. The Coordinated Response Plan provided included the details of the subsection and responsibilities of each party. The plan detailed when, who, and how notifications occur and the roles of each party involved. Review of the MOU’s with the County Sheriff’s Office, the CVRCC and verification SANE Services at the Hospital were completed, Email Correspondence from the Agency and the Hospital and Sheriff’s Office were confirmed. Interviews with the staff confirmed the policy and awareness of the plan however as with 115.364 not all staff were confident in their role as a first responder as the plan has not been implemented due to an allegation of abuse. This was discussed with the PREA Coordinator and Agency Head that training on these responsibilities was recommended and this training was included in the staff training completed after the audit and staff signatures of participation and acknowledgement of the training were received on September 10, 2016.

Corrective Action: None

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

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14
2. Interviews with the following:
 - a. Agency Head
3. Texas Administrative Code

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 prohibits protective bargaining by the Agency. An interview with the Tom Green County Agency Head designee noted that the agency/state *does not* have, nor has it had, any collective bargaining agreements that were completed since August of 2012. TAC indicates that County Juvenile Probation Departments may not enter into any collective bargaining agreements.

Corrective Action: None.

Standard 115.367 Agency protection against retaliation

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14
2. Interviews with the following:
 - a. Agency Head
 - b. Supervisor of Detention
 - c. PREA Coordinator
 - d. Designated Staff Member Charged with Monitoring Retaliation

Findings (By Subsection):

Subsection (a): Agency reports in the PAQ that no incidents of retaliation have occurred in the past 12 months. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 protects residents and staff from retaliation as required by this subsection. Interviews with the Agency Head, Supervisor of Detention, PREA Coordinator and Staff Charged with Monitoring Against Retaliation verified there have been no allegations made in the past 12 months that would initiate the protocols of monitoring for retaliation.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 provides multiple measures to protect residents from retaliation including housing changes, reassessments and reassignment of alleged perpetrators.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 requires the monitoring of residents or staff who report sexual abuse to see if there is any retaliation occurring. Policy requires an assigned member of the PREA Incident Review Committee to formally conduct monitoring every 7 days and to document monitoring for a minimum of 90 days. Additionally, the PREA Coordinator and Supervisor of Detention have been designated to also monitor retaliation and will work cooperatively with these other individuals.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 requires the monitoring of retaliation for the required 90 days following a report of sexual abuse. The policy further requires periodic status checks every 7 days throughout a resident's confinement.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 ensures residents and staff are protected against retaliation. Interviews with the Agency Head, Supervisor of Detention, PREA Coordinator and Staff Charged with Monitoring Against Retaliation indicated protective action would be taken to ensure the safety of the resident from all parties regarding retaliation for reporting sexual abuse.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 14 provides that the agency's obligation to monitor terminates if the agency determines the allegation is unfounded.

Corrective Action: None.

Standard 115.368 Post-allegation protective custody

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15
2. Interviews with the following:
 - a. Supervisor of Detention
 - b. Staff Who Supervise Residents if in Isolation
 - c. Mental Health Staff
3. On-site review of housing areas specifically looking at isolation rooms and observing any residents in isolation

Findings (By Subsection):

Subsection (a): The Agency reports in the PAQ that in the past 12 months, they have had no residents alleged to have suffered sexual abuse who were placed in isolation. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 allows residents who are determined to be at risk for abuse or sexual victimization to be protectively isolated as a last resort when less restrictive measures are inadequate to ensure safety. During the on-site review, the Auditor observed no use of seclusion. Interviews with Facility leadership and staff that supervise residents in isolation indicate that “*isolation*” is not utilized. There is an observation room and it was indicated it would be utilized for protective isolation but has never been utilized other than for mental health supervision. Mental health staff also sees kids in isolation daily to monitor status. Interviews with the Supervisor of Detention indicated that he was unaware of a time it had ever been utilized for up to 24 hours and that unless in danger of suicide isolation would not be used because each resident has an individual cell and extra supervision would be provided to ensure a residents safety rather than utilize isolation for protection. The use of isolation is also tightly regulated by TJJD Chapter 343.

Corrective Action: None.

Standard 115.371 Criminal and administrative agency investigations

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16
2. Training records for Investigative Staff
3. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator
 - c. Investigative Staff
4. Coordinated Response Plan

Findings (By Subsection):

Subsection (a): The Agency conducts administrative investigations but all criminal investigations are conducted by County Sheriff's Office. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 requires that in administrative investigations, staff will investigate promptly, thoroughly, and objectively all allegations of sexual abuse, sexual harassment, and retaliation.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 requires all investigative staff shall be trained in conducting sexual abuse investigations in confinement settings. All agency investigators have received special training in sexual abuse investigations involving juvenile victims as required by §115.334. Training records and interviews with investigative staff confirm they have had this special training.

Subsection (c): Agency investigative staff does not collect any physical DNA evidence; the County Sheriff's Department is responsible for all forensic evidence collection. The Agency follows their Coordinated Response Plan related to protecting and preserving the crime scene and any potential forensic evidence. Agency investigators do the administrative investigation and gather relevant witness statements, etc. in cooperation with both the County Sheriff's Office criminal investigation and the TJJD administrative investigation. All three investigations typically are occurring simultaneously.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 prohibits an investigation from being terminated solely because the source of the allegation recants. The interview with the lead Facility Investigator corroborated this policy is followed in practice.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 and the Coordinated Response Plan requires that the investigator must consult with the local prosecutor prior to conducting compelled interviews. The interview with the Agency Head and PREA Coordinator supported this.

Subsection (f): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 track the requirements of this subsection regarding determining the credibility of an alleged victim and the prohibition on utilizing a polygraph test or other truth detecting device. The interview with the Agency Head, PREA Coordinator and Investigator corroborated this policy is followed in practice.

Subsection (g): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 tracks the requirements of this section related to determining whether staff actions or failures to act contributed to the abuse and the documentation that must be maintained. All Agency internal investigations must be forwarded to TJJD upon completion per Texas Administrative Code Chapter 358 standards as well as Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16.

Subsection (h): The County Sheriff’s Office conducts all criminal investigations for allegations of criminal activity in the Facility. There have been no investigations to review; however interviews with the Agency Head, PREA Coordinator and Investigative staff indicate compliance with this standard.

Subsection (i): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 tracks the requirements of this section related to referring all cases of conduct that appears to be criminal to the prosecutor. The Agency is required by policy, TJJD rules, and Title 3 of the Texas Family Code to refer all criminal conduct to law enforcement. Law enforcement is responsible for sending all criminal cases to the criminal prosecutor for the county. Interviews with the Agency Head and PREA Coordinator confirm that in the past 12 months there have been no criminal cases referred for prosecution.

Subsection (j): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 the requirement of this section related to records retention and complies with this subsection.

Subsection (k): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 provides that the departure of the alleged abuser or victim shall not provide a basis for terminating an investigation. The Auditor interviewed the lead investigator who indicated that the investigation would continue despite these circumstances.

Subsection (l): Both the Agency and TJJD conducts state administrative investigations in juvenile facilities and follows the requirements of this standard.

Subsection (m): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 15 and 16 requires the agency to cooperate with all outside investigators which in their case are normally the County Sheriff’s Office and the Texas Juvenile Justice Department.

Corrective Action: None.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16 prohibits the Agency from imposing a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment have occurred. The Auditor interviewed the Agency Head and PREA Coordinator who indicated that the standard used is preponderance of the evidence.

Corrective Action: None.

Standard 115.373 Reporting to residents

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16 and 17
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator
 - c. Supervisor of Detention

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16 requires resident notification following an investigation into an allegation of sexual abuse. Interviews completed with the Agency Head, PREA Coordinator and Supervisor of Detention who are all members of the PREA Incident Review Team all indicated this was policy but there have been no allegations in more than 36 months.

Subsection (b): Interviews with the Agency Head, PREA Coordinator, and Supervisor of Detention indicate that there have been no investigations of alleged resident sexual abuse in the Facility in more than 36 months; therefore, there have been no notifications to residents.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16 and 17 details the required notifications pursuant to this subsection of the PREA standards.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 16 and 17 details the required notifications pursuant to this subsection of the PREA standards.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 requires that all notifications be documented and a copy placed in the resident’s file.

Corrective Action: None.

Standard 115.376 Disciplinary sanctions for staff

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator
 - c. Supervisor of Detention
3. TAC 345.310(F) (Code of Ethics) and TAC 345.310.

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 provides that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment and retaliation policies. This Policy also includes TAC 345.310 which indicates no limitation on disciplinary action for sexual abuse up to including termination. Interviews with the Agency Head, PREA Coordinator, and Supervisor of Detention supported that this policy would be implemented and termination was the presumptive action.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 provides that if an allegation of sexual abuse of a resident by an employee is substantiated, that employee shall be terminated. Interviews with the Agency Head, PREA Coordinator, and Supervisor of Detention indicate that there have been no staff from the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and no staff terminated for sexual abuse, sexual harassment or retaliation in the past 12 months.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 Provides that discipline is given based upon the requirements of this subsection and is commensurate with the nature and circumstances of the conduct, the staff member’s disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories. Interviews with the Agency Head, PREA Coordinator, and Supervisor of Detention indicate that there have been no staff from the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and no staff terminated for sexual abuse, sexual harassment or retaliation in the past 12 months.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 17 provides that all conduct that could be criminal is reported to local law enforcement and the state (TJJD) for investigation. Interviews with the Agency Head, PREA Coordinator, and Supervisor of Detention indicate that there have been no staff from the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and no staff terminated for sexual abuse, sexual harassment or retaliation in the past 12 months.

Corrective Action: None.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18
2. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator
 - c. Supervisor of Detention

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 provides that any contractor, volunteer, or intern who engages in sexual abuse shall be prohibited from contact with residents. Potentially criminal conduct must be reported to County Sheriff’s Office and TJJD. Interviews with the Agency Head, PREA Coordinator, and Supervisor of Detention indicate that there have been no Volunteers or Contractors at the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and this Policy would be strictly enforced.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 requires the agency to take appropriate remedial measures and to consider whether to prohibit further contact with residents based on the conduct as required by this subsection. Interviews with the Agency Head, PREA Coordinator, and Supervisor of Detention indicate that there have been no Volunteers or Contractors at the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and this Policy would be strictly enforced.

Corrective Action: None.

Standard 115.378 Disciplinary sanctions for residents

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18
2. Resident Handbook
3. TAC 358, 343
4. Interviews with the following:
 - a. Agency Head
 - b. PREA Coordinator
 - c. Supervisor of Detention
 - d. Random Staff
 - e. Mental Health Staff

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 provides that residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process when there is an administrative and/or criminal finding that the resident engaged in resident-on-resident sexual abuse. Interviews with the Agency Head, PREA Coordinator, Supervisor of Detention, Random Staff and Mental Health Staff all indicated that there have been no allegations of resident on resident sexual abuse or sexual harassment in the past 12 months. There have been no criminal findings.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 provides that residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process. The Resident Handbook details the disciplinary process and categorize conduct into major rule violations and minor rule infractions and specify the consequences of these violations. Disciplinary sanctions are regulated by TJJD’s administrative rules contained in Chapter 343. Agency Policy states that 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 regular visits from a medical or mental health care worker. Residents shall also have access to other programs and work opportunities.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 provides that 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. . Interviews with the Agency Head, PREA Coordinator, Supervisor of Detention, and Mental Health Staff all indicated this policy would be followed.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 addresses the requirements of this subsection regarding offering residents therapy, counseling or other interventions as part of discipline. Policy prohibits the agency from requiring participation as a condition of access to general programming but it may be required as a condition of access to any reward-based behavior management system or other behavior-based incentives. Interviews with mental health staff indicate the practice is compliant with this subsection.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 permits a resident to be disciplined for sexual contact with a staff member if the staff member did not consent to such contact.

Subsection (f): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 provides that a report of sexual abuse made in good faith shall not constitute a false report even if the investigation does not establish evidence sufficient to substantiate the allegation.

Subsection (g): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 18 prohibits all sexual activity between residents in the Facility and allows the Facility to discipline violators in accordance with the resident discipline plan.

Corrective Action: None

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

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19
2. Interviews with the following:
 - a. Staff Responsible for Risk Screening
 - b. Mental Health Staff
 - c. Agency Head
 - d. Supervisor of Detention
 - e. PREA Coordinator
3. Resident Intake Form
4. On-site review of housing areas in pre and post programs specifically looking at intake area and where resident files are stored to determine security of records

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 requires a follow-up appointment with a medical and/or mental health practitioner within 14 days if a resident discloses prior sexual victimization at the intake screening process. Resident Files and Intake Forms are filed securely; upon review two current residents had reported prior abuse. Their referral to mental health services for follow-up within 14 days was verified with Mental Health Staff who indicated that every youth was offered individual counseling once per week and that 4 days per week there were mental health staff on site for services as needed or requested. Interviews with Staff responsible for risk screening, Agency Head, Supervisor of Detention and the PREA Coordinator indicated that if a resident enters the Facility and reports abuse occurred outside of any Facility they report following the state guidelines for mandatory reporting, determine if forensic evidence may still be available, schedule medical services immediately, and mental health services. This was verified based on the Policy, records and interviews. The Facility utilizes a referral form for medical and mental health referrals for youth that documents to whom the resident is referred and the reasons for the referral, including whether it is a PREA related incident. Policy, Interviews, Intake Forms, Risk Screenings and Referrals all indicate that no youth had reported any PREA related incidents or prior abuse; however, those who had reported any sexual abuse history were seen by mental health services and if the incident was previously not reported the Facility reported and followed protocols established by the Agency’s Policy page 19.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 requires a follow-up appointment with a medical and/or mental health practitioner within 14 days if a resident discloses at the intake screening process that the resident has previously perpetrated sexual abuse. There was one current resident with a history of prior perpetrated sexual abuse; however this was outside of confinement. Mental Health Services were provided in less than 14 days and interviews and records indicated this was previously reported and the resident was engaged in an offender treatment program and was receiving services while in the Facility.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 provides that information gained at the intake screening is confidential and strictly limited to medical and mental health

practitioners and other staff as required by their job function and responsibilities. During the on-site review of the physical plant, the Auditor was shown where resident files are securely located, requiring supervisory approval for access and only if for a legitimate business/Agency/Facility purpose.

Subsection (d): Interviews with medical and mental health personnel indicate that these contract providers disclose the limits of confidentiality to residents and obtain informed consent. Interviews with the Agency Head and PREA Coordinator verified this and indicated that this is stated in their contracts for service which was viewed by the auditor.

Corrective Action: None

Standard 115.382 Access to emergency medical and mental health services

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 and 20
2. Interviews with the following:
 - a. First Responders
 - b. Mental Health Staff
 - c. Agency Head
 - d. Supervisor of Detention
 - e. PREA Coordinator
3. Coordinated Response Plan

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 and 20 and the Coordinated Response Plan demonstrates compliance with this subsection. Interviews with two mental health providers, First Responders, Agency Head, Supervisor of Detention, and PREA Coordinator indicate a victim would receive the medical and mental health care services required by this subsection.

Subsection (b): Interviews with first responders, Supervisor of Detention, and PREA Coordinator indicate the practice of the Facility is compliant with this subsection. The victim will be protected as will the crime scene until the police and necessary medical personnel arrive on site or until the victim is transported. This is also stated in the Coordinated Response Plan.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 and 20 provides that a victim will be offered timely access to medical treatment and testing in accordance with professionally accepted standards of care where medically appropriate to include emergency contraception. The policy does not mention sexually transmitted infections prophylaxis; interviews with the Agency Head, Supervisor of Detention, and PREA Coordinator supported that this policy would be followed.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 19 and 20 provides that treatment services are provided to the victim without financial cost to the victim or the contracting county. Additionally, treatment services are provided regardless of whether the victim names the abuser or cooperates with the investigation.

Corrective Action: None

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20
2. Interviews with the following:
 - a. Mental Health Staff
 - b. Agency Head
 - c. Supervisor of Detention
 - d. PREA Coordinator
3. Resident File Review

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 to provide specialized medical and mental health services to any resident who has been the victim and/or the perpetrator of sexual abuse whether in the Facility or prior to his or her confinement. Resident File Review has had no incidents of sexual abuse in the past 12 months; therefore, the Auditor had no medical records to review related to the provision of services as required by this standard. Records indicated that two residents had past sexual abuse histories but the incidents of abuse outside of the Facility were not within the past 12 months. Interviews with Mental Health Staff and the Supervisor of Detention indicated that these two residents had received Mental Health Services. Interviews with the Agency Head and PREA Coordinator indicated that the Facility would implement the Policy as stated.

Subsection (b): Interviews with the Supervisor of Detention and mental health staff indicate victims would be provided with appropriate levels of services as required by this subsection.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 provides that victims will be provided medical and mental health services that are determined by medical and mental health practitioners to be necessary according to their professional judgement; Shannon Medical Center in San Angelo is the predominant care Facility in the community and policy states victims would be taken here for services. Mental Health services including tele-med communication with a psychiatrist were available onsite. Interviews and Resident File Review indicated that mental health professionals were onsite and available to youth four days per week and on-call. Policy, Interviews and Resident File Review indicated that ongoing medical and mental health services were provided regularly.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 provides that female victims that have been sexually abused while incarcerated will be offered pregnancy testing.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 provides that if a victim of sexual abuse while incarcerated becomes pregnant, the victim shall receive timely and comprehensive information and access to all lawful pregnancy

Subsection (f): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 provides that victims of sexual abuse while incarcerated shall be provided testing for sexually transmitted infections as medically appropriate.

Subsection (g): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20) provides that treatment services are provided to the victim without financial cost to the victim or the contracting county. Additionally, treatment services are provided regardless of whether the victim names the abuser or cooperates with the investigation.

Subsection (h): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20 provides that facility shall attempt to conduct a mental health evaluation of a resident-on-resident abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health professionals. Interviews with mental health staff indicate this would be the practice if this situation occurred.

Corrective Action: None.

Standard 115.386 Sexual abuse incident reviews

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 20
2. Interviews with the following:
 - a. Agency Head
 - b. Supervisor of Detention
 - c. PREA Coordinator
3. Meeting Notes of Incident Review Team Meetings
4. Coordinated Response Plan

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the Facility to 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. The Agency reported and interviews with the Agency Head, Supervisor of Detention, and PREA Coordinator confirmed that there had been no allegations of sexual abuse or sexual harassment in the past 12 months. There was documentation in the form of Meeting Notes that indicated that the Incident Review Team had been formed and met in preparation for the Audit but had not reviewed any incidents to date. The Incident Review Team is also included in the Coordinated Response Plan.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the review to ordinarily occur within 30 days of the conclusion of the investigation. Interviews with Facility administrators indicate that this is the practice of the Facility to adhere to the 30 day time requirement.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 details the composition of the review team which includes the Facility Administrator, Assistant Facility Administrator, and the Facility Compliance Manger with input from Facility shift supervisors, assigned investigator(s), and medical or mental health practitioners. Review of meeting minutes/agenda corroborates the participation in the SARB.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 details all the items that the review team must consider when conducting the review. Policy is compliant with the standard requirements. Interviews with Agency Head, Supervisor of Detention, and PREA Coordinator indicate that this is the practice of the Facility to consider and analyze the factors listed in this subsection and to prepare a report of the findings and any needed recommendations. Policy and practice require the report to be submitted to the Agency Head and PREA Coordinator. The Coordinated Response indicates compliance and supports the Policy.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the Facility to implement the recommendations for improvement or document why they did not do so. Interviews with the Agency Head, Supervisor of Detention, and PREA Coordinator indicate this policy would be followed; however there have been no PREA related incidents to review in the past 12 months.

Corrective Action: None.

Standard 115.387 Data collection

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21
2. Bureau of Justice Statistics *Survey of Sexual Victimization, 2015 (completed report)*
3. Aggregate Data Presented on the Agency Website <http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome>

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the facility to collect accurate and uniform data for every allegation of sexual abuse that occurs in the Agency. These data were verified on the Agency's Website during the onsite review.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the Agency to aggregate annually all sexual abuse incident data. These data were verified on the Agency's Website during the onsite review.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 details the types of data to be collected and it is, at a minimum, the data necessary to complete the *Survey of Sexual Violence* conducted by the Department of Justice and the Bureau of Justice Statistics. These data were verified on the Agency's Website during the onsite review.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the Facility to maintain, review and collect data as required by this subsection. These data were verified on the Agency's Website during the onsite review.

Subsection (e): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the agency to collect incident-based aggregate data from all private facilities to which the department contracts for the placement of juveniles. This data was viewed on the Agency's Website.

Subsection (f): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 21 requires the Agency to provide all data from the previous calendar year to the Department of Justice no later than June 30th of each year upon request. The Agency presented the 2015 SSV and posted these same data with 2013 and 2014 data on the Agency's website. This was verified at the time of the onsite review.

Corrective Action: None

Standard 115.388 Data review for corrective action

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22
2. Bureau of Justice Statistics *Survey of Sexual Victimization, 2015 (completed report)*
3. Aggregate Data Presented on the Agency Website <http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome>
4. Interviews with:
 - a. Agency Head
 - b. PREA Coordinator

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the agency to review data collected and aggregated as detailed in this subsection. Policy is compliant with the standard; however as there were no incidents to review in the past 36 months there is not corrective action included in the data reported.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the annual report include a comparison of the current year's data and the corrective actions with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. Data for the past 36 months is available on the agency's website; however there have been no allegations at the Facility in 36 months for sexual abuse or sexual harassment for comparison.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the annual report to be approved by the Agency Head and made available to the public on the department's website. These data were confirmed to be available on the Agency's website.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 authorizes the agency to redact certain information as authorized by the standard.

Corrective Action: None

Standard 115.389 Data storage, publication, and destruction

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

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

Evidence Reviewed (documents, interviews, site review):

1. Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22
2. Bureau of Justice Statistics *Survey of Sexual Victimization, 2015 (completed report)*
3. Aggregate Data Presented on the Agency Website <http://www.co.tom-green.tx.us/default.aspx?name=juv.JuvenileHome>
4. Interviews with:
 - a. Agency Head
 - b. PREA Coordinator

Findings (By Subsection):

Subsection (a): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires all sexual abuse and sexual harassment data collected shall be securely retained by the Agency. Data is securely retained in practice.

Subsection (b): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the Agency to annually make all aggregated sexual abuse data from the Facility and private contracted facilities readily available to the public through the department’s website. These data were present on the website.

Subsection (c): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the Facility to remove all personal identifiers on the data before making the aggregated sexual abuse data publically available. These data were present on the website.

Subsection (d): Tom Green County Juvenile Probation Department Policy Dated 05/04/2016 – Subject: PREA page 22 requires the agency to maintain sexual abuse data collected for at least ten (10) years after the date of its initial collection. Interviews with the Agency Head and PREA Coordinator indicated these records were stored in compliance with the policy.

Corrective Action: None

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature – Joel Whitt M.A.

10-03-2016

Date