

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 1/27/17

Auditor Information			
Auditor name: Talia Huff			
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Email: talia360cc@gmail.com ,			
Telephone number: 785-766-2002			
Date of facility visit: 6/1/16 - 6/3/16			
Facility Information			
Facility name: Van Zandt County Youth Multi Service Center			
Facility physical address: 323 East Garland Grand Saline, TX 75140			
Facility mailing address: <i>(if different from above)</i> same			
Facility telephone number: 903-962-6292			
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: Robert J. Colacino			
Number of staff assigned to the facility in the last 12 months: 115			
Designed facility capacity: 16			
Current population of facility: 10			
Facility security levels/inmate custody levels: Secure; pre- and post-adjudication			
Age range of the population: 10-17			
Name of PREA Compliance Manager: Christine Dattos		Title: Residential Assistant Manager	
Email address: cdattos@suddenlink.com		Telephone number: 903-962-6292	
Agency Information			
Name of agency: Van Zandt County Youth Multi-Service Center			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 323 East Garland Grand Saline, TX 75140			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 903-962-6292			
Agency Chief Executive Officer			
Name: Robert J. Colacino		Title: Director	
Email address: rcolacino@suddenlink.com		Telephone number: 903-962-6292	
Agency-Wide PREA Coordinator			
Name: Linda Hathcock		Title: Associate Director of Special Operations/PREA Coordinator	
Email address: lhathcock@suddenlink.com		Telephone number: 903-962-6292	

AUDIT FINDINGS

NARRATIVE

In September 2015, 360 Correctional Consulting, LLC., was awarded several PREA audits, by the Texas Juvenile Justice Department (TJJD), of county juvenile facilities in Texas. This report is a product of this award and is of the Van Zandt County Juvenile Probation Department/Youth Multi-Service Center (VCJPD). November 2015, communications began with the Director, Mr. Robert J. Colacino, as well as the Associate Director of Special Operations/PREA Coordinator, Mrs. Linda Hathcock, and Christine Dattos, the Assistant Residential Manager/PREA Compliance Manager. Talia Huff, 360 Correctional Consulting conducted this PREA audit. The onsite portion of the audit was conducted on June 1-3, 2016. Auditor Notices in both Spanish and English were sent via email to the PREA Coordinator and were posted in living units, common areas, staff break rooms, and bulletin boards at least 6 weeks prior to the onsite audit. The auditor received confirmation on April 20, 2016, that notices had been posted. No resident letters were received by the auditor, despite Auditor Notices being abundantly posted around the facility, which was noted during the site review. The facility provided sufficient pre-audit documentation to include the completion of the Pre-Audit Questionnaire and supporting documentation. It was provided via flash drive in a very organized manner.

The morning of June 1, 2016, the auditor arrived at the Van Zandt County Juvenile Probation Department (JPD)JPD/Youth Multi-Service Center and held an in-brief with facility administration and leadership, which included Robert Colacino (Director), Linda Hathcock (Associate Director of Special Operations/PREA Coordinator), Christine Dattos (Assistant Residential Manager/PREA Compliance Manager), and other 2 other staff members. A brief discussion was held regarding the PREA audit process and methodology as well as other audit and facility logistics. Following the in-brief, the auditor was led through the site review. PREA (End the Silence) signs and Auditor Notices were abundantly observed in every living unit, common area, visitation area, facility entrance, intake, and control rooms. The PREA signs contained the TJJD Hotline number.

The auditor observed residents in the dayroom and attending school, observed staff interactions, and had informal discussions with residents and staff members. The atmosphere was quiet, calm, and orderly. Staff were pleasant and seemed to have effective and professional interactions with residents. Residents appeared to be respectful and in an environment that felt comfortable and safe. In addition, the following observations were noted throughout the site review:

- Placement of security cameras was abundant
- PREA signage was prominent throughout the facility
- All rooms are single occupancy
- There were no camera views into areas in which residents would be in a state of undress or using the toilet
- There was a grievance box in the library and grievances available for residents
- Rec Area is available on an incentive-basis and contained billiards, foosball, and basketball
- 2 small locked rooms were adjacent to the Rec Area; laundry/property and “mud room” which were covered by camera and allows no access by residents
- Vocational Programs are offered to “High Pride” (post-adjudication) residents: welding, carpentry, roofing, and painting
- Some offices (e.g. Teachers office and Stars Program office) were potentially isolative and had no windows in the door

Auditor obtained staff and resident rosters with which to select random staff and residents to interview. The staff selected were from all units, shifts, and rank as well as specialized staff, non-uniform staff, a contractor, and a volunteer staff. All residents were interviewed; one female and nine (9) male residents. Interviews were conducted with administrative staff and leadership as well as other specialized staff that perform specific PREA-relevant duties.

The facility was clean and well maintained and staff were friendly and cooperative. The PREA Coordinator was very receptive and accommodating and enabled an efficient audit. Leadership was inviting and open to auditor feedback. Staff and inmates were positive and willing to converse with the auditor.

DESCRIPTION OF FACILITY CHARACTERISTICS

The stated mission of VCJPD is as follows:

We seek to effect positive change in the lives of young people by providing a safe and secure residential environment and by creating an intense rehabilitative experience. The resulting growth and development in the young person facilitates re-socialization and advances individual treatment objectives.

Van Zandt County Juvenile Probation Department has a capacity of 16 residents; 8 beds for detention and 8 beds for post-adjudication. All are contained in a single building and all are single rooms/cells. There are two pods; A and B. VCJPD houses both male and female residents, which can be housed in the same pod. Each pod has a small dayroom area, but there is a larger multi-purpose room that is utilized for pod functions. Staff at VCJPD are providing direct supervision at all times, which was observed by the auditor.

Residents generally eat in the Multi-Purpose Room. Residents do not help in the kitchen and do not enter the kitchen. The kitchen is covered by 3 cameras and there is adequate camera coverage throughout most of the facility.

Education is offered at VCJPD and there are two classrooms in which male and female residents attend school together.

SUMMARY OF AUDIT FINDINGS

It was clear that resident safety is of utmost importance at Van Zandt County Juvenile Probation Department. The facility's investment and efforts toward PREA compliance was genuine and sexual safety is clearly a priority. The Interim Auditor Report reflected two (2) standards were exceeded, 18 standards were met, 22 were not met, and 1 was not applicable.

Through the corrective action period, which was completed on 1/23/17, VCJPD was able to achieve compliance with all standards and exceeded four (4).

Number of standards exceeded: 4

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Organizational Chart

- General Administration Policy 1.1 Management Information System/PREA
- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation

Interviews, Document and Site Review:

Upon review of the documentation provided, the auditor noted areas in which the facility mandates PREA and sexual safety-specific measures. General Administration Policy 1.1 Management Information System/PREA is VCJPD’s zero tolerance policy and contains definitions of sexual abuse and sexual harassment as prescribed by the PREA standards as well as standards prescribed by the Texas Juvenile Probation Commission (TJPC). Many other agency policies, however, address compliance with the standards and outline strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. These policies are referenced throughout the remainder of the report. There are too many to list in this standard. Policies 1.1 and 1.8 listed above could be considered the primary policies that address PREA. This practice has allowed PREA compliance efforts to permeated through policies agency wide. It is recommended, however, that more facility-specific measures fo compliance be spelled out in policy.

The zero tolerance policy, General Administration Policy 1.1 Management Information System/PREA, is a 42-page policy that cites the PREA standards verbatim. It is recommended that this policy contain facility/agency-specific means of compliance. Readers should understand what the expectations are, and methods, of operationalizing the policy language set forth.

All interviews with staff, residents, and specialized staff affirm that the facility does implement measures of prevention, detection, and response strategies, though, policy should be strengthened to outline measures of compliance.

VCJPD has appointed an upper-level PREA Coordinator; Associate Director of Special Operations Linda Hathcock. Linda has made sufficient time and has authority to develop and oversee agency PREA compliance efforts. Interviews and discussion with Linda indicated this was accurate. Linda reports directly to Director Colacino. Interviews with the Director revealed that PREA compliance efforts are a priority and there is much support given to the PREA Coordinator for this endeavor. Much of the PREA compliance efforts are spearheaded by the PREA Compliance Manager. Though VCJPF only operates one facility, they have designated a PREA Compliance Manager; Christine Dattos, Residential Assistant Manager, who also reports to the Associate Director of Special Operations.

Corrective Action:

No corrective action is necessary.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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accompanied by information on specific corrective actions taken by the facility.

In order to make my determination, I reviewed the following policies and other documentation:

- Nueces County contract for residential services
- Grayson County contract for residential services
- Texas Justice Probation Commission Private Service Provider Contractual Monitoring and Evaluation Report-template
- Texas Justice Probation Commission Private Service Provider Contractual Monitoring and Evaluation Report-completed examples

Interviews, Document and Site Review:

The facility provided contracts with Nueces and Grayson counties for auditor review. The last page in each of the contracts contains language obligating the contractor to comply with relevant federal, state, and local laws including the Prison Rape Elimination Act. The facility reported on the Pre-Audit Questionnaire that they entered in to 3 contracts for confinement during the last 12 months. The auditor learned that the contracts were with 2 other agencies; Nueces County and Grayson County. One of those counties, however, was used on 2 separate occasions for 2 different residents. The Pre-Audit Questionnaire also reflected that VCJPD does not include their obligation to monitor the contractor's compliance with PREA and the auditor noted that language was not found in the contracts that with the two other counties. It was noted that these contracts terminated prior to the 12-month review period and, thus, are not "new or renewed" for the purposes of this standard. VCJPD must ensure in any future contracts that the contract language is enhanced to include the VCJPD's obligation to provide contract monitoring to ensure the contracted facility is complying with the PREA standards.

The Agency Contract Administrator was interviewed. The Human Resources/Operations Administrator serves in this capacity and was knowledgeable about PREA language in the reviewed contracts. She confirmed the 2 contracts for residential services and that the two other facilities had been utilized for three residents during the review period.

The Agency Contract Administrator was not able to articulate the process for monitoring the contracts for compliance with PREA. The auditor was provided the TJJD (Texas Juvenile Justice Department) monitoring form, which VCJPD uses to document site visits. This form is not PREA specific, however, and should be enhanced to account for PREA compliance. The Agency Contract Administrator was unsure whether the contract placements had completed and passed their PREA. IT was reported that the morning of the interview, PREA information was found on the website for one of the placements, but it was unknown whether the placement's PREA Report was posted on the website. The auditor expressed that if a facility is PREA compliant, their audit report will be available on the facility's website. Viewing a placement's PREA Audit Report is an accurate way of gauging the status of PREA compliance.

Corrective Action:

1. For new or renewed contracts for confinement, VCJPD shall monitor contracts for compliance with the PREA standards. This can be accomplished through viewing a placement's PREA audit Report or another means of assessing compliance such as through the use of the Toolkit for Juvenile Facilities: Self-Assessment Checklist. A contracted placement should demonstrate PREA compliance through the completion of a PREA audit or be able to demonstrate PREA compliance, or progression toward PREA compliance, through other means.

Update 12/22/16:

1. The auditor was provided with documentation of PREA compliance for one of the two contracting agencies (Rockdale), but not for G4S. A Log for tracking and documenting compliance was also provided. On 1/12/17, the Final Audit Report for G4S was received as verification of PREA compliance.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Staffing Plan
- PREA Walk Thru/Vulnerability Assessment
- Security and Control Policy 6.11 Staff Scheduling
- Security and Control Policy 6.1 Shift Responsibilities and Principle Accountabilities for Detention Officers
- General Administration Policy 1.1 Management Information System/PREA
- Job Description Policy 14.4 Residential Assistant Manager
- Van Zandt County Juvenile Probation Department Staffing Plan 3.30.16
- Daily Program Report

Interviews, Document and Site Review:

The Security and Control Policy 6.11 Staff Scheduling contains verbiage of this standard for provisions (a), (b), and (d) and asserts that VCJPD will consider the 11 required elements of provision (a). PREA Policy 1.1 contains all verbiage of this standard. However, an assessment of practice did not match policy language. On the Pre-Audit Questionnaire, VCJPD asserted that they do not maintain ratios of 1:16 at night (115.313(c)) and they do not conduct a staffing plan review at least annually in collaboration with the PREA Coordinator in order to assess adjustments needed thereto (115.313(d)). VCJPD has until October 1, 2017, to come into compliance with the ratios set forth in this standard; to meet the 1:16 ratio during resident sleeping hours.

Through discussion with the facility PREA Coordinator, it was learned that the staffing plan is created and maintained by the Director. The PREA Coordinator reported that she is consulted regarding any adjustments needed in the staffing plan and that unofficially the staffing plan is reviewed weekly at every staff meeting. Officially it is completed annually.

The auditor was provided Van Zandt County Juvenile Probation Department Staffing Plan 3.30.16 to review. It addressed each of the 11 required elements of provision (a) and reflecting, in part, there have been no judicial or federal findings of inadequacy and that VCJPD adheres to TJJD and PREA standards, applicable Texas Administrative Code. As far as internal and external oversight bodies, VCJPD will have their annual TJJD audit in June 2016 and will address any deficiencies as a result of that audit. On a daily basis, adequate staffing is ensured and tracked via the Daily Program Report. There were no occasions where the facility deviated from the minimum staffing number during this period of review.

Security and Control Policy 6.1 Shift Responsibilities and Principle Accountabilities for Detention Officers asserts that “sufficient staff shall be available so that juveniles are not left unsupervised at any time.” It also asserts that the facility-wide ratio shall not be less than 1:8 during program hours and 1:18 during non-program hours.

Pursuant to provision (d), there was no documentation provided or discovered to show that the staffing plan has been reviewed, and that the required elements of this standard were taken into consideration during the review.

Per Policy 6.1, Lead Supervision Officers are charged with conducting unannounced rounds to identify and deter sexual abuse and sexual harassment of residents and page 5 prohibits staff from alerting others of said unannounced rounds. In addition, Job Description Policy 14.4 Residential Assistant Manager, page 2, charges the Residential Assistant Manager (AKA PREA Compliance Manager) with conducting unannounced rounds. Documentation was provided to show that supervisors do conduct regular, unannounced rounds on all shifts, which is documented on the Administrative Walk Thru Log. Upon review of these logs, these rounds were documented 3-6 times per month throughout the review period by the PREA Compliance Manager. Other supervisors also conducted and documented rounds.

Corrective Action:

1. Provide documentation to show that the staffing plan has been reviewed annually pursuant to provision (d). This review should reflect assess, determine, and document whether adjustments are needed to:
 - (1) The staffing plan established pursuant to paragraph (a) of this section;
 - (2) Prevailing staffing patterns;
 - (3) The facility’s deployment of video monitoring systems and other monitoring technologies; and
 - (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Update 12/22/16:

1. VCJPD has reviewed and revised their staffing plan as of 9/1/16. The auditor received extensive documentation of the staffing plan considering all required elements as well as PREA Walk Through/Vulnerability Assessments. Once a month the PREA Coordinator will collect and review the PREA Walk Through forms. Findings of the review will be documented and forwarded to the Associate Director and the Director. In addition, the Staffing Plan states, “Outlined in the VCJPD’s Policy 6.1 following TJJJ’s 343 ratio guidelines. Discussion has been held with the VanZandt County Juvenile Probation Administration regarding the upcoming increase in staff/youth ratio requirements of PREA in October 2017, decision was to make staffing requirements effective September 1, 2016. Hiring Part Time Officer was implemented by Jo Snellings; Operation Administrator to ensure there is sufficient staff available for relief, to ensure adequate staffing levels.”

Implementing the ratios prior to October 2017 and enhancing documentation and accountability by using the PREA Walk Through forms exceeds the standard.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Security and Control Policy 6.9 Searches
- Sanitation and Hygiene Policy 4.2 Shower Procedures
- Security and Control Policy 6.1 Shift Responsibilities and Principle Accountabilities for Detention Officers
- Admission Procedures Policy 3.1 Juvenile Admission Procedures
- PRC Guidance in Cross-Gender and Transgender Pat Searches

Interviews, Document and Site Review:

The Pre-Audit Questionnaire indicated that VCJPD does not conduct cross-gender strip searches or body cavity searches and has had zero (0) such incidents in the 12-month review period. Interviews of staff, residents, and administration consistently reported that strip and body cavity searches are not done at all. There had never been an instance in which it had happened, even in exigent circumstances.

The Pre-Audit Questionnaire indicated that VCJPD does not conduct cross-gender pat searches and has had zero (0) such incidents in the 12-month review period. Facility Policy 6.9 Searches states that only staff of the same gender as the resident allowed to conduct pat and strip searches. In addition, it states, “Searches will be conducted in a professional and respectful manner, in the least intrusive manner, consistent with security needs...Staff will be trained on searches of transgender and intersex residents. The resident will not be searched or physically examined for the sole purpose of determining genital status.”

Interviews of staff, residents, and administration consistently reported that cross-gender pat searches are not done at all. There had never been an instance in which it had happened, even in exigent circumstances.

Facility Policy 6.9 requires documentation in the instance of any strip or body cavity search, though, no such documentation was available for review since no such instances have occurred. All strip searches are documented on the Residential Unclothes Search form and Policy 6.9 states that “written justification for a strip search must be maintained in the inmate file.” The auditor reviewed the Unclothed Search Log which contains the staff’s first and last name and a code for the justification of the search. There were no cross-gender searched noted.

VCJPD has implemented policies and procedures to enable residents to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender (unless incidental to routine checks). Page 5 of Security and Control Policy 6.1 Shift Responsibilities and Principle Accountabilities for Detention Officers state that staff of the opposite gender must announce themselves prior to entering a housing unit. Page 12 also outlines the Gender Supervision Requirements, pursuant to TAC (Texas Administrative Code) and PREA, which mandate that officers are “prohibited from supervising and visually observing a resident of the opposite gender during showers, physical searches, disrobing of residents...” It was observed and evident to the auditor throughout the site review and onsite audit that this practice is institutionalized. Every staff interviewed explained the process of announcing opposite gender staff. Interviews of residents also affirmed this as a consistent practice.

Policy and practice is in place at VCJPD that prohibits the search or physical examination of a transgender or intersex resident for the purpose of determining genital status, which is asserted on page 4 of Admission Procedures 3.1 Juvenile Admission Procedures. This was echoed in all staff interviews; they articulated unequivocally that was not permitted and that the PREA Coordinator would be notified and would determine measures that needed to be taken. There were no transgender or intersex residents reported at the facility at the time of the onsite audit and none

were observed by the auditor. Therefore, none were interviewed for verification.

VCJPD has provided training for staff in conducting cross-gender pat searches and searches of transgender-intersex residents. Staff articulated this during interviews and appeared to be knowledgeable about being professional and respectful. The facility utilizes the PREA Resource Center Guidance in Cross-Gender and Transgender Pat Searches to educate staff members.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Juvenile Rights Policy 2.2A Resident Grievance Process
- Juvenile Rights Policy 2.1 Resident Rights
- Admission Procedures Policy 3.1 Juvenile Admission Procedures
- Language Line Services email verification
- Language Line Tips for Working with an Interpreter and Quick Reference Guide
- Texas Court Remote Interpreter Service
- Abuse, Neglect, and Exploitation brochure, English and Spanish
- End The Silence brochure, English and Spanish
- Safeguarding Your Sexual Safety video

Interviews, Document and Site Review:

VCJPD takes appropriate steps to ensure that residents with disabilities have an equal opportunity to the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Each of the three (3) policies listed above contain language pertinent to this standard. Several resources are available to carry this out. The auditor gleaned information from residents, officers/staff members, and document review that affirmed the availability and awareness of resources for residents with disabilities. All officers can act as intake officers; providing information and conducting intake duties. Interviews were conducted with officers regarding intake duties related to PREA. Intake officers articulated that they are vigilant of indications that a resident may have a disability; mental illness, reading, cognitive, etc. For learning/cognitive-type disabilities, an intake officer explained that each question may have to be read to the resident. The auditor did not note resources for deaf or hard-of-hearing residents. The use of an educational video with subtitles for hearing impaired is recommended. The audio could then be utilized for blind residents. Neither the facility nor the auditor were able to identify any residents with disabilities at the time of the onsite audit to interview.

VCJPD takes steps to ensure meaningful access to the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment for Limited-English proficient (LEP) residents. The facility has access to Language Line Services. The auditor was provided email verification of access to the line. Also, brochures in English and Spanish were provided for auditor review and are available for LEP residents.

Page 6 of the Admission Procedures Policy 3.1 Juvenile Admission Procedures states, "When a literacy problem prevents a resident from understanding written rules, a staff member or translator will assist the resident within 48 hours of admission."

Page 6 of the Admission Procedures Policy 3.1 Juvenile Admission Procedures also states, "If a resident is not sufficiently fluent in English, arrangements shall be made to provide the resident with an orientation in the resident's language within 48 hours of admission."

Juvenile Rights Policy 2.1 Resident Rights and Admission Procedures Policy 3.1 Juvenile Admission Procedures prohibit the use of resident interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. The facility will utilize staff interpreters when possible for translation.

Random staff interviews indicated that staff were aware of the prohibition of relying on resident interpreters; consistently reported that during interviews.

Corrective Action:

1. Utilize a PREA video or other means of being able to provide materials and information to residents who are hearing or visually impaired.

Update 12/22/16:

1. VCJPD has obtained and implemented a video from The Moss Group titled Safeguarding your Sexual Safety. It contains subtitles and is also available in Spanish.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Personnel Policy 3.8 Probationary Period/Performance Appraisal For All Staff
- Employment Reference Check form
- Tracking Log

- 115.317 Hiring and Promotions form

Interviews, Document and Site Review:

VCJPD does not hire or promote anyone nor enlist the services of a contractor that has engaged in the activity described in 115.317(a). The Human Resources/Operations Administrator was interviewed and explained the process by which the agency vets applicants, which entails criminal background check through NCIC/TCIC, child abuse registry and local sex offender registry. This is completed for each applicant prior to interviewing. If those check are clear a conditional offer is made and the employee is then entered into the FAST system and s FAST background check is run. The facility reported on the Pre-Audit Questionnaire that 44 background checks had been completed during the review period. For promotions, the facility inquires again with the employee whether they have 1) engaged in sexual abuse in confinement; 2) been convicted of engaging or attempting to engage in sexual abuse in confinement; or 3) been civilly or administratively adjudicated of such.

The auditor reviewed personnel records while in the HR office. Files were selected at random and included new hire staff, veteran staff, contractors, and volunteers. Every file that was reviewed was put together in an organized fashion and every file contained the required background check documentation.

The HR/Operations Administrator explained that incidents of sexual harassment are definitely considered when determining whether to hire or promote someone. In regard to a new hire, any information obtained regarding incidents of sexual harassment (from outside sources, via reference checks, etc) would be considered prior to hiring.

The HR Administrator asserted that she does not recall getting applicants who had former institutional employers. She explained that former employers are reached out to for reference checks, but information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation is not a specific question. She suggested that it could be added to the Employment Reference Check form. In the review of 11 personnel records (selected randomly and of varying positions and ranks), the auditor found no applicants that had listed prior institutional employers on their applications. It is recommended that the process be formalized by specifically adding documentation and verification of seeking information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation.

The HR Administrator asserted that the same background and fingerprint check occurs prior to the enlistment of contractors and the Pre-Audit Questionnaire showed there had been criminal background checks on 6 contractors during the review period. Again, the auditor reviewed personnel records while in the HR office. Files were selected at random and included new hire staff, veteran staff, contractors, and volunteers. Every file that was reviewed was put together in an organized fashion and every file contained the required background check documentation.

The auditor learned that the facility conducts FAST criminal background checks on all employees every two (2) years and child abuse registries are conducted every 3-4 years for all employees including volunteers and contractors. This was verified during review of personnel records. There was a discrepancy found, however, between this and policy language of Personnel Policy 3.8 Probationary Period/Performance Appraisal For All Staff (page 5), which states that criminal background checks will be completed annually of current employees who may have contact with residents. Practice and policy needs to be congruent. Whether completed every year or every 2 years, this practice exceeds the standard which says at least every 5 years.

VCJPD asks applicants and employees up for promotion about previous misconduct described in provision (a). This is done via a form that cites verbiage from this standard and asks the required 3 questions. These forms were found in personal files during the file review. In addition, page 5 of Personnel Policy 3.8 Probationary Period/Performance Appraisal For All Staff states that staff have continuing affirmative duty to disclose such misconduct.

Page 5 of Personnel Policy 3.8 Probationary Period/Performance Appraisal For All Staff also states that material

omissions regarding misconduct related to sexual abuse and sexual harassment is grounds for termination. There were no such instances for the auditor to review.

Policy language was not found regarding providing information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer. It was learned that this was not necessarily a consistent and formalized practice. There was one request from another institutional employer which the auditor reviewed. It is the practice to give such a request to the Director, which happened in this case. The request was received in January 2016 and there was no response provided for the question inquiring about substantiated allegations of sexual abuse or resignation during such an investigation. In discussion about this with the Director, he was unaware of whether this was allowed through T.A.C. (Texas Association of Counties). While onsite the Director sought and received information about what was allowed. The contact from T.A.C. informed that a signed release can be used, but that it does not completely “cover” the agency. It was decided that if the former employee was not re-hirable due to involvement in sexual abuse, the Director will refer it to TJJD.

Once corrective action is addressed, VCJPD may exceed this standard due to the frequency of conducting criminal background checks.

Corrective Action:

1. Ensure that policy and practice is congruent regarding criminal background checks of current employees.
2. Formalize and institutionalize the practice of providing information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer. Provide the auditor with any such examples of documentation.

Update 12/22/16:

1. Auditor received documentation stating that VCJPD “has reviewed and updated Policy and Procedures for consistency for criminal background checks for employees. All information requested on a former employee will be referred to TJJD for information. VZCJDC implemented a tracking device to ensure compliance.” Language from this standard was added to Personnel Policy 3.9. A supplemental document titled “115.317 Hiring and Promotions” cites the 3 required questions. Upon additional inquiry, the auditor learned that an Employee Reference Check form includes inquiry about an applicant’s involvement in substantiated sexual abuse. On 1/12/17, applications were provided for auditor review and a tracking log was provided for background checks, contacting institutional employers, charges found, etc.
2. Again, A tracking log was provided as the facility’s means to track and document contact with prior institutional employers, though, no requests had been received.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- General Administration Policy 1.1 Management Information System/PREA

Interviews, Document and Site Review:

VCJPD reported on the Pre-Audit Questionnaire there had been expansions or modifications to the facility since August 20, 2012, though, that was misinformation. Interviews with the Director/Agency Head indicated there had been no expansions or modifications to the facility ever. They had enhanced their existing video monitoring system by installing additional cameras through the years and most recently in areas like the kitchen, “mud room”, laundry; places that kids are not supposed to have access to, but staff do, asserted by the Director.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- General Administration Policy 1.1 Management Information System/PREA
- MOU with Van Zandt County Child Advocacy Center
- Van Zandt County Child Advocacy Center description of services
- VCJPD PREA Institutional Plan for Sexual Assault Response Team
- PREA First Responder Checklist

Interviews, Document and Site Review:

Though it was reported on the Pre-Audit Questionnaire that VZJPD does not conduct either criminal or administrative investigations, there was ambiguity onsite about whether VCJPD conducts administrative investigations or whether TJJD conducts them. Ultimately, the auditor verified through TJJD that they do conduct administrative investigations. All allegations of sexual abuse and sexual harassment are reported to TJJD. Criminal investigations are referred to local law enforcement; Grand Saline Police Department. The auditor was provided with the Institutional Plan for Sexual Assault Response, which charges the Shift Supervisor with initiating the PREA First Responder Checklist. This checklist allows for maximizing potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, as required by this standard. The PREA Policy 1.1 cites the verbiage of this standard verbatim also.

VCJPD offers all residents that experience sexual abuse access to forensic medical exams at an outside facility. Verbiage of this provision is stated in the PREA Policy 1.1 on page 15. ETMC (East Texas Medical Center) is

utilized for this service and are performed by Sexual Assault Nurse Examiners without cost to the alleged victim. There were no forensic exams performed or warranted during the review period.

Policy asserts that the facility attempts to make available a victim advocate from a rape crisis center to a victim of sexual abuse. The policy does not specify the manner in which these services will be obtained, though, the auditor learned that a victim advocate is coordinated by the hospital (ETMC). The facility is fortunate to have access to a county child advocacy center. An MOU has been established with the Van Zandt County Child Advocacy Center. This was provided for auditor review and outlines the role of each partner. On page 11 of the MOU, it states, "on the day of the forensic interview, SANE exam, or other treatment of service provision, crisis intervention will be provided by the Family Advocate or other CAC of Van Zandt County staff, or trained volunteer, etc. when deemed appropriate to assist in the reduction of trauma."

The MOU has signatures of each community partner, dated May and June 2015, including the VCJPD Director.

VCJPD reported pre-audit that it had requested of their law enforcement counterpart to follow the requirements of 115.321(a)-(e). The auditor was not provided with documentation or verification of such.

Provision (g) is not applicable to determining the facility's PREA compliance.

Provision (h) is not applicable to determining the facility's PREA compliance.

Corrective Action:

1. Provide verification that VCJPD has requested of law enforcement to follow the requirements of 115.321(a)-(e).

Update 11/21/16:

1. Auditor was provided an MOU that contains required language. The MOU is signed by the Director and Police Chief and the term is September 1, 2016 through August 31, 2017.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation

Interviews, Document and Site Review:

VCJPD does ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Through interviews with the agency head, PREA Coordinator and PREA Compliance Manager, random staff, residents, and informal discussion it was evident that allegations of sexual abuse and sexual harassment are taken seriously and are acted upon right away. There were no allegations or investigations of sexual abuse or sexual harassment during the review period.

The following policy has been implemented at VCJPD to ensure allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless involves no potential criminal activity: Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation. This policy requires that a “report of alleged abuse, exploitation, or neglect must be made within 24 hours from the time the allegation is made.” There are many different definitions in this policy that are sexual abuse-related. The facility may want to consider assessing whether there is a need for all these definitions and most importantly ensure they are congruent with definitions set forth in the PREA Policy 1.1. Allegations of sexual abuse are reported by the Director to TJJD and local law enforcement; Grand Saline Police Department. The agency publishes PREA information on its website (<http://vzcjpd.com>) and includes the agency’s PREA Policy 1.1 and 1.1A.

The PREA policies and information on the agency website does not describe the responsibilities of both the agency and the investigating entity, pursuant to provision (c).

Provision (d) is not applicable in determining PREA compliance of this facility.

Provision (e) is not applicable in determining PREA compliance of this facility.

Corrective Action:

1. VCJPD shall ensure that the website publication describes the responsibilities of both the agency and the investigating entity, pursuant to provision (c).

Update 12/22/16:

1. Documentation of this publication was provided for auditor review and was verified on the agency website.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Training and Staff Development Policy 4.2 Training and Training Criteria
- General Administration Policy 1.5 Do's and Don'ts of Detention Officers
- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation
- General Administration Policy 1.1 Management Information System/PREA
- Juvenile Rights Policy 2.1 Resident Rights
- The Dynamics of Sexual Abuse and Harassment (Prezi material)
- University of Michigan Student Life Sexual Assault Awareness Center
- VCJPD Responding to Threatened or Actual Signs of Sexual Abuse or Sexual Harassment
- Training Handouts citing a resource from The Moss Group
- VCJPD PREA Institutional Plan for Sexual Assault Response Team
- VCJPD PREA First Responder Checklist
- Training roster for 9/23/16 refresher training
- PREA Training Checklist (acknowledgement) form

Interviews, Document and Site Review:

VCJPD policy mandates PREA training for all its employees. Training and Staff Development Policy 4.2 Training and Training Criteria asserts that PREA is part of the training curriculum and fundamental training the all staff receive. Beginning on page 5 lists Training Modalities and Mandatory Training Requirements for Staff. PREA is not listed under these training requirements for any staff.

The auditor was provided policy, agendas, and handouts for training. However, no curriculum or lesson plan was provided. Many training documents were provided for review, most of which addressed the required elements, but it did not seem part of a cohesive staff training. This was also reflected in staff interviews. Staff consistently reported that they had received PREA training and that it consisted of policy review and review of information in staff meetings. Staff were not able to consistently articulate the training elements required in provision (a). It seems staff are not provided formal PREA training through use of existing available training materials that would increase staff comprehension and retention of the material, such as curricula, Powerpoints, videos, webinars and the like through the PREA Resource Center website. The following required elements of provision (a) were most notably lacking in interviews: residents' rights to be free from retaliation, dynamics of sexual abuse and harassment in confinement, common reactions of sexual abuse victims, how to detect and respond to sexual abuse and sexual harassment and how to distinguish between consensual sexual contact and sexual abuse, how to communicate effectively with LGBTI residents, complying with mandatory reporting laws, and laws regarding the applicable age of consent. Specifically, a trend was noted particular to LGBT residents and it was admitted that some were uncomfortable with the topic. This largely comes from a lack of training and education regarding the LGBT terminology. Familiarization with the terminology and comfortability with the topic should come from leadership and be evident in training as well. Staff did consistently report knowledge of the agency zero tolerance policy toward sexual abuse and sexual harassment. VCJPD did not report on the Pre-Audit Questionnaire the number of employees that had received the training during the review period.

Pursuant to provision (b), training material that was tailored to the needs and attributes of the population and gender of the residents was not provided. Since VCJPD has only one facility, employees are not reassigned to other facilities housing opposite gender residents. Both gender residents reside at VCJPD. Therefore, staff should be aware of the differing dynamics between the two populations as it relates to sexual abuse and sexual harassment.

Page 9 of Training and Staff Development Policy 4.2 Training and Training Criteria indicates that VCJPD will document training through signature or electronic verification as well as a requirement for refresher training every 2 years. In between those years, current information regarding sexual abuse and sexual harassment policies will be provided. All current employees have received PREA training. The auditor verified by looking at training records. The review of training records included a diagonal slice of personnel; veteran staff, new staff, contractors,

volunteers, etc. As far as refresher trainings, random staff interviews indicated that PREA is discussed during staff meetings and most referred to that as their PREA training. It was consistently reported that staff frequently receive PREA policy updates to review and discuss. Once more formalized PREA training is implemented (as alluded to above), the process and documentation of refreshers will be more recognizable. Notably, VCJPD seems to consistently discuss PREA and PREA policy change with staff.

Though the Training Policy 4.2 mandates the documentation of training through signature or electronic verification, provision (d) of this standard requires that staff verify that they have received and understand the PREA training. Practice at VCJPD is that employees sign a group roster sheet upon receipt of training. Interpretive guidance for this provision mandates that employees sign acknowledging they have “received and understand” the PREA training. This minor change should be reflected in the verification of training at VCJPD.

Corrective Action:

1. Implement formalized training utilizing existing resources and delivery methods that will be more conducive to staff learning and retention of training material. Those are available on the PREA Resource Center website and/or can be directed to by the auditor. Ensure the training material is tailored to the needs and attributes of the population and gender of the residents. VCJPD shall demonstrate staff’s enhanced knowledge of PREA training.
2. VCJPD shall ensure that employees sign and acknowledge they have received and understand their PREA training.

Update 12/22/16:

1. Auditor was sent a document stating, "VanZandt County has and will provide training for all employees that will include a pre and post test, handouts and powerpoints for each required category tailored to the needs of the department. Sign in sheets will be signed to acknowledge the training was provided to staff."

Additionally, a refresher training was provided to all staff and a roster was provided to the auditor for review. It was held on Sept 23, 2016.

2. VCJPD also implemented a PREA Training Checklist form which cites all required training elements. The employee initials by each training element and the form has an acknowledgement statement at the bottom where the employee then signs.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Volunteers/Interns Policy 10.5
- General Administration Policy 1.1 Management Information System/PREA
- Approved Volunteer Directory
- Approved Volunteer Directory/PREA and Background Dates
- PREA Volunteer/Contractor Training for Van Zandt County JPD
- PREA Volunteer/Contractor Training for Van Zandt County JPD sign-in sheet

Interviews, Document and Site Review:

Asserted by Volunteers/Interns Policy 10.5 (page 6), volunteers, contractors, and interns are oriented to the agency PREA policies as well as TJJD Abuse, Neglect, and Exploitation policies.

The auditor interviewed the staff member charged with this training. The process was explained and shown to the auditor and consists of a packet: PREA Volunteer/Contractor Training for Van Zandt County Juvenile Probation Department. Once a volunteer/contractor/intern has passed a background and DFPS check (done by the Office Administrator), the volunteer/contractor coordinator is given approval to conduct the training with them. Sometimes this is completed as a group and sometimes it is completed individually. The following topics are covered: zero tolerance policy toward sexual abuse and sexual harassment, ANE (Abuse, Neglect, and Exploitation), and prohibition of personal relationships with residents. This information is in the packet provided to them. The packet also contains what and how to report, methods with which to report, detecting sexual abuse and sexual harassment, and maintaining professional relationships. A signature is then retained for documentation.

The auditor interviewed 2 contractors and a volunteer. Each of the interviews indicated that the volunteer/contractor had received the PREA training and they were aware of their duties and avenues to report sexual abuse and sexual harassment. This was verified record review and the Approved Volunteer/Contractor Listing with background and DFPS checks. Volunteer and contractor files, which were pulled at random contained record of the PREA orientation.

Rather than being commensurate with the level and type of resident contact, all contractors and volunteers receive the same amount of training, which includes the information in the packet on the zero-tolerance policy and how to report, etc. This training appears to be adequate for the contractors and volunteers at VCJPD.

Corrective Action:

No corrective action necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- General Administration Policy 1.1 Management Information System/PREA
- Resident Orientation Handbook
- Orientation on AN&E and PREA Life Skill
- Orientation on AN&E and PREA Life Skill Sign-In Sheet
- Juvenile Rights Policy 2.1 Resident Rights
- Admission Procedures Policy 3.1 Juvenile Admission Procedures

Interviews, Document and Site Review:

Upon intake and as guided by Juvenile Rights Policy 2.1 Resident Rights (beginning on page 4), residents receive PREA information on the agency's zero tolerance policy and how to report such incidents among other things. This is part of the orientation process and is used with the Orientation Sheet and Orientation AN&E/PREA Life Skill forms. The auditor gleaned that residents received this information within 1-2 hours of arriving. The Orientation form states that this information is provided verbally and must be provided within 12 hours. In practice, it appears that this is done consistently within 1-2 hours of the resident's arrival. There are twelve numbered items included on the Orientation form; #10 being PREA Policy and Procedure 1.1. JSO's (Juvenile Supervision Officers) provide this initial information to residents and several were interviewed and articulated the process. VCJPD reported that 115 residents were admitted and received this information during the review period.

For comprehensive age-appropriate education, it is clear that residents are provided orientation verbally via the Orientation form, but the PREA content is not outlined (it only lists the policy). In addition to the Orientation form, there is an Orientation on AN&E and PREA Life Skill form, which does cover PREA more comprehensively. This form, however, was implemented only about 2 weeks prior to the onsite audit and has not yet been in place long enough to be institutionalized. It should also be noted that it is heavy with text and content that may not be effectively absorbed by the resident. A recommendation is to utilize comprehensive education through video and those resources are already available and free of charge. Both forms, Orientation and Orientation on AN&E and PREA Life Skill, are signed by both the staff as well as the resident, for verification and documentation purposes.

Every resident interviewed by the auditor recalled being given PREA information upon intake and articulated ways in which they knew to report sexual abuse and sexual harassment. An Orientation booklet is kept in the library which contains the same PREA information and most residents had knowledge of it as well.

Pursuant to provision (c), VCJPD has no current residents that were admitted prior to the effective date of the PREA standards. All residents have received PREA orientation.

As noted in the auditor comments of 115.316, several resources are available for providing resident education in formats that are accessible to LEP (Limited-English proficient) residents as well as disabled residents or those that have limited reading skills. The facility has access to Language Line Services. The auditor was provided email verification of access to the line. Also, brochures in English and Spanish were provided for auditor review and are available for LEP residents. However, resources for deaf, hard-of-hearing, or visually impaired residents appear to be lacking. The use of an educational video with subtitles for hearing impaired is recommended. The audio could then be utilized for blind residents. Neither the facility nor the auditor were able to identify any residents with disabilities at the time of the onsite audit to interview.

Neither the facility nor the auditor were able to identify any residents with disabilities at the time of the onsite audit to interview. Intake JSO's articulated that if a resident with a disability (reading or otherwise) were admitted, they would ensure comprehension of the material by reading it to them, inquiring about any questions, and referring for assistance if needed. The Admission Procedures Policy 3.1, on page 5, states that residents with disabilities shall be able to benefit from all aspects of PREA education, though, it does not outline ways in which that shall occur.

The auditor selected a group of resident files at random and noted that the signed orientation form and AN&E and RPEA Life Skill form was available for each one. During interviews most residents recalled signing for the form and receiving information regarding PREA.

The facility keeps PREA information continuously and readily available to residents via posters throughout the facility. This posted information was observed throughout the site review by the auditor. Signage was posted in both English and Spanish and were in each living unit, in hallways, classrooms, etc.

Corrective Action:

1. Utilize a PREA video or other means of being able to provide materials and information to residents who are hearing or visually impaired. It is also recommended to enhance age-appropriate comprehensive education to residents.

Update 12/22/16:

1. Auditor received documentation stating VCJPD "has implemented a new orientation checklist and End the Silence pamphlet that is age appropriate comprehensive content. A video for the visually and hearing impaired is also available for youth with these disabilities."

Examples of signed checklists were provided which list 15 line items that are initialed by the staff and youth regarding zero tolerance, retaliation, reporting, investigations, and information expressing that the library has a handbook which contains contact information for mental health resources.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- General Administration Policy 1.1 Management Information System/PREA

Interviews, Document and Site Review:

It was reported on the Pre-Audit Questionnaire that they conduct neither administrative nor criminal investigations. Once onsite, there was ambiguity about whether VCJPD would have to conduct administrative/internal investigations. No staff members had received specialized training for conducting sexual abuse investigations in confinement. Generally, the Associate Director and/or the PREA Coordinator conduct internal investigations that are non-sexual. During interviews with both, it was articulated that it is also reported externally to TJJD and/or law enforcement. It was also articulated that no specialized training for conducting sexual abuse investigations in confinement had been completed. Therefore, the auditor was not provided with certificates of completion for

specialized training. Such training is available free of charge via the National Institute of Corrections (NIC). The specialized training required by this standard shall include the following: techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity, sexual abuse evidence collection in confinement settings, and criteria necessary to substantiate a case for administrative action or prosecution referral.

Provision (d) is not applicable in determining PREA compliance of this facility.

Corrective Action:

1. Provide verification of completion of specialized training as set forth in this standard, which shall include: techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity, sexual abuse evidence collection in confinement settings, and criteria necessary to substantiate a case for administrative action or prosecution referral. Such training is available free of charge via the National Institute of Corrections (NIC).

Update 12/22/16:

1. Ambiguity regarding whether VCJPD must conduct administrative investigations was clarified when the auditor obtained verification from TJJJ that facilities that do not have investigators that have received specialized training may utilize TJJJ for all administrative sexual abuse and sexual harassment investigations. Training verification for the Grand Saline Police investigator was provided for auditor review.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- General Administration Policy 1.1 Management Information System/PREA

Interviews, Document and Site Review:

Information on the Pre-Audit Questionnaire as well as information learned onsite indicated that medical and mental health staff have not received specialized training. The auditor interviewed one of these staff members (a clinician) who reported there had been no specialized training for sexual abuse and sexual harassment. However, the auditor gathered that VCJPD has four (4) mental health staff, but they are contracted and have received such required training pursuant to 115.332.

VCJPD does not employ medical staff. All medical needs are arranged by the probation officer and are obtained off site.

Corrective Action:

No corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Admission Procedures Policy 3.1 Juvenile Admission Procedures
- General Administration Policy 1.1 Management Information System/PREA
- Behavioral Health Screening Form
- Intake Screening For Potential Sexual Aggressive Behavior and/or Sexual Victimization
- Safe Housing Assessment with Classification Plan
- Completed PREA Screening forms
- Behavioral Health and Safe Housing form

Interviews, Document and Site Review:

Within 72 hours of arrival, VJCPD obtains and uses information about residents’ history and behavior. Admission Procedures Policy 3.1 addresses this standard beginning on page 8 under Section B. Classification Plan. It states, “Prior to placing a resident into a housing unit, the resident shall be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior. Housing assignments shall be made accordingly.”

Whether that information is obtained and used to reduce risk of sexual abuse was not evident. Information is initially obtained through the use of the Behavioral Health Screening Form and is gathered directly after arrival during intake by a JSO. Review of resident screening and intake records revealed that this information is consistently gathered within 72 hours and, in fact, is generally within 1-2 hours. It is unclear the number of residents that had the Behavioral Health Screening Form completed. Zero (0) was reported on the Pre-Audit Questionnaire. That appeared to be misinformation or misunderstanding. At the time of the completion of the Pre-Audit Questionnaire, the two additional screening forms had not yet been implemented, but the Behavioral Health Screening Form had been and was evident during the selection and review of resident files and screening forms. The use of the Behavior Health Screening Form seems to be institutionalized. Two additional forms were implemented as part of this screening process about 2 weeks prior to the onsite audit. These forms were the Intake Screening For Potential Sexual Aggressive Behavior and/or Sexual Victimization and Safe Housing Assessment with Classification Plan. Upon interviews with a shift supervisor that conducts these screenings as well as the PREA Coordinator, it was gathered that these two new forms are completed by one of two shift supervisors or the PREA Coordinator. These two new forms were evident during resident screening and file review, but only of residents that had recently been admitted. In regard to obtaining information with the purpose of reducing risk of sexual abuse, together the three forms all gather pieces of relevant information that could be used for that purpose. However, these pieces of relevant information are not compiled together and do not culminate into an overall determination. The auditor and leadership had discussion at length about ways to combine necessary pieces together into one form, which not only would help achieve the goal but may also reduce the overall amount of paperwork completed.

Provision (b) of this standard mandates the use of an objective screening instrument. Lacking a scoring system, weighting, training, or overall risk determination, both the Behavioral Health Screening Form and Intake Screening For Potential Sexual Aggressive Behavior and/or Sexual Victimization forms are not objective screening instruments. The Safe Housing with Classification Plan form does have a scoring system, but in itself does not address risk of sexual victimization or abusiveness.

The Behavioral Health Screening Form all the required elements outlined in provision (c), though, two of those elements should be revised in order to gather the intended risk factor. These two elements are 115.341(c)(2) and (6). 115.341(c)(2) should more accurately inquire about any gender nonconforming appearance **or** identification and any LGBTI appearance **or** identification rather than “Sexual orientation/any gender conforming appearance or same as identification” as the form currently states. 115.314(c)(6) requires the consideration of physical size and stature and while the Behavioral Health Screening Form does gather height and weight at the top, it does not provide an assessment of size and stature that is then considered in the risk of sexual abuse. to use it to reduce risk of sexual abuse appears to be secondary. In short, the form is completed, but the auditor question whether it fulfills the purpose of reducing risk of sexual abuse. Again, it is recommended that pieces from the Behavioral Health Screening and the Intake Screening For Potential Sexual Aggressive Behavior and/or Sexual Victimization be put together, but should account accurately for each required element of provision (c).

The auditor, while onsite, observed part of an intake in progress. It seems to be conducted in an area conducive to soliciting sensitive information. It is ascertained through conversation with the resident. It is recommended that a more evident review of court and offense records, case files, behavioral records, and such be considered in the screening process. In addition, JSO’s currently completing the screenings may be a barrier to accessing resident records and acquiring the most accurate information and reflection of sexual risk. It is also ideal to involve input from medical/mental health or others that would shed light on potential risk factors affecting sexual safety of residents.

VCJPD does ensure that sensitive information is not exploited to residents’ detriment by staff or other residents by securely retaining the screening records in resident files. Access is limited to those making treatment and/or security decisions.

Corrective Action:

1. Ensure the gathering of resident information upon intake is completed for the purpose of assessing and reducing the risk of resident sexual abuse. Combining relevant pieces of the three screening forms is recommended.
2. Revise/enhance the screening process to make it objective. Things to consider to improve objectivity include: scoring questions, weighting questions, making an overall determination of sexual risk, providing a manual and training on the completion of the screening form to increase inter-rater reliability.
3. Ensure the screening form accurately gathers the required risk factor information from elements (2) and (6) of provision (c).

Update 12/22/16:

1. The screening forms were combined and now make up the “Behavioral Health Screening and Safe Housing” form. Staff meeting memo dated 11/15/16 documented the introduction and implementation of the new form. Upon request, examples of completed screening forms were also provided for auditor review.
2. The Behavioral Health Screening and Safe Housing form now has a scoring system; scoring each question and culminating in a total score and risk determination for sexual vulnerability and aggression. Beyond that, housing placement is then denoted at the bottom with staff signature and supervisor’s review and signature. There is also the option and documentation for override if necessary.
3. The Behavioral Health and Safe Housing form now accounts for (c)(2) and (6). Auditor verified and reviewed

completed forms.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Admission Procedures Policy 3.1 Juvenile Admission Procedures
- General Administration Policy 1.1 Management Information System/PREA
- Rules and Discipline Policy 8.2 Seclusion & Disciplinary & Reviews
- Behavioral Health Screening Form
- Intake Screening For Potential Sexual Aggressive Behavior and/or Sexual Victimization
- Safe Housing Assessment with Classification Plan
- Completed PREA Screening forms

Interviews, Document and Site Review:

Admission Procedures Policy 3.1 addresses this standard beginning on page 8 under Section B. Classification Plan. It states, “Prior to placing a resident into a housing unit, the resident shall be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior. Housing assignments shall be made accordingly.”

Policy language, as illustrated, exists for this standard. However, the auditor noted that practice appears to fall somewhat short of policy as it was not clear that screening information pursuant to 115.341 was actually used for the goal of keeping residents sexually safe. The policy language cited directly above references housing assignments being made according to screening for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior, though, it was evident in practice. As noted in the comments for standard 115.341, there may be a challenge doing so since the screening process does not culminate into an overall risk of sexual victimization or abusiveness with which to consider. The interview with the staff member that conducts the screening articulated a more informal process by which it is recognized “if a kid has been abused,” then there is typically heightened supervision. However, the facility was not able to demonstrate that this occurs or that it is an institutionalized practice. Review of documentation, screening forms, intake processes, as well as interviews with intake staff (JSO’s) and administration, the facility did not clearly demonstrate that the agency uses information from the screening process to inform decisions about resident sexual safety.

Pursuant to provision (b) and isolating residents, it was obvious that the practice at VCJPD is to isolate only as a last resort when less restrictive means are not adequate. Rules and Discipline Policy 8.2 Seclusion & Disciplinary & Reviews addresses and defines both safety-based seclusion and disciplinary seclusion.

In some cases, when warranted, BCJDC could impose disciplinary seclusion or medical isolation. VCJPD has no “dry cells;” the resident stays in his own room/cell if he/she is in Disciplinary or Safety-Based Seclusion. Largely, VCJPD utilized room restriction (less than 90 minutes) or room seclusion (90 minutes to 23 hours). In an interview with the Associate Director, it was explained that they really don’t isolate and that anything over 23 hours requires approval by the Director or Associate Director and is very rare. A review must be completed within 4 hours. The Associate Director reported that the review is generally done prior to that. The resident would still go to school and have at least one hour of exercise. The facility reported zero (0) residents were isolated during the review period and zero (0) were denied large muscle exercise.

Admission Procedures Policy 3.1 Juvenile Admission Procedures, page 8, states, “LGBTI residents will not be placed in particular housing assignment based on such identification or status.” Auditor observations and interviews of staff and residents as well as observations during the site review supported this policy language.

It was consistently reported that VCJPD had not yet admitted a transgender or intersex resident. Admission Procedure Policy 3.1 asserts that residents will be classified according to “age, gender, current offense and offense history, as well as any other special considerations including a resident’s potential vulnerabilities for sexual abuse that are discovered during the resident’s behavioral health screening.” The PREA Compliance Manager was able to articulate the ways in which this would be done in practice and that a resident’s own views with respect to safety would be taken into consideration.

Interviews, document review, and observation did not indicate that the placement and programming assignments of transgender/intersex residents needing to be reassessed at least twice per year.

All residents are given the opportunity to shower separately at VCJPD. This is by virtue of the physical plant and existence of only single showers.

Policy language in Rules and Discipline Policy 8.2 mandates the documentation required by this provision. All resident self-initiated seclusion, room restriction, room seclusion, and disciplinary seclusion is tracked and documented. The auditor reviewed the 2016 Behavioral Management Log, which documents isolation/room restriction and is broken down by month. VCJPD reported on the Pre-Audit Questionnaire that zero residents were isolated. Review of the log showed that room restrictions, of less than 90 minutes were utilized. In addition, the PREA Coordinator provided the auditor with 2016 Monthly Behavior Management Average data. This revealed the following:

- In January 2016, 3 disciplinary seclusions were utilized that were less than 24 hours and 7 room restrictions were utilized that averaged 72 minutes.
- In February 2016, 2 disciplinary seclusions were utilized; one 12 hours and one 4 hours and 10 room restrictions were utilized averaging under 89 minutes.
- In March 2016, 0 disciplinary seclusions were utilized and 4 room restrictions were utilized that averaged 89 minutes.
- In April 2016, 2 disciplinary seclusions were utilized totaling 17.5 hours and 7 room restrictions were utilized averaging 89 minutes.

Provision (i) is not applicable since there were no residents isolated during the review period or in the facility’s history that exceeded 30 days.

Corrective Action:

1. Implement practice that is congruent to policy (i.e. 115.342(a)) to use screening information to inform housing, bed, program, education, and work assignments with the goal of keeping residents sexually safe. Provide training to staff or increase knowledge of the purpose of the screening information.
2. Ensure the placement and programming assignments of transgender/intersex residents are reassessed at least twice per year to review any threats to safety experienced by the resident.

Update 12/22/16:

1. The Behavioral Health Screening and Safe Housing form alluded to in 115.341 now has a scoring system; scoring each question and culminating in a total score and risk determination for sexual vulnerability and aggression. Housing placement is then denoted at the bottom with staff signature and supervisor’s review and signature. This is one method VCJPD is using the screening information to ensure resident sexual safety. Additionally, a monitoring mechanism has been added to the Shift Supervisor/Residential Assistant Manager Weekly Report to review housing assignments and safe housing. A new form has been implemented to monitor different areas of the facility for safe housing and reclassification. Examples of this documentation was provided for review.
2. Retaliation and Threat Tracking form was implemented not only to monitor retaliation, but to monitor any threats to resident safety. This is the method VCJPD will use to monitor and assess the safety of transgender/intersex residents. To date, VCJPD has not had any transgender or intersex residents.

No further corrective action is needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- General Administration Policy 1.1 Management Information System/PREA
- Juvenile Rights Policy 2.2A Resident Grievance Process
- Juvenile Rights Policy 2.1 Resident Rights
- Admission Procedures Policy 3.1 Juvenile Admission Procedures
- Request For Access form
- Grievance form

Interviews, Document and Site Review:

VCJPD provides multiple internal ways for residents to privately report sexual abuse or sexual harassment or retaliation for reporting such incidents.

The auditor learned that the following are ways for residents to report internally: report to any staff member, call the

hotline, write a grievance or note, tell a counselor. Residents consistently disclosed multiple ways to report internally. Staff, too, were able to articulate the multiple ways in which residents are able to report.

The facility provides at least one way for residents to report externally to a public or private entity. That entity is the Texas Juvenile Justice Department (TJJD), which is where the hotline is routed to. Residents also have regular and frequent contact with their probations officers and can report to family as well.

VCJPD does not detain residents solely for civil immigration purposes.

The hotline that is accessible to residents (and staff) goes directly to the Texas Juvenile Justice Department. Residents at VCJPD don't have direct access to phones. Residents can remain anonymous to TJJD, but may not be able to remain anonymous to the facility since they must go through staff to use the phone. Most residents have frequent access to and visits from the probation officer, which they could report to. Many residents also disclosed that they would report to friends or family that they have visits and/or phone calls with.

Staff accept all reports of sexual abuse and sexual harassment and act upon them immediately. Through interviews, the auditor found evidence that supported this as practice. All reports are documented. Staff are required to report immediately or at least before the end of shift if not emergent. Evidence of this practice being institutionalized was obtained through interviews of random staff and random residents.

Residents are provided with a method and tools necessary to make a written report. Residents can do this via grievance forms which can be put into the locked grievance box. Residents and staff alike reported this to be implemented in practice. The facility also provided the auditor with grievances to review.

Staff have many methods to report sexual abuse and sexual harassment of residents. Most staff articulated these methods well and reported they would likely report to their immediate supervisor. Staff also reported they would feel comfortable reporting to any member of administration.

Privately and/or confidentially, staff can also report to the TJJD hotline. Most staff were aware of this method, though, they felt it would not be necessary.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Juvenile Rights Policy 2.2A Resident Grievance Process
- Juvenile Rights Policy 2.1 Resident Rights
- Resident Grievance Form
- Juvenile, Parent, Community Grievance Report
- Juvenile, Parent, Community Grievance Report (Spanish version)
- Disciplinary Appeal form
- Orientation Handbook - Grievance Policy and Procedure
- Administration Internal Grievance Response Report

Interviews, Document and Site Review:

Juvenile Rights Policy 2.2A Resident Grievance Process outlines VCJPD’s grievance process for residents. Upon admission to the facility, each resident participates in an orientation. This occurs on the day the resident arrives and during this process, the grievance procedure is explained. Additionally, the resident is given written materials that explain the process, including how to submit a grievance concerning sexual abuse.

Resident interviews indicated they feel safe from sexual abuse, but also knew how to file a grievance if needed. However, most said they would just tell staff. This indicates that the residents trust that staff will do the right things to ensure their safety.

Review of the Grievance Policy 2.2A, on page 2, asserts that there is no time limit imposed to file a grievance about sexual abuse. For sexual abuse grievances, there is no provision to attempt informal resolution. The Resident Grievance Form contains five sections and each section indicates who is responsible for filling it out as well as the response time frame. Section one which is completed by the resident, section two which is completed by staff within 24 hours. Section four is to be completed by the Residential Manager or Supervisor within 72 hours of receipt. Section four is completed by the Associate Director and section five is to be completed by the Director and returned to the resident within 7 days. There are three carbon copies of the grievance form; one goes to the resident file, one goes to the resident, and one goes to the resident grievance log. This response protocol exceeds what is outlined in the standard.

Grievance Policy 2.2A addresses each provision of this standard and states that a final agency decision will be provided within 90 days of the initial filing of the grievance (for any portion alleging sexual abuse). It also contains the language of all elements of provision (d). In practice, VCJPD exceeds these response times.

Grievance Policy 2.2A also cites provision (e) regarding assistance by third parties in filing grievances and resident interviews indicated that residents were aware they were permitted to use the assistance of third parties.

Beginning on page 3 of the Grievance Policy 2.2A addresses the filing of an emergency grievance for sexual abuse when there is substantial risk of imminent sex abuse or harassment. There were no emergency sexual abuse grievances filed within the review period and none were noted upon auditor review of grievances.

This standard as well as VCJPD allows for the discipline of a resident if it is determined that a resident submitted a grievance in bad faith. No such grievances were filed or discipline related to submitting bad faith grievances.

Every grievance is assigned a number and is logged on the Grievance Tracking Log, which is kept in a binder and categorized by month. A copy of each grievance is also retained here. The auditor reviewed grievances logged since January 2015 and noted that no sexual abuse grievances were filed.

The response timeframes and protocol as well as the grievance tracking system is a promising practice and exceeds this standard.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Juvenile Rights Policy 2.1 Resident Rights
- Juvenile Rights Policy 2.3 Legal Rights of Juveniles
- Communications 11.1 Telephone Usage
- Communications 11.2 Visitation
- Van Zandt County Child Advocacy Center description of services
- Resident Handbook

Interviews, Document and Site Review:

Information regarding resident access to outside emotional support services related to sexual abuse was not noted during the onsite audit. It was reported on the Pre-Audit Questionnaire that residents are given this information and is addressed on page 3 of Juvenile Rights Policy 2.1, however, residents did not articulate any awareness of this. Upon review of the Resident Handbook, information regarding outside emotional support was not found. The facility is fortunate to have access to a county child advocacy center. This is an avenue that could be explored for the purpose of this standard and providing emotional support services.

During resident interviews and auditor observation and review, it was learned, and know to residents, that phone calls and mail are not monitored by the facility.

An MOU was provided for auditor review, with the Van Zandt County Child Advocacy Center. It seems this MOU addresses community response to sexual assault. It is unclear whether this entity could be utilized as emotional support otherwise. The MOU has signatures of each community partner, dated May and June 2015, including the VCJPD Director.

The following policies outline procedures for resident communication with their attorneys and parents:

- Juvenile Rights Policy 2.3 Legal Rights of Juveniles
- Communications 11.1 Telephone Usage
- Communications 11.2 Visitation

All residents reported access to their attorneys and/or parents that was consistent with policy.

Corrective Action:

1. Create an avenue for and resident awareness of outside emotional support services and enable reasonable communication in as confidential manner as possible. Provide mailing addresses and telephone numbers of said emotional support services.

Update 12/22/16:

1. A list of emotional support services is now located in the Orientation Handbook as well as the PREA handbook in the library; The Inmate's Handbook on Identifying and Addressing Sexual Abuse: 3rd Edition Sept 2014.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Juvenile Rights Policy 2.1 Resident Rights
- General Administration Policy 1.1 Management Information System/PREA
- Resident Handbook
- Juvenile, Parent, Community Grievance Report

Interviews, Document and Site Review:

It was clear that VCJPD has an established practice to receive third-party reports of sexual abuse and sexual harassment. The Juvenile, Parent, Community Grievance Report is available for anyone to utilize and submit a report. This form is made publicly available on the agency website and contains instructions for submitting or mailing the report.

Interviews with several residents indicated that they were very aware that they could use or be a third party for reporting. Staff indicated they were aware also.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- General Administration Policy 1.1 Management Information System/PREA
- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation
- Security and Control Policy 6.1 Shift Responsibilities and Principle Accountabilities for Detention Officers
- General Administration Policy 1.3 Code of Ethics, Disciplinary, and Revocation Procedures
- Security and Control Policy 6.4 Security Room/Intake Area
- Security and Control Policy 6.8 Incident Reports
- Job Description Policy 14.3 JSO’s & Intake/Security Officers Assigned to Security Room
- PREA Institutional Plan
- Incident Report Form
- Request For Access form
- Resident Report/Incident Tracking

Interviews, Document and Site Review:

Policy language is reiterated across many agency policies, as listed above, that mandate staff to report immediately any knowledge or suspicion of sexual abuse or sexual harassment. As evidence of institutionalization of practice, staff are required to report serious physical abuse, sexual harassment or sexual abuse immediately to their supervisor, local law enforcement and the Texas Juvenile Justice Department. Interviews of all staff – random, specialized, and administrative – indicated this to be an institutionalized practice.

VCJPD does require staff to comply with mandatory child abuse reporting laws and staff do that in practice, though, many staff were did not articulate that they were familiar with mandatory reporting laws and that they were mandatory reporters. They did know they were required to report. This could be a topic that is addressed or enhanced during staff training.

Medical/mental health employees are required to follow the same policy and shall be required to inform juveniles at the initiation of services of their duty to report and the limitations of confidentiality. An interview with a mental health staff affirmed this practice and asserted that it is documented in the clinical notes.

Upon learning of a report of abuse, the facility notifies the parents of the residents involved. Interviews and discussion with staff and the PREA Coordinator indicated that this occurs in practice and the auditor were also provided with incident documentation that demonstrated their practice to notify parents, law enforcement, and social services.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Security and Control Policy 6.1 Shift Responsibilities and Principle Accountabilities for Detention Officers
- General Administration Policy 1.1 Management Information System/PREA

Interviews, Document and Site Review:

It was clearly indicated in interviews with staff that immediate action is taken to protect a resident that is in imminent danger of sexual abuse. There are several options that can be utilized, if needed, such as moving the resident to another part of the facility.

There is a very low incidence of sexual abuse reported at VCJPD, therefore, there has been no event during the review period that would cause such actions to occur. VCJPD reported there to be no instances of residents being in imminent danger of sexual abuse. The residents all reported that they felt confident that staff would not let anything bad happen to them, if they could help it.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation

Interviews, Document and Site Review:

Page 11 of Policy 1.8 listed above contains the language of this standard, verbatim.

VCJPD asserted they have received no reports from other confinement facilities. The Director and Associate

Director both recalled having received no such reports and both articulated that receiving such an allegation would initiate the reporting and response protocol like any other allegation received within the facility; it would kick off an immediate report to law enforcement, TJJJ, and an internal investigation.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Security and Control Policy 6.1 Shift Responsibilities and Principle Accountabilities for Detention Officers
- General Administration Policy 1.1 Management Information System/PREA
- Job Description Policy 14.4 Residential Assistant Manager
- PREA First Responder Checklist

Interviews, Document and Site Review:

Anyone in a facility can be a first responder and therefore should know duties related thereto. Only approximately 60% of random staff interviewed at VCJPD adequately articulated their first responder duties. The auditor was provided with a PREA First Responder Checklist and page 2 of the Security and Control Policy 6.1 speaks to initiating the PREA First Responder Checklist, though, no staff members mentioned its existence during interviews.

Job Description Policy 14.4 charges the Residential Assistant Manager with the completion of the checklist upon any allegation of sexual abuse. The Residential Assistant Manager, also the PREA Coordinator, articulated well the first responder duties.

The ability of staff to consistently articulate first responder duties should be enhanced. With the inclusion of the information in this standard, this will likely occur as a result of enhanced staff training, as discussed in the comments of 115.331.

There were no incidents of sexual abuse during the reporting period for which to review and interview first responders.

Corrective Action:

1. Enhance staff ability to consistently articulate first responder duties. This should be part of enhancing training alluded to in 115.331.

Update 12/22/16:

1. Staff have received additional training on staff first responder duties and the PREA First Responder Checklist

for use when there is an allegation. The Shift Supervisor is charged with the completion of the Checklist. Auditor received training documentation and rosters for verification.

No further corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Institutional For Sexual Assault Response Team
- PREA First Responder Checklist

Interviews, Document and Site Review:

VCJPD provided the auditor with a written institutional coordinated response plan, in the form of a document titled PREA Institutional For Sexual Assault Response Team. This document outlines and coordinates actions among staff first responders, medical/mental health, investigators, and facility leadership. Notably, as explained in the interview with the Associate Director, the facility has a great relationship with local law enforcement, which is then conducive to coordinating a response. The PREA First Responder Checklist is also a means of coordinating actions among relevant parties in response to sexual abuse. It would be recommended that there be a wider knowledge of the existence and implementation of these two documents.

Corrective Action:

No corrective action is necessary.

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.

There is no collective bargaining in this facility. This standard is not applicable.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Job Description Policy 14.4 Residential Assistant Manager
- Juvenile Rights Policy 2.1 Resident Rights

Interviews, Document and Site Review:

As stated in Job Description Policy 14.4, the Residential Assistant Manager/PREA Coordinator is charged with monitoring retaliation of residents and staff who have reported and/or cooperated with a sexual abuse investigation. Juvenile Rights Policy 2.1 contains the language of this standard, verbatim.

Interviews with the PREA Coordinator and others indicated that the monitoring of retaliation is currently an informal process. The Residential Assistant Manager is very present around the facility and very accessible and visible to residents. It was explained that in-person status checks occur regularly, but are not documented. When asked about detecting possible retaliation, things were cited such as: a resident dropping levels, getting early bed, reducing activity level, refusing visitation, etc.

In short, the policy on monitoring retaliation should be formally put into practice. Monitoring of retaliation of sexual abuse is required by this standard (not sexual harassment), though, also monitoring sexual harassment is a recommendation and is a promising practice since sexual harassment often is the precursor for sexual abuse. Multiple protection measures shall be put into place to not only monitor retaliation from staff but also from other residents. VCJPD reported that no incidents of retaliation occurred during the review period. The PREA Coordinator articulated what is required in this standard, however, documentation of the process is necessary in order to demonstrate the practice and institutionalization.

Corrective Action:

1. Formalize and institutionalize the practice of monitoring for retaliation of staff and residents who report or cooperate with investigations of sexual abuse. Ensure documentation includes the duration, type (i.e. in-person or not), and items that were monitored. Items to be monitored should include disciplinary reports, housing changes, negative performance, program changes, etc.

Update 1/13/17:

1. VCJPD has implemented a Retaliation and Threat Tracking log not only to monitor retaliation, but to monitor

any threats to resident safety. This log is reviewed and updated every other week. The Residential Assistant Manager is charged with this duty. This includes regular in-person status checks. The log housing changes, behavior changes, etc. There has been no need for monitoring to date as there have been no allegations of sexual abuse or sexual harassment.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Admission Procedures Policy 3.1 Juvenile Admission Procedures
- General Administration Policy 1.1 Management Information System/PREA
- Rules and Discipline Policy 8.2 Seclusion & Disciplinary & Reviews

Interviews, Document and Site Review:

As discussed in the comments of standard 115.342, policy language in Rules and Discipline Policy 8.2 mandates the documentation required by this provision. All resident self-initiated seclusion, room restriction, room seclusion, and disciplinary seclusion is tracked and documented. The auditor reviewed the 2016 Behavioral Management Log, which documents isolation/room restriction and is broken down by month. VCJPD reported on the Pre-Audit Questionnaire that zero residents were isolated. Review of the log showed that room restrictions, of less than 90 minutes were utilized. In addition, the PREA Coordinator provided the auditor with 2016 Monthly Behavior Management Average data. This revealed the following:

- In January 2016, 3 disciplinary seclusions were utilized that were less than 24 hours and 7 room restrictions were utilized that averaged 72 minutes.
- In February 2016, 2 disciplinary seclusions were utilized; one 12 hours and one 4 hours and 10 room restrictions were utilized averaging under 89 minutes.
- In March 2016, 0 disciplinary seclusions were utilized and 4 room restrictions were utilized that averaged 89 minutes.
- In April 2016, 2 disciplinary seclusions were utilized totaling 17.5 hours and 7 room restrictions were utilized averaging 89 minutes.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation

Interviews, Document and Site Review:

Through the Pre-Audit Questionnaire and information gathered onsite, there was ambiguity about whether VCJPD investigates administrative allegations of sexual abuse and sexual harassment. In general, internal administrative investigations (non-sexual) are generally conducted by the PREA Coordinator and/or the Associate Director. TO date, there have been no reported administrative sexual abuse or sexual harassment investigations during the review period and were no discoveries or suspicions or any throughout the audit. VCJPD adheres closely to the requirements of reporting and investigating as outlined by the Texas Juvenile Justice Department. TJJD investigates allegations of sexual abuse and sexual harassment.

In regard to criminal allegations, though there were none during the review period, the Administrative, Organization, and Management Policy 1.8 outlines the process of response and reporting to TJJD and local law enforcement and staff and administration consistently reported this process.

The auditor interviewed the PREA Coordinator and the Associate Director and both articulated well the manner in which internal investigations are conducted, which was based on reporting to and working with TJJD and the way non-sexual investigations have been conducted. Interviews of other supervisors and staff supported also that third party and anonymous reports are handled in the same manner as all other allegations. The auditor did not interview criminal investigators as they are external to the facility. However, the auditor learned through discussion, interviews, and document review that the facility has a healthy relationship with the police department.

Since there were no allegations of sexual abuse or sexual harassment, there were no investigative files to review. However, the auditor did review incident reports and grievances in order to verify this to be true. No sexual abuse or sexual harassment incidents were found.

As indicated in the auditor comments of 115.334 of this report, the auditor was not provided training verification of facility staff who conduct or may be involved in the investigation of sexual abuse or sexual harassment.

The gathering of direct and circumstantial evidence would be done by local law enforcement since it would generally be a criminal investigation that would prompt such actions. Interviews and document reviews indicated that the role of administrative investigators may include the gathering of electronic evidence and/or other pertinent information the facility may have.

Administrative/internal investigators at VCJPD do not conduct compelled interviews. In the event that there is support for criminal prosecution, the investigation would be in the hands of local law enforcement. It would be responsibility of them to consult prosecution prior to conducting compelled interviews. There were no criminal investigations reported during the review period for the auditor to review.

Interviews and discussion with the PREA Coordinator and other staff members indicated that persons involved in an investigation are not judged or treated with any bias. The established environment exuded one of respect for all residents void of unjustly assessing one's credibility.

The facility uses no polygraph examinations with residents under any circumstances.

It was evident during interviews with staff and administration that the credibility of residents is not unjustly or prematurely determined.

Though criminal investigations are conducted by local law enforcement, TJJD provides a written report that is provided to the Director. The report includes the documentary evidence used in determining the case findings.

In discussions and interviews with the PREA Coordinator, Director, and other staff members it was reported that substantiated allegations that appear to be criminal are referred for prosecution. It would be done by local law enforcement that conducts the criminal investigations.

The departure of an alleged victim or abuser does not serve as basis for terminating an investigation at VCJPD. This was abundantly articulated by the PREA Coordinator. There was not an instance of this kind that occurred during the review period.

Provision (I) is not applicable to determining this facility's PREA compliance.

When an allegation is investigated externally, the facility remains informed of the progress of the investigation by virtue of their relationship with local law enforcement and because of that, there is no barrier in remaining informed of an investigation.

Corrective Action:

1. Provide auditor with verification of specialized investigative training for those that conduct sexual abuse and sexual harassment investigations in the facility.

Update 12/22/16:

1. Ambiguity regarding whether VCJPD must conduct administrative investigations was clarified when the auditor obtained verification from TJJD that facilities that do not have investigators that have received specialized training may utilize TJJD for all administrative sexual abuse and sexual harassment investigations. Training verification for the Grand Saline Police investigator was provided for auditor review.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation

Interviews, Document and Site Review:

Through interviews with the PREA Coordinator, it was evident that the facility uses the standard “preponderance of evidence” to determine whether allegations of sex abuse are substantiated. This language is also contained in Policy 1.8, which states, “The agency shall impose a standard no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation

Interviews, Document and Site Review:

Page 18 of the Policy 1.8 contains all the verbiage of this standard and the PREA Coordinator is charged with providing this notification to residents.

By conducting interviews with the PREA Coordinator, it was evident that this process of notification is done informally and is not completely fully, as set forth in this standard.

Though VCJPD had no investigations that warranted this notification, the facility must demonstrate to the auditor that a process is established and institutionalized. Therefore, there should be a more formal process outlined to do so. All notifications or attempted notifications should be documented and retained.

Corrective Action:

1. Formalize the process of notifying resident victims of sexual abuse of the outcome of the sexual abuse investigation.

Update 1/13/17:

1. After some revisions requested by the auditor, VCJPD implemented the Resident Notification Outcome of Sexual Abuse/Sexual Harassment Investigation form. This form documents the case disposition and states that the resident must be informed “In person by signature, date, and time” or “By phone with documentation: title and name of staff calling, date/time, phone number called, person spoken to.” There have been no allegations with which to use this notification.

No further corrective action needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Personnel Policy 3.5 Disciplinary Procedures

Interviews, Document and Site Review:

Personnel Policy 3.5, page 9, states that staff are subject to disciplinary sanctions for violating the facilities policy against sexual abuse or sexual harassment. Personnel Policy 3.5, page 2, mandates that termination is the presumptive sanction for staff who have engaged in sexual abuse.

No staff during the review period violated VCJPD sexual abuse or sexual harassment policies. Through interviews, it was evident that disciplinary actions against staff are commensurate with the nature and circumstances surrounding the violation. Language of provision (d) of this standard is found on page 9 of the Personnel Policy 3.5; requiring all instances of sexual abuse to be reported to law enforcement, even if the employee leaves employment during the investigation.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Volunteers/Interns Policy 10.5
- General Administration Policy 1.1 Management Information System/PREA
- Approved Volunteer Directory/PREA and Background Dates
- PREA Volunteer/Contractor Training for Van Zandt County JPD

Interviews, Document and Site Review:

Page 6 of the Volunteers/Interns Policy 10.5 contains the language of this standard.

The PREA Volunteer/Contractor Training for Van Zandt County JPD packet used for training contractors and volunteers contains information regarding laws against sexual contact with residents and states that consequences “include dismissal from the facility, termination of the contract/volunteer duties, reporting to relevant licensing bodies, criminal prosecution, and civil liability.”

VCJPD reported that there have been no instances of a contractor or volunteer being involved of sexual abuse or sexual harassment. Interviews with the PREA Coordinator asserted that a contractor or volunteer suspected to be involved in sexual abuse of a resident would be immediately prohibited from reentry in to the facility.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Rules and Discipline Policy 8.1 Rules and Regulations, Violation Resolution, and Disciplinary Procedures
- Rules and Discipline Policy 8.2 Seclusion & Disciplinary & Reviews
- Juvenile Rights Policy 2.2 Disciplinary Appeal Process
- Resident Handbook

Interviews, Document and Site Review:

Page 12 of the Rules and Discipline Policy 8.2 contains the verbiage of this standard. Rules of conduct as well as consequences that may be imposed are included in the Resident Handbook also.

There is a formal disciplinary process used at the facility and sexual activity with another resident is considered a major rule infraction.

A resident will be subjected to disciplinary sanctions only pursuant to the formal disciplinary process outlined above, following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

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. VCJPD does not generally isolate residents, in practice. The facility may impose safety-based or disciplinary seclusion in which the resident remains in his room, but still ordinarily participates in education and other activities outside the room. Therefore, daily large-muscle exercise or access to any legally required educational programming or special education services is not denied.

Interviews with the Associate Director explained and affirmed the process for imposing discipline. The disciplinary process considers 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. The Associate Director asserted that if a resident has a profound disability then a mental health staff is consulted. It is mandated that mental health staff be consulted before any discipline or room restriction is imposed.

For some residents, generally adjudicated of a sexual offense and when deemed necessary, are offered therapy, counseling, and other interventions designed to address and correct underlying reasons or motivations for the abuse. There is one mental health clinician that is contracted for these services. That contractor was interviewed by the auditor. The Director would consider whether to offer the offending resident participation such interventions, but would not require participation in such interventions as a condition of access to any rewards-based level system.

As set forth in policy, a juvenile may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact. There have been no such instances at this facility.

The Rules and Discipline Policy 8.2 sets forth that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. This was evident during the auditor's time onsite and with discussions had with staff and administration.

All sexual activity between residents is strictly prohibited at VCJPD and will result in discipline action against residents for such activity. However, such activity between residents does not constitute sexual abuse if it is determined that the activity is not coerced.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Admission Procedures Policy 3.1 Juvenile Admission Procedures
- Behavioral Health Screening Form
- Intake Screening For Potential Sexually Aggressive Behavior and/or Sexual Victimization

Interviews, Document and Site Review:

As described in 115.341, a Behavioral Health Screening is completed at the time of admission. Admission Procedures Policy 3.1, page 8, cites the language of this standard, verbatim. It states that “If the Behavioral Health Screening or Intake Screening For Potential Sexually Aggressive Behavior and/or Sexual Victimization indicates a resident has experienced prior sexual victimization or perpetrated sexual abuse...the resident will be offered a follow-up with a mental health practitioner within 14 days.”

Though, there were no reports of sexual abuse during the review period, the PREA Coordinator articulated the process of contacting mental health for this follow-up service. Because there were no reports, the auditor was not able to verify via records review. Upon interviewing staff that conduct the screening, this process of making this referral pursuant to the screening at intake was not as clear or confident. It is recommended that this process be better conveyed to staff that conduct the screenings so the responsibility does not rely mostly on one person.

It was apparent during interviews and time onsite, that any information related to sexual victimization or abusiveness be limited to those, as necessary, to inform treatment plans and security decision, etc.

All residents admitted to VCJPD are under the age of 18, therefore, obtaining an informed consent prior to reporting information regarding sexual victimization is moot. It must be reported pursuant to mandatory reporting laws.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Medical and Health Care Policy 7.7 Care and Treatment
- MOU with Van Zandt County Child Advocacy Center
- Van Zandt County Child Advocacy Center description of services

Interviews, Document and Site Review:

Although, VCJPD does not employ medical staff and mental health staff is employed on a contract basis, the facility does ensure that residents receive timely access to emergency medical treatment and crisis intervention. The contract mental health staff that was interviewed reported that he had been contacted and utilized for crisis intervention in the past (not for sexual abuse).

Policy 7.7 asserts that provisions are made for short-term medical, dental, and mental health care services. It also asserts that immediate medical services will also be provided. It is noted that this policy states that immediate medical attention shall be requested via a Request for Medical Attention form, which may not be conducive to residents receiving timely and unimpeded emergency medical services and the facility may want to consider revisiting this policy language. It should be noted, however, that VCJPD is fortunate to have access to the Child Advocacy Center and have an MOU that outlines what appears to be best practice and would ensure timely and unimpeded access to emergency medical services and crisis intervention in the event of a sexual abuse.

In the likely event that medical and mental health staff are not readily available, staff first responders would take preliminary steps to protect the victim and immediately notify the appropriate medical and/or mental health staff. The auditor was confident that this would happen and it would likely be orchestrated by the PREA Coordinator.

There was no documentation applicable to verify practice since there were no emergency medical services or crisis intervention warranted during the review period.

Both practice and Policy 7.7 (page 3) indicate that these services would be provided without cost to the victim, whether the victim names the abuser or not.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Medical and Health Care Policy 7.7 Care and Treatment
- Medical and Health Care Policy 7.6 Special Health Care Procedures
- Intake Screening For Potential Sexually Aggressive Behavior and/or Sexual Victimization

Interviews, Document and Site Review:

By virtue of the access to the Child Advocacy Center and MOU, VCJPD is able to provide appropriate medical and mental health care to resident victims of sexual abuse. This is also mandated on the first page of the Medical and Mental Health Care Policy 7.7. Medical and mental health staff, administrators, and others articulated this as well.

The mental health staff that was interviewed, who is also a clinician in the community reported that the level of care is above what is offered in the community.

As per protocol of the community SART set forth by the Child Advocacy Center, sexual abuse victims are offered pregnancy tests (if applicable), treatment and prophylaxis for STI’s as appropriate. All these services are offered without cost to the victim, which is mandated by policy and was also reported by all staff.

There were no instances of sexual abuse that reported to have occurred at VCJPD. No reports of sexual abuse were made during this period of review.

Corrective Action:

No corrective action is necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Medical and Health Care Policy 7.7 Care and Treatment
- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation
- Sexual Assault Response Team (SART) Checklist

Interviews, Document and Site Review:

Page 16 of the Policy 1.8 contains the verbiage of this standard and requires that the facility consider all the elements of this standard. In addition, the auditor was provided with the Sexual Assault Response Team (SART) Checklist for review as this is the manner in which a sexual abuse incident review is documented. This Checklist is a 3-page document that not only lists the required elements of this standard, but it also accounts for other information and aspects of the incident that are relevant and exceed what is required in this standard. Since there were no sexual abuse incidents during the review period, there were no completed Checklists for the auditor to review.

Policy requires that the review be conducted within 30 days of the conclusion of the investigation and that it includes upper-management with input from line supervisors, investigators, and medical/mental health. The Checklist form accounts for the members of the review team at the top.

Corrective Action:

No corrective action necessary.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation
- Aggregate Resident Data for 2016

Interviews, Document and Site Review:

Page 17 of the Policy 1.8 contains all the language from this standard. The PREA Coordinator at VCJPD does collect accurate and uniform data for allegations of sexual abuse using a set of definitions. Incident-based data is collected pursuant to TJJD’s mandated definitions as well as for the Survey of Sexual Victimization (SSV).

Data is gathered at least annually pursuant to the completion of the SSV. The facility collects and uses data more frequently than annually.

The PREA Coordinator collects and maintains data from incident based documents and incident reviews. This data is compiled on the Aggregate Resident Data for 2016, which was provided for auditor review. This was a spreadsheet of facility-wide incident data that included sexual abuse (contact and non-contact).

Pursuant to provision (e) of this standard, VCJPD must obtain incident-based sexual abuse data from each facility with which it contracts for the confinement of residents. Currently this is not being obtained.

Provision (f) is not applicable to determining this facility’s PREA compliance. DOJ has made no such request.

Corrective Action:

1. Agency shall collect and aggregate sexual abuse data from facilities with which it contracts.

Update 1/13/17:

1. Auditor received documentation stating VCJPD “has collected aggregate data from contracted facilities and

will continue to obtain.” A PREA Data Collection form was provided for review which accounts for the data collected on the Survey of Sexual Victimization (SSV) (except it is missing youth-on-youth SH). VCJPD PREA Year Over Year Analysis of Confinement Facilities was also provided which accounts for sexual abuse/harassment incidents and trends over the last 3 to 4 years. After some revisions requested by the auditor, the revised Year Over Year Analysis sufficiently captured data from both The Oaks and Rockdale.

No further corrective action is needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Administrative, Organization, and Management Policy 1.8 Monitoring and Reporting Abuse Neglect and Exploitation
- Aggregate Resident Data for 2016

Interviews, Document and Site Review:

The facility reports that they do review data collected pursuant to 115.387 in order to improve and assess their PREA compliance efforts. VCJPD has posted data on their website, however, it does not contain all the information required by this standard.

VCJPD has a link to the Annual Report on the website, but it does not identify problem areas and on-going corrective action. Currently it may not be considered a report so much as it just consists of a page of data. This publication should ideally culminate into a report and also must include a comparison of previous years’ data. Since this is the facility’s first PREA audit, it is acceptable that it does not currently include this comparison of previous years. The report should also contain an explanation of the facility’s efforts and progress with PREA compliance.

This publication is available on the agency’s website and is approved by the Director. The website link is: <http://www.vzcpd.com/forms/PREA%20Annual%20Report.pdf>

No information was redacted from the report as it was not deemed necessary.

Corrective Action:

1. Facility shall create an annual report that includes the identification of problem areas and on-going corrective action and an explanation of the facility’s efforts and progress with PREA compliance. In future years the report must also contain comparison of previous years’ data.

Update 1/23/17:

1. Following correspondence and discussions with the auditor and revisions, the auditor was provided with the VCJPD 2016 PREA Annual Report. The report cites this standard and the purpose of the report, explains and lists sexual abuse/sexual harassment data, investigative responsibilities, comparative data and analysis, corrective actions taken, evaluation of camera and monitoring systems, evaluation of staffing plan, and a closing paragraph. It is then signed by the Director, Associate Director, and PREA Coordinator. This report and its content exceeds this standard.

No further corrective action is needed.

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.

In order to make my determination, I reviewed the following policies and other documentation:

- Administrative, Organization, and Management Policy 1.6 Roles of Consultants, Contract Employees of Other Agencies
- General Administration Policy 1.1 Management Information System/PREA

Interviews, Document and Site Review:

Page 2 of Policy 1.6 and page 34 of PREA Policy 1.1 address this standard.

VCJPD does contract with private facilities for the confinement of residents. The auditor was not provided with aggregated data from these private facilities nor did the auditor find it posted on the facility's website. The agency contract administrator nor the PREA Coordinator articulated that this data was collected.

The auditor found no personal identifiers that were made available publicly.

Corrective Action:

1. The facility shall make all aggregated sexual abuse data, from facilities with which it contracts, readily available to the public at least annually through its website.

Update 1/13/17:

1. As noted in 115.387, VCJPD PREA Year Over Year Analysis of Confinement Facilities was provided which accounts for sexual abuse/harassment incidents and trends over the last 3 to 4 years. After some revisions requested by the auditor, the revised Year Over Year Analysis sufficiently captured data from both The Oaks and Rockdale. This data is posted and available on the agency website, which was verified by the auditor.

No further corrective action is needed.

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.

Talia Huff

1/27/17

Auditor Signature

Date