

**PREA AUDIT REPORT    INTERIM    FINAL  
JUVENILE FACILITIES**

**Date of Report:** July 13, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Lisa A. Capers, J.D.			
<b>Address:</b> 4483 Wandering Vine Trail, Round Rock, TX 78665			
<b>Email:</b> lisacapersjd@gmail.com			
<b>Telephone number:</b> 512-658-0909			
<b>Date of facility visit:</b> March 8-11, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Williamson County Juvenile Justice Center			
<b>Facility physical address:</b> 200 Wilco Way, Georgetown, TX 78626			
<b>Facility mailing address:</b> <i>(if different from above)</i> Same as Above			
<b>Facility telephone number:</b>			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Scott Matthew			
<b>Number of staff assigned to the facility in the last 12 months:</b> 145			
<b>Designed facility capacity:</b> 96 (All Programs)			
<b>Current population of facility:</b> 42 (All Programs)			
<b>Facility security levels/inmate custody levels:</b> secure pre-adjudication detention (Detention); secure post-adjudication correctional (Trinity and Triad); non-secure post-adjudication residential (Academy)			
<b>Age range of the population:</b> 10-17			
<b>Name of PREA Compliance Manager:</b> Sal Lopez; Rodney Bell		<b>Title:</b> Assistant Academy Director; Detention Supervisor	
<b>Email address:</b> <a href="mailto:slopez@wilco.org">slopez@wilco.org</a> ; <a href="mailto:rbell@wilco.org">rbell@wilco.org</a>		<b>Telephone number:</b> 512-943-3292 (Lopez); 512-943-3214 (Bell)	
<b>Agency Information</b>			
<b>Name of agency:</b> Williamson County Juvenile Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Williamson County Juvenile Board			
<b>Physical address:</b> 200 Wilco Way, Georgetown, TX 78626			
<b>Mailing address:</b> <i>(if different from above)</i> Same as Above			
<b>Telephone number:</b> 512-943-3303			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Scott Matthew		<b>Title:</b> Executive Director	
<b>Email address:</b> <a href="mailto:smatthew@wilco.org">smatthew@wilco.org</a>		<b>Telephone number:</b> 512-943-3206	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> John Gordon		<b>Title:</b> Systems Compliance & Training Specialist	
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# AUDIT FINDINGS

## NARRATIVE

### Overview

The Prison Rape Elimination Act (PREA) on-site audit of the Williamson County Juvenile Justice Center in Georgetown, Texas was conducted on March 8-11, 2016 by Lisa A. Capers, J.D. from Austin, Texas, a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. On day one of the audit, the Auditor conducted an entrance conference, toured all areas of the facility and began interviews of random and specialized staff and random residents. On day two, the Auditor spent the entire day interviewing additional specialized staff and random and specialized residents. During day three, the Auditor completed the balance of all interviews and reviewed selected staff and resident files. On the last day of the on-site visit, the Auditor conducted an exit conference with the agency administration and staff to discuss preliminary findings and the subsequent audit processes and timeframes. The Auditor was treated with great hospitality during the visit by all the Williamson County staff. Residents and staff were made readily available to the Auditor at all times for formal and informal interviews. The Auditor was provided unimpeded access to all parts of the facility during the on-site review. The level of preparation for the audit and the organization of the information provided to the Auditor in the Pre-Audit Questionnaire (PAQ) were excellent and the facility administration and staff had obviously made PREA compliance a priority for the facility.

### Pre-Audit Phase

On December 22, 2015, the Auditor sent the facility the PREA Audit Notices (in English and Spanish) to be posted in the facility. At the request of the Auditor, audit notices were posted using colored or neon paper. On December 22, 2015, the Auditor received date-stamped photographic evidence via email demonstrating the posting of these notices in housing units in the facility, the main entrance of the facility, and the administration area of the facility. The facility was requested and agreed to keep all notices posted for six weeks after the on-site review. The audit notice was also posted on the county website as verified by the Auditor. As of the date of this report, the Auditor had received no mail at the designated audit post office box.

The Williamson County Juvenile Justice Center staff was requested to complete the *Pre-Audit Questionnaire (PAQ)* which was provided on December 22, 2015. The facility provided the completed PAQ to the Auditor along with supporting documents contained on a flash drive on January 20, 2016 preceding the on-site review portion of the audit. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed *Pre-Audit Questionnaire*. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing and submitted to the PREA Coordinator and PREA Compliance Manager on February 5, 2016 in the form of an *Issue Log* to which responses were requested. Answers to the questions were submitted by the facility management the week before the on-site portion of the audit and reviewed by the Auditor prior to the on-site review.

Approximately two weeks prior to the on-site portion of the audit, the Auditor requested the facility to compile listings of key administrative personnel, specialized staff (e.g., contract administrator, human resources staff, medical and mental health staff, screening staff, intake staff, investigative staff, volunteers, contractors, etc.) and specialized residents (e.g., residents reporting abuse, disabled residents, LGBTI residents, etc.). The Auditor also requested the facility to identify a variety of files for review (e.g., new hires, employees promoted, employees disciplined, residents disciplined, investigations, etc.). The Auditor provided the facility with forms to use for this purpose. Once received from the facility, the Auditor selected the staff and residents for interviews (i.e., administration, specialized and random staff and specialized residents still in the facility) as well as the files that were selected for review. On the

first day of the audit, the facility provided the Auditor with a listing of all residents in all housing units and the Auditor made the selection of random residents to be interviewed that represented all housing units.

### On-Site Audit Phase

The Auditor arrived at the facility on Tuesday, March 8 at 8:30 a.m. and was shown to a large, private conference room in the administration wing of the building which would function as home base during the audit. The Auditor began by conducting an entrance conference with facility administration at 9:00 a.m. After introductions and welcoming remarks by the Agency Assistant Director and the Auditor, the discussion focused on the audit schedule and an overview of the process. Questions were answered by the Auditor. Present with the Auditor were the following dignitaries:

- Matt Smith, Assistant Executive Director
- John Pelczar, Director of Operations
- Kurt Hundl, Detention Facility Administrator
- Michael Pena, Secure Post Facility Administrator
- Allen Bijou, Academy Director
- Sal Lopez, Academy Assistant Director
- John Gordon, PREA Coordinator
- Brenda Flores, Health Services Coordinator
- Sherry Graves, Office Coordinator

During the three and one-half days of the on-site audit, the Auditor was provided a private conference room in the administration area of the facility from which to work and conduct confidential interviews. The Auditor conducted all staff interviews in this conference room. Resident interviews were conducted in private visitation rooms in the detention facility for the secure programs and in a private conference room in the Academy for the non-secure facility to facilitate easy movement of residents between programming and interviews. Requested resident and staff files were brought to the Auditor in the main conference room for review.

**Site Review.** On the first day of the audit after the entrance conference, the Auditor toured the physical plant escorted by Mr. Matt Smith, Assistant Director and Mr. John Gordon, PREA Coordinator. Programs within the facility that were toured included the secure, pre-adjudication detention program; the secure, post-adjudication Trinity (girls) and Triad (boys) programs; and the non-secure, post-adjudication Academy program. The Auditor spoke informally with staff and residents during the tour which covered all housing and common areas of the facility, day areas, programming areas, and shower and toilet areas. The Auditor noted video camera placement throughout the facility and reviewed the video monitoring setup in the control room areas. Notices of the PREA audit (on colored/neon paper) were posted throughout the facility as required by the Auditor.

During the on-site review of the physical plant, the Auditor observed, among other things, the facility configuration, location of cameras, staff supervision of residents, dorm layout including sleeping rooms and shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident movement procedures, resident programming and resident interaction with staff. The Auditor noted that shower areas have two stalls beside each other that allow residents to shower separately in individual stalls ensuring their privacy. Shower partitions and curtains ensure privacy on each stall. The Auditor took photos of the shower areas for the record. The Auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility. The tour concluded after approximately 2.5 hours.

**Interviews.** Formal personal interviews were conducted with facility administration, staff, residents, volunteers and contractors. On the first day of the on-site review, there were 49 residents (i.e., 36 males and 13 females) housed in the facility in all four programs (Detention, Trinity, Triad, Academy). The Auditor interviewed 15 residents combined from all four programs representing approximately 30% of the resident population and covering all eight housing units. Eight of the interviews were random residents and seven (7) were specialized residents. Both male and female residents were interviewed (i.e., 9 males, 6 females). Residents were interviewed using the recommended Department of Justice (DOJ)

protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report sexual abuse or harassment.

Twenty-six (26) total facility staff members were interviewed during the on-site review which included administrative staff, random staff and specialized staff. Interviews included eight (8) random staff representing all shifts in the programs. The shifts for the Academy (non-secure program) are:

- *Shift 1: 12:00 a.m. to 8:00 a.m.;*
- *Shift 2: 8:00 a.m. to 4:00 p.m.; and*
- *Shift 3: 4:00 p.m. to 12:00 a.m.*

The shifts for Detention, Trinity and Triad (secure programs) are:

- *Shift 1: 6:00 a.m. to 2:00 p.m.;*
- *Shift 2: 2:00 p.m. to 10:00 p.m.; and*
- *Shift 3: 10:00 p.m. to 6:00 a.m.*

The Auditor also interviewed specialty staff including medical (contract staff), counseling, first responders, investigators, intake and screening, and human resources. Also interviewed were the agency Executive Director, agency Assistant Director, Director of Operations, PREA Coordinator, PREA Compliance Manager, and all Facility Administrators. Two volunteers were interviewed. Staff was interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, first responder duties, data collection processes and other pertinent PREA requirements.

The Auditor spoke via telephone to Kelly Tourere Forister, the Program Director of the Williamson County Children's Advocacy Center (CAC) to discuss and confirm the agreement in place with the CAC to provide rape crisis intervention services to victims of sexual abuse that occurs in the facility. The Auditor also verified the SANE/SAFE services available through the CAC as well as Dell Children's Hospital and Round Rock Hospital. Additionally, the Auditor also spoke via telephone with Ms. Patty Conner with Hope Alliance in Round Rock, Texas, a victim advocacy/rape crisis organization to discuss the agreement in place with the Juvenile Justice Center to ensure victims' access to their services.

**File Review.** On February 16, 2016, the Auditor requested the facility to provide a listing of personnel and resident files for possible review; upon receipt, the Auditor selected a random sample of files to review and notified the facility. All files were provided to the Auditor in the main conference room where the Auditor was housed. On Day 3 of the audit, the Auditor reviewed a total of 10 personnel files to determine compliance with training mandates and background check procedures. Five of the ten files were for new employees and were reviewed for compliance with the PREA standards applicable to new hires. The Auditor reviewed two staff files for individuals who had recently received promotions. Two files for volunteers and contractors were reviewed. Case files for ten (10) youth in the facility were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas. Files reviewed represented both male and female youth in all four programs (Detention, Trinity, Triad and the Academy).

**Closeout.** The Auditor conducted an exit conference with the agency officials on the morning of Friday, March 11, 2016. Agency administration and staff were very open and receptive to an honest discussion of areas where PREA compliance needs to be strengthened and the PREA compliance team began corrective measures immediately. Present with the Auditor were:

- Matt Smith, Assistant Executive Director
- John Pelczar, Director of Operations
- Kurt Hundl, Detention Facility Administrator
- Allen Bijou, Academy Director

- Sal Lopez, Academy Assistant Director
- John Gordon, PREA Coordinator
- Lynn Kessel, Mental Health Services
- Sherry Graves, Office Coordinator

The corrective actions required by the facility are minimal and the PREA Coordinator began modifying policy and procedures on some issues prior to the audit and during the audit. The Auditor expects the corrective action period to be short as the facility staff is quickly implementing the necessary changes.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Williamson County Juvenile Services operates the Williamson County Juvenile Justice Center located at 200 Wilco Way in Georgetown, Texas. Georgetown is located approximately 25 miles north of Austin, Texas along the IH-35 corridor. Williamson County is one of the fastest growing counties in Texas and in the nation. The population in Williamson County has now topped half a million according to the Texas State Data center.

The Juvenile Justice Center was built in 2002 and opened on October 23, 2003. The building has approximately 112,000 square feet and cost \$21 million dollars. The facility is located southeast of Georgetown on a 75-acre parcel of county-owned land that is also shared with other agencies in the county (i.e., the Animal Shelter, Emergency Operations Center and the Child Advocacy Center).



The facility currently has a physical plant capacity of 96 beds in all their juvenile residential programs. However, in practice the facility limits their use to 91 beds. On the first day of the audit, the census in all programs was 48. The average daily population in the facility during the 12 months preceding the audit was 44. Approximately 145 employees are employed by the facility. The facility also includes probation administrative offices, a secure education wing, court offices, and a full-sized courtroom where juvenile proceedings are held.

The Juvenile Justice Center has approximately 119 video cameras currently in use. Cameras are placed in corridors, housing units, program areas and exterior recreational areas. There are no cameras in individual resident rooms or in the shower or toilet areas. The Education wing is equipped with video cameras covering the hallways and a camera in each classroom. The cameras in the secure areas are monitored. The cameras in the non-secure areas are not monitored but are simply used for reviewing video for investigative purposes after an incident occurs. The agency is in the process of upgrading the video surveillance system to cameras that have audio and higher resolution in addition to longer storage capabilities for the video. The agency plans on adding to the system incrementally as their budget allows with a goal of upgrading to the high definition cameras in all areas supplementing the analog cameras currently in use. The five-year plan will potentially increase the number of cameras by 60 additional units and potentially more if the facility bed space is expanded. Expansion is being discussed as it is likely that the Texas Legislature will raise the age of juvenile court jurisdiction to include 17 year olds which will mean the agency may need additional residential capacity.

The facility is well maintained, in good repair and exceptionally clean. Housing units are well equipped and provide residents with a comfortable environment. Dorms are painted soft colors to enhance the housing units and reduce the institutional feel. In walking through all the housing units in the facility as well as the school areas, the Auditor noted that the facility is quiet and order is well maintained in all areas. Staff appears to have good relationships with the youth and the residents appear to follow the direction of staff which contributes to a calm environment conducive to rehabilitation.

The Juvenile Justice Center serves youth age 10-17, both male and female in four distinct residential programs operating within the facility (i.e., Detention, Triad, Trinity and the Academy). Both secure and non-secure housing units are contained within the facility. These programs serve pre-adjudication youth as well as post-adjudication youth who have been placed in the facility as a condition of probation. An overview of the programs, population served and length of stay is below:

Program	Population Served	Actual Capacity	Average LOS	Admissions in the Past 12 Months	Security Level and Type Program
Academy	Male/Female 12-17	36	111 days	36	Non-Secure Post-Adjudication
Triad	Male 13-17	12	165	13	Secure Post-Adjudication
Trinity	Female 13-17	12	123	10	Secure Post-Adjudication
Detention	Male/Female 10-17	36	10	815	Secure Pre-Adjudication

The Detention program (pre-adjudication) and the Triad Program (post-adjudication) are contained in a cluster of four square, 12-bed pods on the west side of the facility in the center of the building, each with its own day room area. All rooms are equipped with toilets. Staff control rooms are located in the center of two adjoining pods. Detention has three pods total and the Triad program has one pod for a total capacity of 48 residents in the west side. One of the Detention units, Alpha pod has eight regular rooms and a sectioned off maximum security area with four rooms. Bravo pod is used to house the Triad Program unit with 12 secure rooms. Therefore, detention has two pods of 12, one pod of eight with four max secure units and the Triad program has one 12-bed pod. The secure components of the facility encompass approximately one-fourth of the total facility square footage. Sleeping rooms in the secure areas are single occupancy. The Detention component serves both male and female residents. The Triad Program serves male residents.

The non-secure Academy program (post-adjudication) and the secure Trinity Program (post-adjudication) encompass a cluster of four smaller rectangular pods on the east side of the facility, each with its own day room area that is slightly smaller than the day rooms on the west side. The Academy serves both male and female residents in a military style program where the residents wear uniforms. The program houses residents in a mix of multiple and single occupancy rooms. Each pod has seven rooms (i.e., five doubles and two singles). The single rooms are used only as transitional spaces until the resident becomes acclimated to the multiple occupancy pod environment. The Academy has no secure rooms and relies on staffing to maintain control. The floor plan of the Academy is open and most common areas are covered by video cameras. The Academy also utilizes an obstacle course and parade field on the facility grounds as part of their program. The Trinity program is secure and is limited to a capacity of seven residents who are housed in single rooms that are secure. The Trinity Program serves female residents only.

The gymnasium is placed between the 48-bed pod clusters on the east and west side of the building. The north side of the building contains the secure Education wing that runs the length of the east and west pod clusters and the gymnasium. This Education wing provides educational services for all residents in the facility, regardless of the program as well as day students from the local school district that have been sent to the juvenile justice alternative education program (JJAEP) which operates in the Education wing. Residents from the secure programs attend classes separate from the JJAEP students, but the Academy residents attend classes with the JJAEP youth. The JJAEP students are only in the program during the day and return to their homes at night. The JJAEP serves a varying number of students that can range from 27 to 78 depending on the school districts that send the students to the program. The JJAEP program has a military flavor as well and students wear uniforms similar to but distinct from the Academy residents.

The pre-adjudication detention facility and the post-adjudication secure correctional facility programs within the Juvenile Justice Center are operated by Williamson County Juvenile Services under the guidance of the governing Juvenile Board of Williamson County. The facility is certified by the local Juvenile Board as required by the Texas Family Code. The programs are also regulated by the State of Texas via the Texas Juvenile Justice Department (TJJD). Texas Administrative Code Title 37, Chapter 343 governs secure pre- and post-adjudication facilities and imposes significant

rules on the operations and programming. Most noteworthy are the current mandatory staffing ratios as detailed below:

- Single Occupancy Housing Units: 1/12:1/24 (Program Hours, Non-Program Hours)
- Multiple Occupancy Housing Units: 1/8 at all times
- Building-Wide Ratio: 1/8:1/18 (Program, Non-Program)

The Auditor reviewed a copy of the most recent monitoring report of the facility provided by TJJD. The facility scored well on the most recent monitoring visit and no areas of concern were noted by the Auditor as it relates to the PREA standards compliance.

The Juvenile Justice Center offers a variety of programming and services for residents in the various facility programs. The facility has on-site medical services provided by a Registered Nurse and through a contract physician that comes to the facility as needed. A Nurse Practitioner manages the psychotropic medication for residents at the facility. The facility has a strong volunteer program that serves residents. There is a very significant mental health component in place at the facility and all residents have access to some of the best mental health services that this Auditor has seen. During interviews with mental health staff, the comment was made by several staff that the level of mental health services provided to residents is second to none. Williamson County Juvenile Services is fortunate to have strong and consistent support for the facility and its programming from their governing Juvenile Board and the Williamson County Commissioner's Court, both of which have made significant investments in the juvenile justice system in the county generally and the Juvenile Justice Center specifically.

## SUMMARY OF AUDIT FINDINGS

During the past 12 months, the Williamson County Juvenile Justice Center reported zero allegations of sexual abuse occurring in the facility in their responses to the PAQ. No criminal or administrative investigations were conducted in the past 12 months.

The agency has a strong zero tolerance policy in place and comprehensive PREA policies covering all the requirements of the PREA standards. The agency has an overarching Central Administration set of policies on PREA as well as more detailed PREA policies and procedures for the secure and non-secure components of the program. Under each standard, the Auditor generally noted both sets of policies as they are virtually identical in substantive content; however, under each subsection of a standard, the Auditor typically cited one policy for simplicity of reference and brevity's sake.

Overall, the interviews with residents reflected that they are aware of and understand the PREA protections and the agency's zero tolerance policy. Residents receive written materials at intake (e.g., Resident Handbooks, etc.) that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, residents are provided more comprehensive education on PREA that includes personal instruction in addition to watching a comprehensive PREA educational video. Posters regarding reporting sexual abuse and sexual harassment are placed in common hallways of the facility and in most housing units. It is recommended that posters be placed in all classrooms, counseling rooms, medical area, art area and other areas where residents are placed for any extended period of time as an added reinforcement of the reporting methods. Residents indicated they understand the various ways to report abuse internally. While the residents were aware of the posters throughout the facility with the telephone number to call to report sexual abuse or harassment to TJJD, some were not entirely clear about whom they are calling and the fact that the entity is separate from the facility. Thus, residents could benefit from enhanced education regarding the hotline and TJJD's relationship to the facility. Residents were able to articulate to the Auditor what they would do and who they would tell if they were sexually abused. Residents expressed to the Auditor that they trust staff and would report to staff in the facility. The Auditor's observation of staff interaction with residents was positive and appropriate. Residents consistently indicated to the Auditor that they felt safe in the facility which is a most significant indicator of a positive and sexually safe institutional culture.

All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Staff demonstrated they were well trained on the PREA first responder's protocol for any PREA related allegation and they could clearly articulate the appropriate steps they would follow if they were the first responder to an incident. However, because sexual abuse incidents at the facility are rare, it is important to provide periodic training reinforcement and practice of the protocol through training events or mock drills to maintain the skill set of the first responders. Staff consistently appeared to be fully engaged with the residents and a genuine sense of caring for the kids was observed by the Auditor. Many employees at the facility have a long tenure and expressed their love of their job at the facility and their work with the youth.

In summary, after reviewing all pertinent information and after conducting the on-site review, resident interviews and staff interviews, the Auditor found that agency leadership and staff have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of PREA. The Auditor reviewed the PREA training material/curriculum and noted that the PREA Coordinator and the compliance team has done an excellent job of utilizing the training resources found on the PREA Resource Center website in addition to other national and state resources. The facility employees are being exposed to exemplary training on PREA through these efforts. The outstanding level of pre-audit preparations and organization of all documents submitted to the Auditor was evident. The agency has an excellent file organization system for staff and youth records which made file review efficient and effective for the Auditor.

The agency has a strong PREA policy that forms the foundation for their compliance efforts. Discussions with agency leadership and facility management reinforced the agency's commitment to ensuring the sexual safety of residents and staff in the facility. It was further evident that staff and residents were invested in PREA as demonstrated through their knowledge and understanding of the protections and requirements. The positive culture of sexual safety in this facility is evident in the overall operations of this facility and the level of PREA compliance noted by this Auditor. While there are certain areas of compliance that will require strengthening through corrective actions as detailed in this report, those corrections are relatively easy to accomplish and the Auditor expects full compliance will be achieved very soon. The Auditor worked with the PREA Coordinator prior to the on-site audit to begin corrective actions on a few standards that required minor adjustments. Additionally at the end of the exit conference, the PREA Coordinator and the compliance team immediately began their corrective actions prior to even receiving this report. Because of this initiative, the facility will reach full PREA compliance quickly. The Auditor noted the overwhelmingly positive attitude from agency administration and PREA compliance team members toward Auditor input on the program and any suggestions for improvement. All recommendations from the Auditor were taken with gratitude and a sincere willingness to improve PREA compliance strength which ultimately will provide the highest level of protection of the sexual safety of residents.

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

## PREA Standards Compliance Overview – Interim Audit Report

### Number of standards exceeded: 4

- §115.311; §115.317;
- §115.331; and
- §115.342.

### Number of standards met: 28

- §115.312; §115.316;
- §115.321; §115.322;
- §115.332; §115.333; §115.334;
- §115.351; §115.354;
- §115.361; §115.362; §115.363; §115.364; §115.365; §115.367; §115.368;
- §115.371; §115.372; §115.373; §115.377; §115.378; and
- §115.381; §115.382; §115.383; §115.386; §115.387; §115.388; §115.389.

### Number of standards not met: 7

- §115.313; §115.315;
- §115.335
- §115.341;
- §115.352; §115.353; and
- §115.376.

### Number of standards not applicable: 2

- §115.318; and
- §115.366.

### Total Standards: 41

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### JULY 2016 UPDATE SINCE THE AUDIT: CORRECTIVE ACTIONS TAKEN TO ACHIEVE FULL COMPLIANCE

The Interim Audit Report reflected that there were seven standards that were in non-compliance at the Williamson County Juvenile Justice Center. Therefore, a required corrective action period not to exceed 180 days began on April 10, 2016. The Auditor recommended corrective actions for the facility and administration agreed; immediate corrections began for those standards found to be in non-compliance. The facility completed the required corrective actions requested by the Auditor to bring the facility into full compliance with the PREA standards. The PREA Coordinator had begun several items of corrective action prior to the on-site portion of the audit based on discussions with the Auditor. Initial documentation of the corrective action was received by the Auditor beginning in March 2016 and continuing through early July 2016. The Auditor reviewed the submitted documentation to determine if full compliance was achieved. In some cases, the Auditor requested clarifications and/or supplemental documentation via emails and phone calls with facility staff. The agency complied with all requests from the Auditor. A summary of the evidentiary basis for determining full compliance is discussed within each standard that was originally noncompliant. As a result of successful corrective action, the Auditor determined that the Williamson County Juvenile Justice Center

has achieved full compliance with all PREA standards as of the date of this final report. The summary of compliance based upon this final report is found below.

### PREA Standards Compliance Overview – Final Audit Report

**Number of standards exceeded: 4**

- §115.311; §115.317;
- §115.331; and
- §115.342.

**Number of standards met: 35**

- §115.312; §115.313; §115.315; §115.316;
- §115.321; §115.322;
- §115.332; §115.333; §115.334; §115.335;
- §115.341;
- §115.351; §115.352; §115.353; §115.354;
- §115.361; §115.362; §115.363; §115.364; §115.365; §115.367; §115.368;
- §115.371; §115.372; §115.373; §115.376; §115.377; §115.378; and
- §115.381; §115.382; §115.383; §115.386; §115.387; §115.388; §115.389.

**Number of standards not met: 0**

**Number of standards not applicable: 2**

- §115.318; and
- §115.366.

**Total Standards: 41**

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

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. Williamson County Juvenile Services (WCJS) Completed Pre-Audit Questionnaire (PAQ)

2. WCJS Policy:
  - a. *PREA Definitions (WCJS Central Administration) 4 Pages*
  - b. *PREA Prevention Planning (WCJS Central Administration) 5 Pages*
3. WCJS Organizational Chart
4. Interviews with the following:
  - a. PREA Coordinator
  - b. PREA Compliance Manager

**Findings (By Subsection):**

**Subsection (a):** WCJS has a comprehensive policy on sexual abuse and sexual harassment contained in the *PREA Prevention Planning [Page 1: 1 a)]*. The policy clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policy is detailed and well written. The policy contains definitions that are compliant and consistent with the PREA definitions in the *PREA Definitions* section. The policy further outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

**Subsection (b):** John Gordon is the designated agency wide PREA Coordinator and his official title is Systems Compliance and Training Specialist. He reports directly to John Pelczar, Director of Operations. The PREA Coordinator reports that he has sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA. Mr. Gordon has done an exemplary job of overseeing the PREA compliance efforts of the agency.

**Subsection (c):** WCJS has designated Sal Lopez and Rodney Bell as PREA Compliance Managers for the non-secure and secure components respectively. Mr. Lopez is the Assistant Division Director and Mr. Bell is the Shift Supervisor. WCJS technically has four distinct programs (secure and non-secure, pre-adjudication and post-adjudication) in the same physical building at the same address. For purposes of this audit, the Auditor considers it one facility and will issue one report. Therefore, the agency is technically not required to have a PREA Compliance Manager because they do not operate multiple facilities; however, they have chosen to have two PREA Compliance Managers. This decision has enhanced the agency’s PREA compliance efforts and exceeded the standard which further strengthens and ensures the sexual safety of residents and staff in the facility.

**Corrective Action:** None.

**Standard 115.312 Contracting with other entities for the confinement of residents**

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Contracted Services for Juveniles (WCJS Central Administration ) 9 Pages*
3. Sample Contract for Residential Treatment Services containing PREA language

4. Fiscal Year 2015 and Fiscal Year 2016 Residential Services Contracts
5. Interviews with the following:
  - a. PREA Coordinator
  - b. Agency's Contract Administrator

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*Contracted Services for Juveniles* Page 1] provides all residential service contracts must include provisions that require the service provider to comply with PREA. WCJS has 11 residential service provider contracts for Fiscal Year 2016 and had 10 contracts for Fiscal Year 2015. All contracts contained the required PREA language that requires compliance of the service provider with the PREA standards. Two of the service providers are fully PREA compliant having had a final audit report issued. The balance of the providers are in the process of becoming PREA compliant and have audits scheduled this year. WCJS will continue monitoring the progress of their service providers and get copies of all final audit reports to demonstrate PREA compliance as required by the contracts.

**Subsection (b):** WCJS requires all residential service provider contracts to contain the PREA requirements.

**Corrective Action:** None.

**Standard 115.313 Supervision and monitoring**

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Prevention Planning (WCJS Central Administration) 5 Pages*
  - b. *Supervision of Cadets (WCJS Academy) 4 Pages*
  - c. *Juvenile Supervision Officer-to-Resident Ratio (WCJS Detention and Secure Post Facility) 6 Pages*
3. *WCJS Management Walk-Thru Form (for unannounced rounds documentation)*
4. Documentation of Access Denied, Granted and Other Badge Events Report (demonstrating unannounced rounds) (B.A.S.I.S. ET 693)
5. *WCJS Walk Through Log Spreadsheet*
6. *WCJS Academy Staffing Plan (January 12, 2016)*
7. *WCJS Secure Facilities Staffing Plan (January 14, 2016)*
8. *PREA Annual Assessment and Review Form*
9. *AutoPost Tool* developed by CRS, Inc. (A tool on the American Jail Association website used to compute accurate staffing requirements)
10. Interviews with the following:

- a. Superintendent
- b. PREA Compliance Manager
- c. PREA Coordinator
- d. Intermediate or Higher-Level Facility Staff

### **Findings (By Subsection):**

**Subsection (a):** Facility policy [*PREA Prevention Planning* Page 2: 2 (a)] requires WCJS to develop staffing plans for its facility. WCJS has developed two staffing plans: one for the Academy and non-secure components and one for the secure components of the facility. The secure and non-secure areas have different staffing shifts. Both staffing plans address the 11 required elements of this standard. The plans demonstrate the calculation of the staffing patterns required. WCJS already meets and sometimes exceeds the 1:8/1:16 staffing ratio in the PREA standards that will be effective in October of 2017; therefore, the facility exceeds this standard. WCJS utilizes the *AutoPost Tool* developed by CRS, Inc. to compute accurate staffing requirements and this detail is shown in the staffing plan. Detailed schedules for the programming within the secure and non-secure components are shown along with facility schematics. It is recommended that the staffing plan could be enhanced by including post-assignments on facility pod/dorm schematics.

**Subsection (b):** Facility policy [*PREA Prevention Planning* Page 2: 2 (c)] requires adherence to minimum staff-to-resident ratios of 1:8 during resident waking hours and 1:16 during resident sleeping hours. Only security staff counts toward these ratios. The staffing plans for both the secure and non-secure programs require any deviations from the required ratios to be documented. Deviations are only allowed during limited and discrete exigent circumstances. In the past 12 months, the facility reports there have been no deviations from the 1:8/1:16 ratios. On the dates of the on-site audit, the Auditor observed that the facility was exceeding the minimum staffing ratios required; therefore, the facility exceeds this standard.

**Subsection (c):** This subsection regarding the new juvenile staffing ratios is not applicable until October 1, 2017. However, WCJS already meets the new 1:8/1:16 staffing ratio and often exceeds this new ratio.

**Subsection (d):** The WCJS staffing plans were officially approved in January 2016 so there has been no annual review as of the date of this report. Agency policy requires the annual review of the staffing plan. In discussions with the PREA Coordinator, he indicated the facility plans to perform the annual review in January of 2017.

**Subsection (e):** Agency policy [*PREA Prevention Planning* Page 2: 2 (e)] requires intermediate and higher level supervisory personnel in each program to conduct and document unannounced rounds at least twice per shift each month. Documentation of these rounds was submitted to the Auditor along with a report that corroborates secure badge access during the times of the documented rounds. Because these computerized reports were available, the Auditor did not ask to review video footage of the rounds. Video archives are only kept 14 days at present. During the pre-audit stage, the Auditor reviewed the documentation for approximately eight months and observed several patterns that were of concern. These patterns included: 1) no rounds on Saturdays; 2) infrequent rounds on Sundays; and 3) rounds not conducted on all shifts. The Auditor discussed these issues with the PREA Coordinator who quickly took action to correct this issue and get the new and revised policy/procedure into practice even before the on-site portion of the audit. On February 5, 2016, the Auditor received an updated policy that addresses unannounced rounds and requires that they be conducted in such a manner to avoid predictable patterns such as those seen by the Auditor. The new policy and procedure were sent out by email to all pertinent staff with an explanation of the issue by the PREA Coordinator. The Auditor will verify the new process and samples of unannounced rounds as part of the corrective action period. Additionally, the PREA Coordinator developed a spreadsheet that will help track the unannounced rounds to ensure all shifts are covered and to help identify any trends/patterns that may be present that need correction.

**Corrective Action:** The following corrective actions are required to demonstrate compliance with this standard. All changes or modifications to policy and/or practice must be institutionalized through training of all relevant staff and

demonstration of consistent application of the required policy/practice for a period of time. Documentation of the training and evidence of facility implementation of the new policy/practice must be submitted to the Auditor in writing.

1. WCJS should continue conducting unannounced rounds utilizing the new procedure put into place in February of 2016 by the PREA Coordinator and facility management that addresses previously undesirable patterns in performance of the rounds. The facility must demonstrate institutionalization of this new practice and submit documentation of the rounds to the Auditor during the period of corrective action. The PREA Coordinator has already begun submitting documentation of the new practice to the Auditor and will continue during the corrective action period.

### Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation to evidence and demonstrate the required corrective actions that were taken by the administration regarding this standard. This documentation is discussed below.

#### Additional Documentation Reviewed:

1. *WCJS Management Walk-Thru Form (for unannounced rounds documentation)(January 2016-June2016)*
2. *Documentation of Access Denied, Granted and Other Badge Events Report (demonstrating unannounced rounds) (B.A.S.I.S. ET 693)(January 2016-June 2016)*
3. *WCJS Walk Through Log Spreadsheet )(January 2016-June2016)*

The PREA Coordinator has put into practice an excellent process to now ensure unannounced rounds are conducted as required by this standard. The documentation is excellent and allows the administration to see any negative patterns that could emerge; however, the process is such that it should prevent these patterns from ever happening in the future. Documentation of the use of the new process was provided to the Auditor.

### Standard 115.315 Limits to cross-gender viewing and searches

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Prevention Planning (WCJS Central Administration) 5 Pages*
  - b. *Academy (Non Secure)*
    - i. *Search – Body Cavity Examination (2 Pages)*
    - ii. *Search – Pat Down of Residents (3 Pages)*
    - iii. *Search – Strip Search (2 Pages)*

- iv. *Supervision of Cadets* (4 Pages)
  - c. *Detention and Secure Post-Facility (Secure)*
    - i. *Search – Body Cavity Examination* (2 Pages)
    - ii. *Search – Pat Down of Residents* (3 Pages)
    - iii. *Search – Residents & Various Locations* (2 Pages)
    - iv. *Search – Strip Search* (3 Pages)
    - v. *Juvenile Supervision Officer-to-Resident Ratio* (6 Pages)
- 3. *WCJS Staff Training Documentation Form (Transgender and Intersex Resident Pat-Down Search Procedures)*
- 4. Interviews with the following:
  - a. Random Residents
  - b. Random Staff
- 5. Observation of announcement being made by PREA Coordinator in facility housing units during tour of physical plant

**Findings (By Subsection):**

**Subsection (a):** WCJS policy authorizes body cavity examinations only by a physician and by a physician of the same gender as the resident if possible. Policy authorizes strip searches in limited circumstances and these must be conducted by a staff member of the same gender. WCJS policy does not include any exigent circumstances exceptions so the facility exceeds this standard.

**Subsection (b):** WCJS policy prohibits cross-gender pat down searches in compliance with Texas Administrative Code Chapter 343 as promulgated by TJJ. No general exigent circumstances exception exists in policy. Interviews with residents consistently demonstrated that cross-gender pat searches are not occurring. However, WCJS policy does allow an exception for transgender and intersex residents who express a preference of a cross-gender search. Staff interviews demonstrated that staff consistently is not clear that there is such an exception to the prohibition on cross-gender pat searches for transgender and intersex residents. Staff is not clear on how this exception works in practice. This small exception will require additional training and explanation to all staff to ensure transgender and intersex residents are provided access to this accommodation in the event the facility has such a resident.

**Subsection (c):** Facility policy requires all authorized searches to be documented; because cross-gender pat searches are prohibited, the policy has no documentation requirements for these type searches. Policy should be amended to reflect a documentation requirement for any situation where this occurs. The policy does require pat searches to be done in full view of a camera and with a second staff member present to witness the search which is an excellent best practice.

**Subsection (d):** WCJS policy and practice prohibits cross gender supervision of residents during shower routine, changing of clothing, using the toilet, etc. Staff members of the opposite gender must remain outside of the line-of-sight of any location where these processes take place. Cross gender supervision is also not allowed during room checks. No exigent circumstances exception is authorized so the facility exceeds this standard. Facility policy requires staff of the opposite gender to announce their presence when entering a resident housing unit. Interviews with residents and staff indicate that the announcement is happening in most cases. However, in staff interviews, some staff stated they do not “announce” when they enter dorm of opposite sex residents because they radio ahead and ask if it is all clear. Most staff did say they announce, but more than one was not clear that this is required in addition to the radio checks. Additional training is needed to reinforce this point to staff. The Auditor did note that during the tour of the facility physical plant, the PREA Coordinator did make the announcement when entering each of the housing units.

**Subsection (e):** WCJS policy clearly prohibits the search of a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Interviews with staff corroborate that they understand this policy and that this is the practice of the facility. There were no identified transgender or intersex residents in the facility during the audit.

**Subsection (f):** The agency has trained all staff on how to conduct pat-down searches of transgender and intersex residents in a professional and respectful manner and in the least intrusive manner possible. Training documentation was submitted to evidence this and interviews with staff indicate they could articulate proper search procedures for pat-down searches which are the only searches they are allowed to conduct. However, the agency has not trained staff on how to conduct cross-gender pat searches of transgender and intersex residents in those limited circumstances where a cross-gender search is requested by a resident.

**Corrective Action:** The following corrective actions are required to demonstrate compliance with this standard. All changes or modifications to policy and/or practice must be institutionalized through training of all relevant staff and demonstration of consistent application of the required policy/practice for a period of time. Documentation of the training and evidence of facility implementation of the new policy/practice must be submitted to the Auditor in writing.

1. WCJS needs to provide additional training to all staff regarding the exception to the prohibition on cross-gender pat searches for transgender and intersex residents who express a preference and request a cross-gender search. While staff has been trained on conducting searches of transgender and intersex residents with professionalism and in a respectful manner, the staff still is unclear on how the exception works in practice. Documentation of this training must be provided to the Auditor to demonstrate compliance.
2. WCJS policy should be enhanced to require any cross-gender pat searches to be documented in writing. This requirement must be trained to all staff and documentation of completed training must be submitted to the Auditor. Email communication to all staff on simple policy updates such as this will be acceptable.
3. Staff must be provided refresher training on the requirement to announce themselves when entering a housing unit of the opposite gender. This announcement is required in addition to any radio communication to ensure it is clear. Documentation of this training must be provided to the Auditor.

#### Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation to evidence and demonstrate the required corrective actions that were taken by the administration regarding this standard. This documentation is discussed below.

#### Additional Documentation Reviewed:

1. WCJS Policy (as updated)
2. Training documentation for staff training including email correspondence to staff from PREA Coordinator

The WCJS Policy was updated to reflect all the necessary corrections required by the audit. The agency provided staff with enhanced and updated training on all the noncompliant areas found in the audit including those in this standard. Documentation of this required training was submitted to the Auditor.

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

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

#### Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Overcoming Communications Barriers Policy* (WCJS Central Administration, Detention, Triad and Academy)
3. Interviews with the following:
  - a. Residents (with disabilities or who are limited English proficient)
  - b. Random Staff
  - c. Agency Head
4. Language Line Services, Inc. invoice for services (telephone interpreting services)
5. Communication by Hand, L.L.C. invoice for services (sign language interpreting services)

**Findings (By Subsection):**

**Subsection (a):** WCJS has established procedures to provide disabled residents equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency utilizes Language Line Services, Inc. and Communication by Hand, LLC for their translation needs. PREA posters are posted throughout the facility in Spanish as well as English. Resident handbooks are available in both English and Spanish.

**Subsection (b):** WCJS has established policies and procedures to provide residents with limited English proficiency equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has multiple staff members who speak Spanish and can assist with translation when necessary. External translation services are available when needed as well.

**Subsection (c):** Agency policy prohibits relying on resident interpreters, resident readers, or other types of resident assistant except in limited circumstances as required by this subsection. Interviews with staff corroborate this policy is the practice in the facility.

**Corrective Action:** None.

**Standard 115.317 Hiring and promotion decisions**

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Hiring and Promotion Decisions* (WCJS Central Administration, Detention, Secure Post- Facility and Academy) 6 Pages
3. *Criminal History & Background Disclosure Form*
4. *Notification & Acknowledgement Conditions for Employability Form*
5. *Authorization for Release of Records/Information form* (Revised 11-2013)
6. *Williamson County Juvenile Services Employment Application Addendum Form*
7. *Special Employment Conditions Applicant Acknowledgement Form*
8. *Reference Check Form PREA*
9. Personnel files for current employees, new employees and employees receiving promotions.
10. Volunteer/Contractor files
11. Interviews with the following:
  - a. Administrative (Human Resources) Staff

### **Findings (By Subsection):**

**Subsection (a):** WCJS has a comprehensive hiring and promotion policy that is six pages long and tracks the requirements of this PREA standard. The hiring policy is compliant with this standard and the agency utilizes a variety of forms at the hiring stage to uncover any PREA related conduct for prospective applicants. The Auditor reviewed a sample of employee files and determined the agency is in compliance with this standard.

**Subsection (b):** WCJS policy [*Hiring and Promotion Decisions* Page 1: (b)] requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who many have contact with residents. Hiring practice requires prospective employees to answer and/or disclose PREA related conduct through a variety of forms that inquire about all the PREA conduct detailed in this standard.

**Subsection (c):** Policy [*Hiring and Promotion Decisions* Page 1: (c)] requires that a criminal background check and child abuse registry check be conducted for all new employees prior to hiring. The Auditor reviewed personnel files and corroborated that these checks are being done as required by policy. The facility requires prospective employees to disclose any prior institutional employers and all places the applicant has resided for the past 10 years. A PREA reference check form is utilized by the agency. Interviews with Human Resources staff corroborate this practice as well as the review of a sample of new hire personnel files.

**Subsection (d):** Policy [*Hiring and Promotion Decisions* Page 1: (c)] requires that a criminal background check and child abuse registry check be conducted for all new employees prior to hiring. The Auditor reviewed personnel files and contractor files and corroborated that these checks are being done as required by policy. In the PAQ, the agency reports that in the past 12 months, 44 persons were hired who may have contact with residents who had criminal background checks performed. Additionally, 22 contracts for services had criminal background checks done on all staff that might have contact with residents. Interviews with Human Resources staff corroborate this practice. The facility has a variety of contractors that provide services to the residents. Many of these contractors have professional licenses and criminal history checks are conducted by the licensing entity. Counselors are licensed by the Texas Department of State Health Services (TDSHS) and a criminal history check is done at the initial application for licensure, and during renewals every two years as specified in Texas Administrative Code, Title 22, Part 30, Section 681.121(a); TDSHS also conducts a random check process periodically. Additionally, the licensee is required to report any changes to criminal history as they occur. The Psychologists and Nurse Practitioner who work at the facility are licensed by The Texas State Board of Examiners of Psychologists. Texas Administrative Code, Title 22, Part 24, Section 463.7(b), states that the board will obtain updated criminal information from the Texas Department of Public Safety quarterly. The agency verifies that all professionally licensed staff is in good standing with their licensing entity.

**Subsection (e):** Policy [*Hiring and Promotion Decisions* Page 1: (e)] requires criminal background checks to be done every 2 years when staff is recertified by TJJD. This exceeds the standard. All other staff and contractors shall have checks done at least every five years and professional licensees have checks every two years as discussed above. Additionally, WCJS participates in the F.A.S.T. system with the Texas Department of Public Safety which provides near real-time information on criminal activities of all employees. The Auditor reviewed the personnel files of current staff and corroborated that the checks are being done.

**Subsection (f):** Policy [*Hiring and Promotion Decisions* Page 1: (f)] requires the agency to ask all applicants and employees who may have contact with residents about the PREA related misconduct in this section in written applications or interviews for hiring or promotions and as part of employees' evaluation processes. Policy also requires the agency to impose upon employees a continuing affirmative duty to disclose any such misconduct.

**Subsection (g):** WCJS policy [*Hiring and Promotion Decisions* Page 1: (f)] provides that material omission regarding PREA-related conduct, or the provision of materially false information is grounds for termination.

**Subsection (h):** WCJS policy [*Hiring and Promotion Decisions* Page 1: (g)] requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews with Human Resources staff corroborate this practice.

**Corrective Action:** None.

### Standard 115.318 Upgrades to facilities and technologies

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Upgrades to Facilities/Technology* (WCJS Central Administration, Detention, Secure Post Facility, and Academy) 1 Page
3. Interviews with the following:
  - a. Agency Head
  - b. Superintendent

#### Findings (By Subsection):

**Subsection (a):** The agency has not acquired a new facility or made a substantial expansion or modification to the

existing facility since August 20, 2012. Therefore, this standard is N/A.

**Subsection (b):** The agency has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2016 or the last PREA audit. Therefore, this standard is N/A.

**Corrective Action:** None.

### Standard 115.321 Evidence protocol and forensic medical examinations

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Evidentiary Protocols and Forensic Medical Examinations* (WCJS Detention, Secure Post Facility, and Academy) 2 Pages
  - b. *PREA Responsive Planning* (WCJS Central Administration) 3 Pages
3. *Memorandum for Record* documenting meeting between PREA Coordinator and Williamson County's Sheriff's Office regarding the investigation of sexual abuse at the facility
4. Interviews with the following:
  - a. Random Staff
  - b. PREA Compliance Manager
  - c. Residents who Reported a Sexual Abuse
  - d. Kelly Tourere Forister, MSW – Williamson County Child Advocacy Center
  - e. Patty Conner, Hope Alliance

#### Findings (By Subsection):

**Subsection (a):** WCJS conducts administrative investigations into allegations of sexual abuse; criminal investigations are conducted by the Williamson County Sheriff's Office. The agency follows a uniform evidence protocol (first responder protocol) that maximizes the potential for obtaining usable physical evidence for both administrative proceedings and criminal prosecutions. Staff has been provided first responder card that contain the first responder protocol; these cards can be carried in the staff member's wallet or ID badge to help refresh memory if and when an acute incident occurs in the facility. Staff interviews demonstrated knowledge of the first responder's evidence protocol in the facility. It is recommended that the agency policy explicitly state that the agency follows the national protocol as stated in this standard as it relates to evidence preservation at the scene and how to treat a victim of sexual abuse specifically.

**Subsection (b):** Agency policy [*Evidentiary Protocols and Forensic Medical Examinations* Page 1: (b)] requires that all SANE exams shall follow the national protocol as cited in this standard.

**Subsection (c):** The facility offers all residents who experience sexual abuse access to forensic medical examinations and forensic interviews. SANE exams are offered at local hospitals that have SANE Nurse Examiner Programs (i.e., Dell Children’s Medical Center, St. David’s Round Rock Medical Center). Law enforcement will determine which hospital is appropriate based on the circumstances of the case. The SANE exam is provided without financial cost to the victim. All acute cases of sexual abuse (i.e., incident occurred within the last 120 hours) will have SANE exams done at the hospitals cited above. Non-acute cases will have the SANE exam and the forensic interview done by the Williamson County’s Children’s Advocacy Center (CAC) which is on the same property as the facility. For acute cases, the CAC will still do the forensic interview of the victim. The CAC also provides a victim advocate to accompany a resident during a SANE exam at the local hospital or at the CAC. If the CAC cannot provide the advocate for any reason, Hope Alliance will provide the advocate for the resident. WCJS has an agreement with the CAC to provide these services. The CAC is a part of Williamson County government, so no formal MOU is necessary to secure these services. The Auditor spoke via telephone with the CAC to confirm the agreement to provide services to the facility.

**Subsection (d) and (e):** The agency has an agreement in place with Hope Alliance to provide victim advocacy services to residents that are victims of sexual abuse. Hope Alliance is an independent non-profit organization and is recognized nationally as a leader in caring for those whose lives have been affected by family and sexual violence. Hope Alliance would provide the victim advocate to accompany a victim to the SANE exam at the local hospitals if the CAC cannot for any reason. The Auditor spoke via telephone with Hope Alliance in Round Rock to confirm the agreement with WCJS.

**Subsection (f):** The agency has requested the Williamson County Sheriff’s Office to follow the requirements of this standard subsections (a) through (e). The PREA Coordinator met personally with a detective from the Sheriff’s Office and requested the office to use the national protocol. The detective indicated that they use nationally recognized standards based on the Department of Justice Office on Violence Against Women protocol.

**Corrective Action:** None.

### Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Referral of Allegations to Investigative Entities* (WCJS Central Administration) 1 Page
  - b. *PREA Responsive Planning* (WCJS Central Administration) 1 Page
3. *Memorandum for Record* of meeting between PREA Coordinator and Williamson County Sheriff’s Office Detective
4. Agency website at: [http://www.wilco.org/CountyDepartments/JuvenileServices-New/PrisonRapeEliminationAct\(PREA\)/tabid/5330/language/en-US/Default.aspx](http://www.wilco.org/CountyDepartments/JuvenileServices-New/PrisonRapeEliminationAct(PREA)/tabid/5330/language/en-US/Default.aspx)
5. Interviews with the following:

- a. Agency Head
- b. Investigative Staff

**Findings (By Subsection):**

**Subsection (a):** Agency policy ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the PAQ, the agency reports two allegations in the past 12 months, both of which dealt with sexual abuse in the community and not the facility. No agency staff members were involved in these two allegations. Therefore, there were no internal administrative investigations conducted. Both allegations were reported to law enforcement as required by the Texas Family Code and agency policy.

**Subsection (b) and (c):** Agency policy ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Criminal cases are referred to the Williamson County Sheriff's Office that has the legal authority and responsibility to investigate all incidents occurring in the facility. The agency publishes this policy on its website as documented by the Auditor. Interviews with facility investigative staff indicate this is the practice of the facility.

**Corrective Action:** None.

**Standard 115.331 Employee training**

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Training and Education* (WCJS Central Administration) 3 Pages
  - b. *Training – General Criteria* (WCJS Academy) 5 Pages
  - c. *Training – Orientation* (WCJS Central Administration) 2 Pages
  - d. *Training Criteria* (WCJS Detention and Secure Post Facility) 6 Pages
3. *Williamson County Juvenile Services Staff Training Documentation Form*
4. PREA Training Curriculum and Materials
5. Interviews with the following:
  - a. Random Staff
6. Employee Personnel/Training Records

**Findings (By Subsection):**

**Subsection (a):** WCJS policy [*PREA Training and Education* Page 1: 1. (a)] requires all employees who may have contact with residents shall receive, during orientation, training on the 11 elements required by this subsection. The Auditor reviewed the training materials used to verify all topics were addressed. The agency has a robust training for

new employees on PREA. The PREA Coordinator has done an excellent job on the agency PREA training program utilizing comprehensive curriculum and trainings.

**Subsection (b):** Agency policy [*PREA Training and Education* Page 1: 1. (b)] requires staff that has contact with both male and female residents receive gender specific training. Training materials contain gender specific training material.

**Subsection (c):** Agency policy [*PREA Training and Education* Page 1:1. (c)] requires the initial training and refresher training required by this subsection. The agency reports in the PAQ that 145 staff have been trained on PREA. Further, the agency provides training at least annually on PREA and in most cases they provide training more frequently (i.e., two or more times per year). A PREA Training spreadsheet has been created and it tracks all employees, volunteers and contractors' training that is received annually. The agency exceeds this standard.

**Subsection (d):** All employees sign a training documentation form for all PREA training. Agency policy [*PREA Training and Education* Page 1: 1. (d)] provides that by signing and submitting these forms, the employee is verifying that they have received the training and had the opportunity to have any questions resolved to ensure their understanding of the training. These documentation forms are maintained in the employee's files. The Auditor reviewed a sample of personnel/training files to verify training for new staff as well as tenured staff.

**Corrective Action:** None.

### Standard 115.332 Volunteer and contractor training

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Training and Education* (WCJS Central Administration) 3 Pages
  - b. *Training – General Criteria* (WCJS Academy) 5 Pages
  - c. *Training – Orientation* (WCJS Central Administration) 2 Pages
  - d. *Training Criteria* (WCJS Detention and Secure Post Facility) 6 Pages
  - e. *Volunteer/Contractor Training* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
3. *Williamson County Juvenile Services Orientation Training Summary Form (Volunteers/Interns)*
4. *Williamson County Juvenile Services Orientation Training Summary Form (Volunteers/Contractor)*
5. PREA Training Curriculum and Materials
6. Interviews with the following:
  - a. Volunteers and Contractors
7. Volunteer/Intern/Contractor Training Records

## Findings (By Subsection):

**Subsection (a):** Agency policy [*Volunteer/Contractor Training Page 1*] requires all contractors and volunteers that have contact with residents are trained on their responsibilities under the agency's PREA policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. In the PAQ, the agency reports that 120 volunteers/contractors have been trained on PREA. Training documentation was submitted to the Auditor to demonstrate compliance.

**Subsection (b):** Agency policy [*Volunteer/Contractor Training Page 1*] provides that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents.

**Subsection (c):** Agency policy [*Volunteer/Contractor Training Page 1*] requires the agency to maintain documentation confirming that volunteers/contractors understand the training they have received. The Auditor reviewed volunteer/contractor files to corroborate the training documentation. Interviews with volunteers and contractor corroborate the provision of PREA training as well.

**Corrective Action:** None.

## Standard 115.333 Resident education

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

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

## Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Resident Education on PREA (WCJS Detention, Secure Post Facility, and Academy) 1 Page*
  - b. *PREA Training and Education (WCJS Central Administration) 3 Pages*
3. Resident Acknowledgement Forms
  - a. *Williamson County Juvenile Services Safeguarding Your Sexual Safety Resident Acknowledgement*
  - b. *PREA Education and Acknowledgement Form*
  - c. *Facility Orientation Acknowledgement – Academy*
  - d. *Williamson County Academy Verbal Acknowledgement Orientation*
4. Interviews with the following:
  - a. Intake Staff
  - b. Random Residents
5. Resident Education Materials
  - a. *Cadet Orientation Handbook (Academy)*
  - b. *Detention Residents Orientation Handbook*
  - c. *Trinity Resident Orientation Handbook*
  - d. *Triad Resident Orientation Handbook*

- e. *Safeguarding Your Sexual Safety* (Video)
  - f. *PREA Graphic Comic Novels*
  - g. *PREA posters and signage*
6. Resident Files
  7. Observation of signage and educational materials on display in facility housing units (secure and non-secure), and programming areas during tour of physical plant

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*Resident Education on PREA* Page 1: (a)] requires that residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility utilizes a variety of resident acknowledgement forms to document and evidence the provision of this training to residents. In the PAQ, the facility reports that in the past 12 months, 874 residents were provided PREA education at intake.

**Subsection (b):** Agency policy [*Resident Education on PREA* Page 1: (b)] requires that within 10 days of intake, the agency shall provide comprehensive age-appropriate PREA education to residents. The agency utilizes the *Safeguarding Your Sexual Safety* video that was developed by the Texas Juvenile Justice Department (TJJD). Residents view the video in either English or Spanish. The portions of the video pertaining to TJJD are skipped and the facilitator uses a modified instructor’s guide to cover the material as it relates to Williamson County. The video is provided once a week either on Saturday or Sunday and all new residents get to review the videos and receive information led by an instructor. Resident files were reviewed by the Auditor to verify the comprehensive education was occurring timely.

**Subsection (c):** Agency policy [*Resident Education on PREA* Page 1: (c)] requires all residents to receive the PREA training. Residents are also provided PREA training when they transfer between programs in the facility.

**Subsection (d):** Agency policy [*Resident Education on PREA* Page 1: (d)] requires that resident PREA education is available in assessable formats for all residents including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as required by this subsection. The facility has interpreting services available, staff that are bilingual and materials in English and Spanish throughout the facility.

**Subsection (e):** Agency policy [*Resident Education on PREA* Page 1: (e)] requires the facility to maintain documentation of resident participation in PREA training. Residents must sign an acknowledgement form stating they have received the training and understand it. The Auditor reviewed random resident files to corroborate this documentation was present. Interviews with residents further evidence the training is occurring as residents are able to articulate the meaning of zero tolerance and the reporting mechanisms available to them to report abuse.

**Subsection (f):** Agency policy [*Resident Education on PREA* Page 1: (f)] requires key PREA information is continuously and readily available to visible to residents through posters, signage, resident handbooks or other written formats. During the tour, the Auditor observed PREA posters throughout the facility in both English and Spanish. All housing units have signage with key phone numbers and addresses of entities to whom the resident can report or contact for services. The agency also provides residents access to a set of graphic comic novels that discuss a variety of sensitive sexual abuse issues. These graphic novels were produced by the *Project on Addressing Prison Rape* at American University Washington College of Law in Washington D.C.

**Corrective Action:** None.

**Standard 115.334 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Specialized Training: Investigations* (WCJS Detention, Secure Post Facility and Academy) 1 Page
3. National Institute of Corrections (NIC) Web-based Training
  - a. *Investigating Sexual Abuse in a Confinement Setting* – PREA Online Training Center  
<https://nic.learn.com/learncenter.asp?id=178416>
4. Interviews with the following:
  - a. Investigative Staff
5. Training documentation for Investigators

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*Specialized Training: Investigations* Page 1 (a)] requires that in addition to the general training provided to all employees, all investigators must also receive specialized training in conducting sexual abuse investigations in confinement settings. The facility has 16 individuals that have completed the NIC 3-hour training on *Investigating Sexual Abuse in a Confinement Setting*. The Auditor was provided with NIC completion certificates for all 16 individuals who earned certificates by completing the class and passing an exit exam. The interview with the lead agency investigator corroborates this training was completed.

**Subsection (b):** Agency policy [*Specialized Training: Investigations* Page 1 (b)] requires that the specialized training include the topics detailed in this subsection. The NIC training is compliant with this requirement.

**Subsection (c):** Agency policy [*Specialized Training: Investigations* Page 1 (c)] requires the agency to maintain documentation that investigators have completed the required specialized training. The Auditor was provided this documentation.

**Corrective Action:** None.

**Standard 115.335 Specialized training: Medical and mental health care**

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

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

## corrective actions taken by the facility.

### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Specialized Training: Medical and Mental Health Care* (WCJS Detention, Secure Post Facility and Academy) 1 Page
3. National Institute of Corrections (NIC) Web-based Training
  - a. *Medical Health Care for Sexual Assault Victims in a Confinement Setting* – PREA Online Training Center <https://nic.learn.com/learncenter.asp?id=178416>
4. Interviews with the following:
  - a. Medical and Mental Health Staff
5. Training documentation for Medical and Mental Health Staff

### Findings (By Subsection):

**Subsection (a):** Agency policy [*Specialized Training: Medical and Mental Health Care* Page 1 (a)] requires the facility to train all full and part-time medical and mental health care practitioners who work regularly in the facility on PREA. The agency reports in the PAQ that there are 15 medical and mental health practitioners at the facility (including interns) and 10 have received this training. The interns not receiving the specialized training do not work with residents on any PREA related incidents or counseling as a direct result of a PREA incident; however, the standard requires that “all full- and part-time medical and mental health care practitioners who work regularly” in the facility must have the specialized training. The agency must ensure that all mental health practitioners receive the training.

**Subsection (b):** Agency policy [*Specialized Training: Medical and Mental Health Care* Page 1 (b)] prohibits medical staff employed by WCJS from conducting forensic medical exams. This subsection is therefore not applicable.

**Subsection (c):** Agency policy [*Specialized Training: Medical and Mental Health Care* Page 1 (c)] requires the agency to maintain documentation that medical and mental health staff have received the specialized training required by this standard. The Auditor was provided with the documentation of this mandatory training for 10 of the 15 mental health practitioners. This standard requires all mental health practitioners to completed the specialized training.

**Subsection (d):** Agency policy [*Specialized Training: Medical and Mental Health Care* Page 1 (d)] requires that all medical and mental health care practitioners at the facility also receive the training mandated for all employees. Training documentation was provided to demonstrate compliance with this subsection.

**Corrective Action:** The following corrective actions are required to demonstrate compliance with this standard. All changes or modifications to policy and/or practice must be institutionalized through training of all relevant staff and demonstration of consistent application of the required policy/practice for a period of time. Documentation of the training and evidence of facility implementation of the new policy/practice must be submitted to the Auditor in writing.

1. The agency must ensure that all full- and part-time interns who are mental health practitioners receive the specialized training required under this standard.

### Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation to evidence and demonstrate the required corrective actions that were taken by the administration regarding this standard. This documentation is discussed below.

### Additional Documentation Reviewed:

1. National Institute of Corrections (NIC) Web-based Training for remaining interns
  - a. *Medical Health Care for Sexual Assault Victims in a Confinement Setting* – PREA Online Training Center <https://nic.learn.com/learncenter.asp?id=178416>

The mental health interns at the facility have now completed the specialized training required by this standard. The Auditor was provided with training certificates evidencing completion of the class.

### Standard 115.341 Screening for risk of victimization and abusiveness

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Screening for Risk of Sexual Victimization and Abusiveness* (WCJS Central Administration) 2 Pages
  - b. *Obtaining Information from Residents* (WCJS Detention/Secure-Post Facility/Academy) 2 Pages
3. *Williamson County Juvenile Justice Center Health Appraisal Screening and Assessment Form*
4. *Williamson County Detention/Triad Mental and Physical Profile of Juvenile Form*
5. *Williamson County Academy Mental and Behavioral Screening of Juvenile Form*
6. *Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk*
7. *Williamson County Juvenile Services Vulnerability Assessment Instrument*
8. Interviews with the following:
  - a. Random Residents
  - b. Staff Responsible for Risk Screening
  - c. PREA Coordinator
  - d. PREA Compliance Manager
9. Resident Files (Reviewing screening/assessment documentation)

#### Findings (By Subsection):

**Subsection (a):** Agency policy [*Obtaining Information from Residents* Page 1 (a)] requires that a resident have a vulnerability assessment conducted within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement. The facility reports in the PAQ that during the past 12 months, 874 youth were screened for risk of sexual victimization or sexual aggression. The Auditor reviewed resident files to determine if the vulnerability assessment was occurring within 72 hours and all files reviewed were compliant. However despite the policy requiring periodic screenings, the Auditor determined that a secondary screening was not occurring except in cases where there is an intervening incident that occurred. While a periodic assessment subsequent to the initial assessment is conducted if an incident occurs, that cannot be the only criteria to trigger a subsequent assessment. Therefore, it was determined that all residents do not receive a secondary assessment as required by the standard

and the agency policy. This was discussed with agency staff during the audit and they began corrective actions immediately to put definitive parameters on their policy to ensure that the periodic assessments occur for all residents. Agency administration made the decision during the on-site audit to correct this deficiency by requiring that every juvenile will have a secondary assessment as a part of the case planning process if in post-adjudication confinement. In post-adjudication programs, the case plan is done every 80 days at a minimum so a secondary assessment will be completed then. For youth in detention, a secondary assessment will be done every 30 days.

**Subsection (b):** Agency policy [*Obtaining Information from Residents* Page 1 (b)] requires the facility to use the *Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk* which is an instrument based very closely on the assessment instrument developed by the Colorado Department of Human Services Division of Youth Corrections. This instrument is objective; however, there is language on this instrument that is concerning. One category states: “*Inappropriate physical behavior (boys wearing makeup, sexual behavior)*”. Boys wearing makeup is gender non-conforming behavior but should not be classified as “*inappropriate physical behavior*”. The Auditor suggested to the agency that this should be corrected/modified and the agency agreed and immediately changed the language. On March 10, 2016, the PREA Coordinator changed the language to appropriate terminology and sent an email to all staff explaining the use of the new form and the reason for the change in language. The Auditor was provided copies of the new form and the email to staff.

**Subsection (c):** Agency policy [*Obtaining Information from Residents* Page 1 (b)] requires the facility assessment process to attempt to ascertain information about 11 specific types of information and the instruments used by the facility comply with this section. Interviews with staff indicate they are complying with this standard.

**Subsection (d):** Agency policy [*Obtaining Information from Residents* Page 1 (c)] requires staff to ascertain the information required by this standard through conversations with the resident during intake and medical and mental health screenings, during classification assessments and by review of relevant records of the youth. Interviews with staff indicate they are complying with this standard.

**Subsection (e):** Agency policy [*Obtaining Information from Residents* Page 1 (d)] requires the facility to ensure that sensitive information gained during the assessment process is kept confidential and only disclosed to staff with the need to know. All information gained in the assessment/screening process is kept confidential and only staff with a need to know can access this data. WCJS utilizes the Juvenile Case Management System (JCMS) for their automated record system. JCMS has role-based security protocols that help facility administration ensure that information is only accessed by those with a need to know and who have been given appropriate authorization and access.

**Corrective Action:** The following corrective actions are required to demonstrate compliance with this standard. All changes or modifications to policy and/or practice must be institutionalized through training of all relevant staff and demonstration of consistent application of the required policy/practice for a period of time. Documentation of the training and evidence of facility implementation of the new policy/practice must be submitted to the Auditor in writing.

1. The agency must begin conducting vulnerability assessments of all residents periodically throughout a resident’s confinement. All residents must have at least one subsequent assessment during their stay that occurs after the initial assessment. On March 10, 2016 the PREA Coordinator sent an email to staff discussing a new policy to link the periodic assessments to case planning activities for every resident in post-adjudication and for detention residents, re-assessment will occur every 30 days. The PREA Coordinator has already begun sending documentation evidencing the periodic assessments being conducted on residents. The Auditor will need to see continued documentation of the periodic assessments during the corrective action period.
2. The agency should modify the language in the vulnerability assessment instrument to ensure it is non-offensive and appropriate. On March 10, 2016, the PREA Coordinator changed the language on the instrument and provided the new instrument to staff via email with an explanation of the new language. The PREA Coordinator

has already begun sending documentation to the Auditor evidencing the periodic assessments using the newly corrected form being conducted on residents. The Auditor will need to see continued assessments using the corrected form during the course of the corrective action period.

### Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation to evidence and demonstrate the required corrective actions that were taken by the administration regarding this standard. This documentation is discussed below.

#### Additional Documentation Reviewed:

1. Documentation of periodic assessments being conducted on residents
2. *Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk* (as modified March 2016)

The agency has now put into place a requirement and practice that all residents have periodic screenings. Documentation of these subsequent screenings was provided to the Auditor during the corrective action period.

### Standard 115.342 Use of screening information

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Screening for Risk of Sexual Victimization and Abusiveness* (WCJS Central Administration) 2 Pages
  - b. *Classification Plan* (WCJS Academy) 4 Pages
  - c. *Classification Plan* (WCJS Detention and Secure Post Facility) 6 Pages
3. Interviews with the following:
  - a. Superintendent
  - b. PREA Compliance Manager
  - c. Staff Responsible for Risk Screening
  - d. Medical and Mental Health Staff
  - e. Gay/Lesbian/Bisexual Residents
4. Resident Files

#### Findings (By Subsection):

**Subsection (a):** Agency policy [*PREA Screening for Risk of Sexual Victimization and Abusiveness* Page 2 (a)] requires

staff to make housing, bed, program, education, and work assignments for residents based on the information obtained in the screening process under Standard 115.341. Interviews with staff and review of resident files corroborate this policy is the practice of the facility.

**Subsection (b):** Agency policy [*PREA Screening for Risk of Sexual Victimization and Abusiveness* Page 2 (b)] states that isolation is only permissible as a last resort and if a resident is in isolation, the agency must ensure the resident receives the services/activities as required by this standard. In the PAQ, the agency reports that zero residents at risk of sexual victimization have been placed in isolation in the past 12 months. Interviews with a variety of staff corroborate that isolation is not used for residents at risk of sexual victimization.

**Subsection (c):** Agency policy [*PREA Screening for Risk of Sexual Victimization and Abusiveness* Page 2 (c)] prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing assignments solely on the basis of such identification or status. Policy also states that a resident's identification as lesbian, gay, bisexual, transgender, or intersex is not an indicator of the likelihood of being sexual abusive. Interviews with lesbian, gay and bisexual residents in the facility during the audit confirm that the residents are not placed in specific housing units based on their identification as lesbian, gay or bisexual.

**Subsection (d):** Agency policy [*PREA Screening for Risk of Sexual Victimization and Abusiveness* Page 2 (d)] ensures that decisions on the housing and program assignments of transgender or intersex residents are made on a case-by-case basis with the resident's safety paramount. During the audit, there were no identified transgender or intersex residents available for the Auditor to interview. Interviews with staff indicate that the policy is to do a case-by-case review when making housing decisions.

**Subsection (e):** Agency policy [*PREA Screening for Risk of Sexual Victimization and Abusiveness* Page 2 (e)] requires the facility to reassess the placement and programming assignments for each transgender or intersex resident on a monthly basis and after any incident. This policy exceeds the standard which only requires reassessment at least twice a year.

**Subsection (f):** Agency policy [*PREA Screening for Risk of Sexual Victimization and Abusiveness* Page 2 (f)] requires staff to give serious consideration to a transgender or intersex resident's own views with respect to his or her safety. Interviews with the PREA Compliance Manager and screening staff indicate this would be the practice when the facility has a transgender or intersex resident.

**Subsection (g):** Agency policy [*PREA Screening for Risk of Sexual Victimization and Abusiveness* Page 2 (g)] provides that transgender and intersex residents shall have the opportunity to shower separately from other residents. Interviews with staff indicate this would be the practice. All showers in the facility are private with partial doors and/or shower curtains. Most showers have two shower stalls side by side with privacy curtains/doors on each stall. However, staff indicated that additional precautions would be made for transgender or intersex residents to ensure the residents have complete privacy and that these residents would be brought one at a time for showers and not with another resident.

**Subsection (h):** Agency policy [*PREA Screening for Risk of Sexual Victimization and Abusiveness* Page 2 (h) (1) and (2)] requires documentation of any residents placed in isolation including the basis for the isolation and the reason why no alternative means of separation could be achieved. The facility reports that in the last 12 months there have been no residents at risk for sexual victimization placed in isolation.

**Subsection (i):** Agency policy [*PREA Screening for Risk of Sexual Victimization and Abusiveness* Page 2 (h) (2)] requires a review every 30 days of a resident placed in isolation to determine whether there is a continuing need for the isolation. The facility reports that in the last 12 months there have been no residents at risk for sexual victimization placed in isolation.

**Corrective Action:** None.

## Standard 115.351 Resident reporting

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

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

### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Reporting* (WCJS Central Administration) 4 Pages
  - b. *Resident Reporting Under PREA* (WCJS Detention, Secure Post- Facility, and Academy) 2 Pages
3. Grievance Forms
  - a. *Williamson County Juvenile Services Detention/Triad/Trinity Resident's Grievance Form*
  - b. *Williamson County Academy Cadet Grievance Report*
4. *Reporting Abuse, Neglect, Exploitation and Sexual Harassment* signage
5. Interviews with the following:
  - a. PREA Compliance Manager
  - b. Random Staff
  - c. Random Residents
  - d. Residents who Reported a Sexual Abuse
6. Observation of facility programs (secure and non-secure), housing units and programming areas during tour of physical plant noting PREA posters, signage and educational materials on display or readily accessible

### Findings (By Subsection):

**Subsection (a):** Agency policy [*PREA Reporting* Page 1: 1. (a)] provides that all residents shall have multiple internal methods to privately report sexual abuse and sexual harassment, retaliation by other residents or staff and staff neglect or violation of responsibilities that may have contributed to such incidents. There are four methods available in the facility: 1) verbally tell a staff member; 2) formal written grievance; 3) emergency grievance; 4) call the Texas Juvenile Justice Department (TJJD) abuse reporting phone line. Interviews with residents indicate that they understand their reporting options as a result of PREA education, posters, and signage. Some residents were not entirely clear on who TJJD is and the fact that they are an external entity so enhanced education on this small point would strengthen the resident education piece. Staff interviews demonstrated that staff understand and can articulate the reporting mechanisms for residents.

**Subsection (b):** Agency policy [*PREA Reporting* Page 1: 1. (c)] provides the external reporting mechanism. All youth have unimpeded access to TJJD to call and report abuse. TJJD is an external state agency that has oversight responsibilities for local juvenile correctional facilities in Texas. Residents may call TJJD anonymously or may give their name. The toll-free phone number is found on PREA posters throughout the facility common areas and housing areas. Interviews with residents demonstrate they understand they can call the hotline and how to request staff to allow them to use the phone. Some residents were not entirely clear on who TJJD is and the fact that they are an external entity so enhanced education on this small point would strengthen the residents' overall understanding of the reporting methods.

**Subsection (c):** Agency policy [*PREA Reporting* Page 1: 1. (e)] requires facility staff to accept reports made verbally, in writing, anonymously, and from third parties and to promptly document any verbal reports. Interviews with facility staff indicate their knowledge of and adherence to this policy and practice.

**Subsection (d):** Agency policy [*PREA Reporting* Page 1: 1. (f)] requires that residents be provided tools necessary to make a written report. Grievance forms are available from staff members and available in common areas. The Auditor observed grievance forms and grievance deposit boxes during the tour of the facility housing units and common areas. The secure and non-secure programs have individual grievance forms for residents to use. Interviews with residents demonstrated their understanding of the available reporting mechanisms such as the grievances.

**Subsection (e):** Agency policy [*PREA Reporting* Page 2: 1. (g)] provides that staff can privately report sexual abuse and sexual harassment of residents in three ways: 1) report up the supervisory chain up to and including the Executive Director of the agency; 2) phone, written, or electronic reports to TJJD and/or Child Protective Services abuse hotlines; and 3) law enforcement channels. Interviews demonstrated that staff understands these reporting mechanisms available to them.

**Corrective Action:** None.

### **Standard 115.352 Exhaustion of administrative remedies**

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

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

#### **Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Exhaustion of Administrative Remedies* (WCJS Detention, Secure Post Facility, and Academy) 2 Pages
3. Resident Education Materials
  - a. *Cadet Orientation Handbook* (Academy)
  - b. *Detention Residents Orientation Handbook*
  - c. *Trinity Resident Orientation Handbook*
  - d. *Triad Resident Orientation Handbook*
4. *Williamson County Juvenile Services Detention/Triad/Trinity Resident's Grievance Form*
5. *Williamson County Academy – Cadet Grievance Report*
6. Interviews with the following:
  - a. Residents who Reported a Sexual Abuse
7. Observation of resident grievance forms and grievance boxes located in facility programs (secure and non-secure), housing units and programming areas during tour of physical plant

## Findings (By Subsection):

**Subsection (a):** The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse so they are not exempt from this standard. In the PAQ, the facility reports that in the past 12 months, there have been no grievances filed alleging sexual abuse. During the facility on-site review, the Auditor noted the placement of grievance forms in the housing units as well as secure grievance deposit boxes throughout the facility available to residents.

**Subsection (b):** Agency policy [*Exhaustion of Administrative Remedies* Page 1 (b) and (c)] allow a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Residents are not required to comply with the grievance procedures involving informal attempts to resolve issues for any grievance alleging sexual abuse or sexual harassment. Residents are not required to try to resolve with staff an incident of sexual abuse. While the policy is compliant, there is language in the Cadet Orientation Handbook (Academy) that indicates that residents do need to try informal resolution. This language should be amended and clarified to staff and residents.

**Subsection (c):** Agency policy [*Exhaustion of Administrative Remedies* Page 1 (c)] prohibits the agency from requiring residents submitting grievances alleging sexual abuse or sexual harassment to submit the grievances through a staff member who is the subject of the complaint. Further the agency shall not refer the grievance to the individual who is the subject of the complaint. Policy is compliant with this subsection.

**Subsection (d):** Agency policy [*Exhaustion of Administrative Remedies* Page 1 (d)] requires a decision on the merits of a grievance alleging sexual abuse or sexual harassment within 90 days of the initial filing of the grievance as required by this subsection. The policy further tracks the requirements of this subsection regarding extension of timeframes.

**Subsection (e):** Agency policy [*Exhaustion of Administrative Remedies* Page 2 (e)] permits third parties, including fellow residents, staff members, family members, attorneys, etc. to assist residents in filing requests for administrative remedies as required by this subsection. The policy further tracks the additional requirements of this subsection.

**Subsection (f):** Agency policy [*Exhaustion of Administrative Remedies* Page 2 (f) and (g)] provides an emergency grievance procedure for residents to report situations involving imminent risk of sexual abuse of a resident. Policy is compliant with the requirements of the subsection regarding timelines for resolution. The emergency grievance procedure is explained during the resident comprehensive education component; additionally, it is posted within the housing pods and education areas as well as bulletin boards. The resident education materials (i.e., handbooks, orientation documents) discuss PREA and the grievance procedure generally; however, the materials do not explicitly discuss the emergency grievance procedure and PREA. Including this in all handbooks and orientation materials in a consistent way would enhance the sexual safety of residents.

**Subsection (g):** Agency policy [*Exhaustion of Administrative Remedies* Page 2 (h)] limits discipline for filing a false report via a grievance to those situations where the evidence demonstrates that the resident filed the grievance in bad faith. The agency had no documented instances of discipline of residents for false/bad faith grievances.

**Corrective Action:** The following corrective actions are required to demonstrate compliance with this standard. All changes or modifications to policy and/or practice must be institutionalized through training of all relevant staff and demonstration of consistent application of the required policy/practice for a period of time. Documentation of the training and evidence of facility implementation of the new policy/practice must be submitted to the Auditor in writing.

1. WCJS should clarify language regarding grievances in the resident handbooks to make clear that residents that use the grievance process to report sexual abuse do not have to engage in any informal resolution proceedings or actions with a staff member. This issue was brought to the attention of the PREA Coordinator prior to the issuance of the audit report and corrections were made to handbooks and training materials. These documents

were provided to the Auditor along with email communication to staff regarding the change. The Auditor will need to see these new materials in use during the corrective action period to find full compliance. Training of residents on this point will also need to occur.

2. WCJS should ensure that written resident education materials and orientation materials include an explanation of the emergency grievance procedure for residents to use to report PREA incidents of an imminent nature.

### Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation to evidence and demonstrate the required corrective actions that were taken by the administration regarding this standard. This documentation is discussed below.

#### Additional Documentation Reviewed:

1. Resident and Cadet handbooks (Revised March 2016)

The agency has clarified the emergency grievance procedure for residents in all handbooks and educational materials. New residents will receive enhanced training and current residents were retrained.

### Standard 115.353 Resident access to outside confidential support services

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Resident Access to Outside Support Services and Legal Representation* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
3. Interviews with the following:
  - a. Random Residents
  - b. Residents who Reported a Sexual Abuse
  - c. Superintendent/Facility Administrator
  - d. PREA Compliance Manager
  - e. Kelly Tourere Forister, MSW – Williamson County Child Advocacy Center
  - f. Patty Conner, Hope Alliance
4. Observation of signage and educational materials on display in facility programs (secure and non-secure), housing units and programming areas during tour of physical plant

#### Findings (By Subsection):

**Subsection (a):** Agency policy [*Resident Access to Outside Support Services and Legal Representation* Page 1] ensures residents in the facility have access to outside victim advocates for emotional support services related to sexual abuse as required by this subsection. Residents are told about these services during the comprehensive education training. The contact information is also posted in the pods. Interviews with residents indicate that the youth do not quite understand how to access these services, who provides these services or what these services include. Kids pretty consistently were not able to tell the Auditor about any of these services. A couple of residents vaguely remembered something about it but could not articulate any specific information about how to access the services. Providing brochures about the CAC and Hope Alliance and the services they provide would be good practice in addition to the posted numbers/addresses. Additionally, all resident handbooks should also address the access to outside support services explicitly and either provide the addresses/phone numbers or tell the residents where to find this information if on posters/signage in the facility.

**Subsection (b):** Agency policy [Page 1: Section 1] requires staff to inform residents that conversations and written correspondence may be monitored for the purposes of ensuring safety and security within the facility. Resident handbooks should discuss this in more depth to ensure the youth understand access and the limits of confidentiality.

**Subsection (c):** Agency policy [Page 1: Section 2] requires the agency to have agreements with community service providers for confidential emotional support for residents related to sexual abuse. WCJS has agreements with the Williamson County Child Advocacy Center (CAC) and Hope Alliance. The Auditor spoke to both organizations and confirmed the agreement to provide the services required by this standard.

**Subsection (d):** Agency policy [Page 1] requires the facility to provide residents with reasonable and confidential access to their attorneys or other legal representatives and reasonable access to parents or legal guardians. Interviews with residents indicate the facility complies with this requirement; residents are given liberal visitation privileges with their families and unimpeded access to their attorneys.

**Corrective Action:** The following corrective actions are required to demonstrate compliance with this standard. All changes or modifications to policy and/or practice must be institutionalized through training of all relevant staff and demonstration of consistent application of the required policy/practice for a period of time. Documentation of the training and evidence of facility implementation of the new policy/practice must be submitted to the Auditor in writing.

1. WCJS should ensure through additional education, signage and available educational materials that all residents understand the access to outside emotional support services as required by this standard. The PREA Coordinator has already arranged for the CAC to provide written brochures/information for residents and the CAC is conducting a training presentation for current residents regarding their services. Hope Alliance has also been contacted to participate in this. It is important that the residents understand the roles of these organizations and the fact that they are external and independent of the facility.

#### Verification of Corrective Action since the Audit

The Auditor was provided supplemental documentation to evidence and demonstrate the required corrective actions that were taken by the administration regarding this standard. This documentation is discussed below.

#### Additional Documentation Reviewed:

1. Child Advocacy Center brochures
2. Photos of brochures placed in facility areas including lobby and housing units
3. *Safeguarding Your Sexual Safety Instructor's Guide* (Revised)

The agency has enhanced its educational efforts for all residents to ensure that residents are aware of the outside victim support services provided through the Child Advocacy Center and Hope Alliance. Educational brochures are

now located in public areas and housing units. Additionally, during the comprehensive PREA education of residents using the video, the instructor will now address these services in greater detail to ensure resident comprehension.

### Standard 115.354 Third-party reporting

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Third-Party Reporting of Sexual Assault/Sexual Harassment* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
3. *Williamson County Juvenile Services Juvenile, Parent, Community Grievance Report Form*
4. Agency website at: [http://www.wilco.org/CountyDepartments/JuvenileServices-New/PrisonRapeEliminationAct\(PREA\)/tabid/5330/language/en-US/Default.aspx](http://www.wilco.org/CountyDepartments/JuvenileServices-New/PrisonRapeEliminationAct(PREA)/tabid/5330/language/en-US/Default.aspx)

#### Findings (By Subsection):

**Subsection (a):** Agency policy requires WCJS to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. Third parties can file a grievance on behalf of a resident and allege sexual abuse or sexual harassment. The Williamson County website contains information on how to report as required by this standard.

**Corrective Action:** None.

### Standard 115.361 Staff and agency reporting duties

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Staff and Agency Reporting Duties* (WCJS Detention, Secure Post- Facility, and Academy) 4 Pages
  - b. *PREA Official Response Following a Resident Report* (WCJS Central Administration) 6 Pages
3. Interviews with the following:
  - a. Random Staff
  - b. Medical and Mental Health Staff
  - c. PREA Compliance Manager
  - d. Superintendent/Facility Administrator

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*Staff and Agency Reporting Duties* Page 1: (a)] requires staff to report immediately any knowledge, suspicion or information received regarding an incident of sexual abuse or sexual harassment (in the facility or external), any retaliation against residents or staff, and any staff neglect or violations of responsibilities that may have contributed to an incident of retaliation in compliance with this standard. Interviews with staff demonstrate their knowledge of their reporting responsibilities under Texas law, facility policy and PREA regulations.

**Subsection (b):** Agency policy [*Staff and Agency Reporting Duties* Page 1: (b)] requires all staff to comply with mandatory child abuse reporting laws in Texas contained in the Texas Family Code. Interviews with staff indicate they are aware and understand mandatory reporting laws in the Family Code and the state requirements in Title 37 Texas Administrative Code (i.e., TJJJ standards).

**Subsection (c):** Agency policy [*Staff and Agency Reporting Duties* Page 1: (c)] requires all staff to ensure the confidentiality of information related to a resident. Interviews with staff demonstrate they understand the confidentiality requirements for sensitive resident information. WCJS utilizes the Juvenile Case Management System (JCMS) for their automated record system. JCMS has role-based security protocols that help facility administration ensure that information is only accessed by those with a need to know and who have been given appropriate authorization and access.

**Subsection (d):** Agency policy [*Staff and Agency Reporting Duties* Page 1: (d) and (e)] requires medical and mental health staff to report abuse as required by law and to inform residents of the limitations of confidentiality. Interviews with medical and mental health staff confirm compliance with this standard relating to protection of confidential information and required disclosures.

**Subsection (e):** Agency policy [*Staff and Agency Reporting Duties* Page 1: (f), (g) and(h)] address the requirements of this subsection regarding notification of the victim’s parents, legal guardians, CPS caseworkers (if applicable) and the juvenile court within the required timelines. Interviews with the PREA Compliance Manager and Facility Superintendent confirm practice follows policy.

**Subsection (f):** Agency policy [*Staff and Agency Reporting Duties* Page 1: (i)] requires the facility to report all allegations of sexual abuse and sexual harassment to the designated investigator. Interviews with the facility superintendent/administrator confirmed this is the practice.

**Corrective Action:** None.

**Standard 115.362 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Official Response Following a Resident Report* (WCJS Central Administration) 6 Pages
  - b. *Agency Protection Duties* (WCJS Detention, Secure Post Facility, and Academy ) 1 Page
3. Interviews with the following:
  - a. Agency Head
  - b. Superintendent/ Facility Administrator
  - c. Random Staff

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*Agency Protection Duties* Page 1] requires WCJS, upon learning that a resident is subject to a substantial risk of imminent sexual abuse, to take immediate action to protect the resident. In the PAQ, the agency reports that there have been no instances of this in the past 12 months. Interviews with agency administration and staff indicate that adherence to policy would occur and all necessary actions to protect the resident would be taken. All those interviewed could articulate a variety of measures that would be considered to protect the resident.

**Corrective Action:** None.

**Standard 115.363 Reporting to other confinement facilities**

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Official Response Following a Resident Report* (WCJS Central Administration) 6 Pages
  - b. *Reporting to Other Juvenile Facilities* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
3. Interviews with the following:
  - a. Agency Head
  - b. Superintendent/Facility Administrator

### Findings (By Subsection):

**Subsection (a):** Agency policy [*Reporting to Other Juvenile Facilities* Page 1: (a)] requires that when the facility receives an allegation that a resident was sexually abused while confined at another facility, the facility head must notify the head of the facility where the abuse occurred along with local law enforcement. In the PAQ, the agency reports that there have been no allegations of this type received in the past 12 months; additionally, the facility has received no notifications from other facilities in the past 12 months under this standard. The Auditor's interview with the agency head confirmed knowledge of this requirement and affirmation that this policy would be followed if the situation occurred.

**Subsection (b):** Agency policy [*Reporting to Other Juvenile Facilities* Page 1: (b)] requires the notification be provided as soon as possible, but no later than 72 hours after receiving the allegation.

**Subsection (c):** Agency policy [*Reporting to Other Juvenile Facilities* Page 1: (c)] requires the facility to document the provision of the required notice with the required timeframes.

**Subsection (d):** Agency policy [*Reporting to Other Juvenile Facilities* Page 1: (d)] requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards and are the responsibility of the facility where the alleged abuse occurred. Interviews with agency administration confirm knowledge of this policy and indicate this will be the practice if this situation occurs.

**Corrective Action:** None.

### Standard 115.364 Staff first responder duties

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

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

### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Staff First Responder Duties* (WCJS Detention, Secure Post Facility, and Academy) 2 Pages
3. Agency First Responder laminated card
4. Interviews with the following:
  - a. Security Staff and Non-Security Staff First Responders
  - b. Residents Who Reported a Sexual Abuse
  - c. Random Staff

### Findings (By Subsection):

**Subsection (a):** Agency policy [*Staff First Responder Duties* Page 1: (a)] details the first responder duties required by

this standard upon receiving an allegation that a resident was sexually abused. In the PAQ, the agency reports that during the past 12 months there have been no allegations of sexual abuse in the facility. Interviews with staff demonstrated their knowledge of the first responder protocol. The agency has provided staff with first responder cards that staff can carry in their wallet or ID badge to use when responding to an incident. Interviews with staff indicate an understanding of their first responder duties and an ability to articulate and explain the duties to the Auditor correctly.

**Subsection (b):** Agency policy [*Staff First Responder Duties* Page 1: (a)] distinguishes the first responder duties for security staff versus non-security staff.

**Corrective Action:** None.

### Standard 115.365 Coordinated response

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Post-Allegation Coordinated Response (WCJS Detention, Secure Post Facility, and Academy)* 1 Page
  - b. *PREA Official Response Following a Resident Report (WCJS Central Administration)* 6 Pages
3. Interviews with the following:
  - a. Superintendent/Facility Administrator
  - b. PREA Coordinator

#### Findings (By Subsection):

**Subsection (a):** Agency policy [*PREA Official Response Following a Resident Report* Page 4: 5. (a)] details the agency’s coordinated written institutional response plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Auditor recommends that the facility conduct a coordinated meeting with all entities involved with the response plan (e.g., law enforcement, CAC, Hope Alliance, facility key staff, etc.) to discuss the response plan to ensure the smooth operation of the plan with all participating parties. Mock incident drills/trainings (e.g., table-top exercises) would be a best practice recommended by the Auditor to help reinforce the response protocol given that the agency rarely has incidents that test the protocol.

**Corrective Action:** None.

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

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

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

### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Preservation of the Ability to Protect Residents From Contact with Abusers* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
3. Interviews with the following:
  - a. Agency Head

### Findings (By Subsection):

**Subsection (a):** This standard is not applicable. Williamson County Juvenile Services does not participate in any collective bargaining agreements. Texas is an “at-will” employment state and WCJS staff members are not unionized.

**Corrective Action:** None.

## Standard 115.367 Agency protection against retaliation

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

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

### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Agency Protection Against Retaliation* (WCJS Detention, Secure Post Facility, and Academy) 2 pages
3. Interviews with the following:
  - a. Agency Head

- b. Superintendent/Facility Administrator
- c. Staff Member Charged with Monitoring Retaliation
- d. Residents who Reported a Sexual Abuse

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*Agency Protection Against Retaliation* Page 1] establishes the facility policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other residents or staff. The policy also requires the facility to designate staff members to monitor retaliation. In the PAQ, the facility reports that there have been no incidents of retaliation that have occurred in the past 12 months.

**Subsection (b):** Agency policy [*Agency Protection Against Retaliation* Page 2: (e)] details the multiple protection measures that the agency will take (as appropriate) in situations of retaliation against a resident or staff. Interviews with staff indicate awareness of this policy and practice. Staff could articulate to the auditor the ways they would uncover retaliation and monitor retaliation.

**Subsection (c):** Agency policy [*Agency Protection Against Retaliation* Page 2: (f)] requires the agency to continue monitoring for retaliation for at least 90 days following a report with a possible extension beyond 90 days if needed in compliance with this subsection. Administrators and staff were knowledgeable about the duty to monitor for retaliation for the time periods in this standard.

**Subsection (d):** Agency policy [*Agency Protection Against Retaliation* Page 2: (f)] requires periodic status checks of residents by counseling and case management staff in compliance with this subsection.

**Subsection (e):** Agency policy [*Agency Protection Against Retaliation* Page 2: (g)] extends the protections in the facility policy to any other individual who cooperates with an investigation and who expresses a fear of retaliation.

**Subsection (e):** Agency policy [*Agency Protection Against Retaliation* Page 2: (h)] provides that the agency’s obligation to monitor shall terminate if the investigation determines the allegation is unfounded.

**Corrective Action:** None.

**Standard 115.368 Post-allegation protective custody**

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Post-Allegation Protective Custody* (WCJS Detention, Secure Post Facility, and Academy) 1 Page

- b. *Classification Plan* (WCJS Academy) 4 Pages
  - c. *Classification Plan* (WCJS Detention and Secure Post Facility) 6 Pages
3. Interviews with the following:
- a. Superintendent/Facility Administrator
  - b. Medical and Mental Health Staff
  - c. Staff who Supervise Residents in Isolation

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*Post-Allegation Protective Custody* Page 2: (h)] provides that the use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of Standard 115.342 which are detailed in the *Classification Plan* policies for secure and non-secure programs within the facility. In the PAQ, the facility reports that in the past 12 months there have been no residents who have alleged sexual abuse who were placed in isolation. Staff interviews indicate that if isolation is ever used, the protections required by Standard 115.342 would be followed.

**Corrective Action:** None.

**Standard 115.371 Criminal and administrative agency investigations**

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

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

**Evidence Reviewed (documents, interviews, site review):**

- 1. WCJS Completed Pre-Audit Questionnaire (PAQ)
- 2. WCJS Policy:
  - a. *Sexual Abuse and Sexual Harassment Investigations* (WCJS Central Administration) 3 Pages
  - b. *Sexual Abuse and Sexual Harassment Investigations* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
  - c. *Abuse, Neglect & Exploitation – Investigations* (WCJS Central Administration) 19 Pages
- 3. Interviews with the following:
  - a. Investigative Staff

**Findings (By Subsection):**

**Subsection (a):** WCJS conducts administrative investigations into allegations of sexual abuse and sexual harassment. Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 1: 1. (a)] requires these investigations to be conducted promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. In the past 12 months, the agency has conducted no administrative investigations and no referrals of sexual abuse (occurring in the facility) have been made to law enforcement for criminal investigations. Administrative investigations must also follow the administrative rules promulgated by the Texas Juvenile Justice Department contained in Title 37 Texas Administrative Code Chapters 358. Assistant Director, Matt Smith, is the designated

agency investigator; the Auditor noted that every single staff member interviewed knew Director Smith is the investigator. The Auditor interviewed Director Smith who confirmed his knowledge of the requirements of this standard and all its subsection; he further acknowledged that investigations are conducted in accordance with these requirements.

**Subsection (b):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 1: 1. (c)] requires all WCJS investigators to have special training in sexual abuse investigations involving juvenile victims per Standard 115.334. All investigators have received certifications from completed training from the National Institute of Corrections (NIC). Director Smith confirmed he took this course and could articulate the key components of the course related to investigations in correctional settings and he confirmed that his investigations follow the requirements of this standard.

**Subsection (c):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 1: 1. (d)] requires investigators to gather and preserve evidence, interview appropriate persons and review prior complaints involving the alleged perpetrator as required by this subsection. Interviews with investigative staff demonstrate knowledge of how to conduct investigations of this type.

**Subsection (d):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 1: 1. (e)] prohibits the agency from terminating an investigation solely because the source of the allegation recants the allegation.

**Subsection (e):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 1: 1. (f)] prohibits investigators from conducting compelled interviews in certain situations; further, the Sheriff's Department has requested WCJS not conduct compelled interviews.

**Subsection (f):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 2: 1. (g) and (h)] requires investigators to assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the person's status as a resident or staff. The policy requires the investigation to proceed and a polygraph examination cannot be used as a condition for proceeding with the investigation.

**Subsection (g):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 2: 1. (i)] requires administrative investigations to include an effort to determine whether staff actions or failures to act contributed to the abuse. Additionally, policy requires investigators to document the investigation in written reports that include descriptions of the evidence, the reasoning behind credibility assessments, and investigative facts and findings.

**Subsection (h):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 2: 1. (j)(1)] requires criminal investigations to be documented in a written report that describes the evidence and attaches copies of documentary evidence where possible.

**Subsection (i):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 2: 1. (j)(2)] requires investigators to refer for prosecution substantiated allegations of conduct that appear to be criminal.

**Subsection (j):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 2: 1. (j)(3)] requires the agency to retain all written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless a juvenile resident committed the abuse and there is a legally shorter period of retention.

**Subsection (k):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 2 1. (j)(4)] states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

**Subsection (l):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 2: 1. (k)] requires WCJS to request that any State entity or Department of Justice component that conducts such investigations shall do so

pursuant to the above requirements. TJJJ investigations follow the PREA standards.

**Subsection (m):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 2: 1. (l)] requires the facility to cooperate with outside agencies who conduct investigations and to remain informed about the progress of the investigations. Interviews with staff indicate that the agency maintains close contact with TJJJ and local law enforcement who conduct external investigations.

**Corrective Action:** None.

### Standard 115.372 Evidentiary standard for administrative investigations

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Sexual Abuse and Sexual Harassment Investigations* (WCJS Central Administration) 3 Pages
  - b. *Sexual Abuse and Sexual Harassment Investigations* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
3. Interviews with the following:
  - a. Investigative Staff

#### Findings (By Subsection):

**Subsection (a):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 2: 2. (a)] states that the evidentiary standard of proof to be used by the agency in administrative investigations is a preponderance of the evidence as required by this standard. The interview with the agency investigator confirmed his knowledge of the required standard of proof and that his practice was to use “preponderance of the evidence” in agency investigations.

**Corrective Action:** None.

### Standard 115.373 Reporting to residents

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Sexual Abuse and Sexual Harassment Investigations* (WCJS Central Administration) 3 Pages
  - b. *Sexual Abuse and Sexual Harassment Investigations* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
  - c. *PREA – Reporting to Residents* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
3. Interviews with the following:
  - a. Investigative Staff
  - b. Superintendent/Facility Administrator

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 2: 3. (a)] requires the facility to inform the resident regarding whether the allegation has been substantiated, unsubstantiated, or unfounded. Interviews with investigative staff corroborate this is the practice. In the PAQ, the agency reports that in the past 12 months, there were no criminal and/or administrative investigations completed; thus, there were no notifications necessary. The interview with the agency investigator confirmed that the notifications required under this section would be provided as a part of all investigations.

**Subsection (b):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 3: 3. (a)] requires the facility to request the relevant information from an external investigative agency if WCJS did not conduct the investigation in order to notify the resident. In the PAQ, the agency reports that there were no external investigations conducted in the past 12 months by law enforcement or TJJJ on PREA related conduct.

**Subsection (c):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 3: 3. (c)] requires notification of the resident when 1) the staff member is no longer posted within the resident’s unit; 2) the staff member is no longer employed at the facility; the staff member has been indicted; or the staff member has been convicted on a charge related to sexual abuse within the facility.

**Subsection (d):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 3: 3. (d)] requires the facility to provide notification to the resident (regarding abuse by another resident) when 1) the abuser has been indicted; or 2) the abuse has been convicted on a charge related to sexual abuse within the facility.

**Subsection (e):** Agency policy [*Sexual Abuse and Sexual Harassment Investigations* Page 3: 3. (e)] requires WCJS to document all such notifications or attempted notifications under this standard.

**Corrective Action:** None.

**Standard 115.376 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Discipline* (WCJS Central Administration) 2 Pages
  - b. *Disciplinary Procedures for Employees* (WCJS Central Administration, Detention, Secure Post Facility, Academy) 6 Pages

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*PREA Discipline* Page 1: 1. (a)] provides that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary sanctions up to and including termination as required by this standard. In the past 12 months, the agency reports that no staff has violated the agency policy on sexual abuse or sexual harassment. No staff have been terminated, disciplined or resigned for PREA related conduct and no reports of staff misconduct/criminal behavior have been made to law enforcement.

**Subsection (b):** Agency policy [*PREA Discipline* Page 1: 1. (b)] provides that the agency shall terminate staff members found to have engaged in sexual abuse.

**Subsection (c):** Agency policy [*PREA Discipline* Page 1: 1. (c)] requires disciplinary sanctions to be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

**Subsection (d):** Agency policy [*PREA Discipline* Page 1: 1. (d)] requires WCJS to report all terminations for violations of agency policy on sexual abuse or sexual harassment, or resignations by staff that would have been terminated, if not for their resignation to TJJJ and local law enforcement agencies, unless the activity was clearly not criminal. The policy does not require that the agency notify all relevant licensing bodies. While the policy does require notification of TJJJ, there may be other licensing bodies that should be notified (e.g., agencies that license counselors, medical or mental health practitioners, etc.). The policy and practice should require this.

**Corrective Action:** The following corrective actions are required to demonstrate compliance with this standard. All changes or modifications to policy and/or practice must be institutionalized through training of all relevant staff and demonstration of consistent application of the required policy/practice for a period of time. Documentation of the training and evidence of facility implementation of the new policy/practice must be submitted to the Auditor in writing.

1. WCJS should amend its policy to require that all relevant licensing bodies are notified regarding resignations by staff that would have been terminated if not for their resignation for violations of agency sexual abuse or sexual harassment policies as required by this standard.

**Verification of Corrective Action since the Audit**

The Auditor was provided supplemental documentation to evidence and demonstrate the required corrective actions that were taken by the administration regarding this standard. This documentation is discussed below.

**Additional Documentation Reviewed:**

- 1. WCJS Policy:
  - a. *PREA Discipline* (WCJS Central Administration) 2 Pages (Revised)

The agency has modified their PREA discipline policy to ensure all relevant licensing bodies are notified as required by this standard.

**Standard 115.377 Corrective action for contractors and volunteers**

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

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

**Evidence Reviewed (documents, interviews, site review):**

- 1. WCJS Completed Pre-Audit Questionnaire (PAQ)
- 2. WCJS Policy:
  - a. *Corrective Action for Contractors and Volunteers* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
  - b. *PREA Discipline* (WCJS Central Administration) 2 Pages
- 3. Interviews with the following:
  - a. Superintendent/Facility Administrator

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*PREA Discipline* Page 1: 2. (a)] states that WCJS shall prohibit any contractor or volunteer, who engages in sexual abuse, from contact with residents and shall report to TJJJD, local law enforcement agencies (unless not criminal conduct) and to relevant licensing bodies as required by this standard. In the past 12 months, the agency reports that no contractors or volunteers have been reported to law enforcement for engaging in sexual abuse of residents. The interviews with the Facility Administrators confirm their knowledge of this requirement and both indicate this would be the practice in the event a situation occurs that would trigger this action.

**Subsection (b):** Agency policy [*PREA Discipline* Page 1: 2. (b)] requires the agency to take appropriate remedial measures against a volunteer or contractor who violates the agency sexual abuse or sexual harassment policies. Contact with residents may be prohibited.

**Corrective Action:** None.

**Standard 115.378 Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Resident Discipline Plan/Rule Violations & Sanctions (WCJS Academy) 8 Pages*
  - b. *Resident Discipline Plan – (Major/Intermediate Rule Violation) (WCJS Detention and Secure Post Facility) 7 Pages*
3. Interviews with the following:
  - a. Superintendent/Facility Administrator

**Findings (By Subsection):**

**Subsection (a):** Agency policy [*Resident Discipline Plan/Rule Violations & Sanctions* Page 5-6] provides that a resident may be disciplined after a substantiated finding in an administrative investigation or a criminal finding that a resident participated in the sexual abuse of another resident or staff in compliance with this standard. In the PAQ, the facility reports there have been no administrative or criminal findings regarding resident on resident sexual abuse that have occurred in the facility in the past 12 months. Interviews with Facility Administrators confirm their knowledge of the requirements of this standard related to resident discipline and they both acknowledge their practice would adhere to this standard when a situation comes up.

**Subsection (b):** Agency policy [*Resident Discipline Plan/Rule Violations & Sanctions* Page 5-6] requires any disciplinary sanctions to consider the nature and circumstances of the abuse, the resident's disciplinary history, the sanctions imposed for comparable offenses by other residents with similar histories, and whether a resident' mental disabilities or mental illness contributed to his or her behavior. The policy requires that if isolation is used, the resident must be provided certain protections (i.e., educational programming, large-muscle exercise, medical/mental health visits) as detailed by this subsection which are all contained in the policy.

**Subsection (c):** Agency policy [*Resident Discipline Plan/Rule Violations & Sanctions* Page 5-6] require the disciplinary process to consider whether a resident's mental disabilities or mental illness contributed to his or her behavior. The interview with the Facility Administrators indicated this is the practice.

**Subsection (d):** Agency policy [*Resident Discipline Plan/Rule Violations & Sanctions* Page 5-6] provides that the facility offers therapy and counseling for the resident. Participation in this is not required to access general programming or education services.

**Subsection (e):** Agency policy [*Resident Discipline Plan/Rule Violations & Sanctions* Page 6] prohibits the agency from disciplining a resident for sexual contact with staff unless the staff member did not consent to such contact.

**Subsection (f):** Agency policy [*Resident Discipline Plan/Rule Violations & Sanctions* Page 6] provides that a report of sexual abuse made in good faith shall not constitute a false report for disciplinary purposes.

**Subsection (g):** Agency policy [*Resident Discipline Plan/Rule Violations & Sanctions* Page 6] prohibits all sexual

activity between residents and disciplines residents accordingly. Discussions with the agency leadership made clear that this conduct is not counted in the data as sexual abuse. It is recommended that the policy explicitly state that the agency does not deem sexual activity between residents as sexual abuse unless coerced. While this is implicit in agency practice, it is recommended the policy be enhanced to be explicit. In discussions with the PREA Coordinator, revisions were made to the policy to cover this recommendation.

**Corrective Action:** None.

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

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Medical and Mental Care* (WCJS Central Administration) 2 Pages
  - b. *Health Screening and Assessment* (WCJS Academy) 5 Pages
  - c. *Health Screening and Assessment* (SCJS Detention, Secure Post Facility) 3 Pages
3. *Williamson County Juvenile Justice Center Health Appraisal Screening and Assessment Form*
4. *WCJS Detention/Triad/Trinity Health Screening Instrument*
5. Interviews with the following:
  - a. Residents who Disclose Sexual Victimization at Risk Screening
  - b. Staff Responsible for Risk Screening
  - c. Medical/mental health secondary materials

#### Findings (By Subsection):

**Subsection (a):** Agency policy [*PREA Medical and Mental Care* Page 1: 1. (a)(1)] requires the facility to offer a resident that has experienced prior sexual victimization a follow-up meeting with medical or mental health practitioners within 14 days of the intake screening. Resident interviews indicate follow-up medical and mental health care (counseling) is offered and the residents are talking about their victimization with their counselors. The Auditor was provided mental health secondary materials to demonstrate the residents were offered services and referred to appropriate services in the community. Interviews with staff who conduct the screening indicate that these follow-up services are provided.

**Subsection (b):** Agency policy [*PREA Medical and Mental Care* Page 1: 1. (a)(2)] requires the facility to offer a resident that has previously perpetrated sexual abuse a follow-up meeting with a medical or mental health practitioners within 14 days of the intake screening. Interviews with staff who conduct the screening indicate that these follow-up services are provided.

**Subsection (c):** Agency policy [*PREA Medical and Mental Care* Page 1: 1. (b)] requires staff to keep information

related to sexual victimization or abusiveness confidential as required by this standard. Youth information in the JCMS system is confidential through role-based security.

**Subsection (d):** Agency policy [*PREA Medical and Mental Care* Page 1: 1. (c)] requires that staff will obtain informed consent from residents age 18 or over before reporting information about prior sexual victimization that did not occur in an institutional setting; rarely does this facility a resident age 18 or older. Interviews with mental health staff indicate that informed consent is obtained.

**Corrective Action:** None.

### Standard 115.382 Access to emergency medical and mental health services

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Medical and Mental Care* (WCJS Central Administration) 2 Pages
  - b. *Health Screening and Assessment* (WCJS Academy) 5 Pages
  - c. *Health Screening and Assessment* (SCJS Detention, Secure Post Facility) 3 Pages
  - d. *Access to Emergency Medical and Mental Health Services* (WCJS Detention, Secure Post Facility, Academy) 1 Page
  - e. *Medical Emergencies* (WCJS Academy & JJAEP) 4 Pages
3. Interviews with the following:
  - a. Medical and Mental Health staff
  - b. Residents who Reported a Sexual Abuse
  - c. First Responders

#### Findings (By Subsection):

**Subsection (a):** Agency policy [*PREA Medical and Mental Care* Page 1: 2. (a)] provides that resident victims of sexual abuse shall receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. Interviews with medical and mental health staff confirm this is the practice.

**Subsection (b):** Agency policy [*PREA Medical and Mental Care* Page 1-2: 2. (b)] provides if no qualified medical or mental health practitioners are on duty at the time of a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to Standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The agency reports in the PAQ that there have been no allegations of sexual abuse in the previous 12 months that would require emergency medical treatment or crisis intervention services. Interviews with staff demonstrate their knowledge of first responder protocols and procedure

for acute cases of sexual abuse.

**Subsection (c):** Agency policy [*PREA Medical and Mental Care Page 2: 2. (c)*] requires WCJS to offer resident victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professional accepted standards of care, and where medically appropriate. Interviews with medical staff and the CAC confirm that this would occur at the local hospitals where the resident would be transported for the SANE exam.

**Subsection (d):** Agency policy [*PREA Medical and Mental Care Page 2: 2. (d)*] provides that WCJS shall offer these treatment services (under this standard) to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews corroborate that victims are not charged for these treatment services.

**Corrective Action:** None.

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

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

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

#### Evidence Reviewed (documents, interviews, site review):

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *PREA Medical and Mental Care* (WCJS Central Administration) 2 Pages
  - b. *Health Screening and Assessment* (WCJS Academy) 5 Pages
  - c. *Health Screening and Assessment* (SCJS Detention, Secure Post Facility) 3 Pages
  - d. *Access to Emergency Medical and Mental Health Services* (WCJS Detention, Secure Post Facility, Academy) 1 Page
  - e. *Medical Emergencies* (WCJS Academy & JJAEP) 4 Pages
  - f. *Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
3. Interviews with the following:
  - a. Medical and Mental Health staff
  - b. Residents who Reported a Sexual Abuse
  - c. First Responders

#### Findings (By Subsection):

**Subsection (a):** [*PREA Medical and Mental Care Page 2: 3. (a)*] provides that WCJS shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who are victims of sexual abuse in any facility. Interviews with medical and mental health staff indicate this is the practice and that the requirements of this standard are met with policy and the actual practice would be compliant with this standard if an incident of sexual

abuse occurred in the facility.

**Subsection (b):** [PREA Medical and Mental Care Page 2: 3. (b)] provides the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

**Subsection (c):** [PREA Medical and Mental Care Page 2: 3. (c)] provides that the facility shall provide such victims with medical and mental health services consistent with the community level of care.

**Subsection (d):** [PREA Medical and Mental Care Page 2: 3. (d)] provides that the facility shall offer pregnancy tests to resident victims of sexually abusive vaginal penetration that occurs while they are resident of any facility.

**Subsection (e):** [PREA Medical and Mental Care Page 2: 3. (e)] provides that if pregnancy results from a sexual assault, resident victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

**Subsection (f):** [PREA Medical and Mental Care Page 2: 3. (f)] requires WCJS to offer tests for sexually transmitted infections, as medically appropriate, to resident victims of sexual abuse that occurs while they are residents of any facility.

**Subsection (g):** [PREA Medical and Mental Care Page 2: 3. (g)] requires WCJS to provide all treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Subsection (h):** [PREA Medical and Mental Care Page 2: 3. (h)] requires WCJS to attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and shall offer treatment when deemed appropriate by mental health.

**Corrective Action:** None.

### Standard 115.386 Sexual abuse incident reviews

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Sexual Abuse Incident Reviews* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
  - b. *PREA Data Collection and Review* (WCJS Central Administration) 3 Pages
3. *Sexual Abuse Incident Review Form*
4. Interviews with the following:

- a. Superintendent/ Facility Administrator
- b. PREA Compliance Manager
- c. Incident Review Team Member

**Findings (By Subsection):**

**Subsection (a):** [PREA Data Collection and Review Page 1: 1. (a)] requires WCJS to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including incidents where there was not enough evidence to substantiate the allegation, unless the investigation shows the allegation is unfounded. The facility reports that in the past 12 months, there have been no sexual abuse investigations; thus, there have been no sexual abuse incident reviews yet conducted. Interviews with facility administration indicate their knowledge and understanding of the sexual abuse incident review process as required by this standard and they corroborate this will be the practice for all incidents of sexual abuse in the facility. They have a process in place and a review form to document the process. It is recommended that the review team meet periodically even if there are no allegations to discuss the PREA program generally and facility culture as it relates to reporting and PREA compliance.

**Subsection (b):** [PREA Data Collection and Review Page 1: 1. (b)] requires the review to ordinary occur within 30 days of the conclusion of the investigation.

**Subsection (c):** [PREA Data Collection and Review Page 1: 1. (c)] provides that the review team shall include upper-level management officials with input from other appropriate staff as required by this standard.

**Subsection (d):** [PREA Data Collection and Review Page 1: 1. (d)] delineates the six required things the review team must in compliance with this subsection. Interviews with facility staff indicate the considerations in this subsection would be a part of the team review.

**Subsection (e):** [PREA Data Collection and Review Page 1: 1. (e)] requires WCJS to implement the recommendations for improvement by the review team, or document the reasons for not doing so.

**Corrective Action:** None.

**Standard 115.387 Data collection**

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Data Collection* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
  - b. *PREA Data Collection and Review* (WCJS Central Administration) 3 Pages
  - c. *PREA Definitions* (WCJS Central Administration) 4 Pages

3. *PREA Annual Data Review and Corrective Action Plan* dated May 11, 2015
4. *Williamson County Juvenile Services Aggregate Data for PREA Related Incidents (08/13-04/15)*
5. WCJS website: [http://www.wilco.org/CountyDepartments/JuvenileServices-New/PrisonRapeEliminationAct\(PREA\)/tabid/5330/language/en-US/Default.aspx](http://www.wilco.org/CountyDepartments/JuvenileServices-New/PrisonRapeEliminationAct(PREA)/tabid/5330/language/en-US/Default.aspx)
6. Interviews with the following:
  - a. Superintendent/ Facility Administrator
  - b. PREA Compliance Manager

**Findings (By Subsection):**

**Subsection (a) and (c):** [*PREA Data Collection and Review* Page 2: 2. (a) and (c)] provides that WCJS shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The data shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ). The Auditor reviews the data collection and aggregate report and determined compliance with this section.

**Subsection (b):** [*PREA Data Collection and Review* Page 2: 2. (b)] requires WCJS to aggregate the incident-based sexual abuse data at least annually.

**Subsection (d):** [*PREA Data Collection and Review* Page 2: 2. (d)] requires the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

**Subsection (e):** [*PREA Data Collection and Review* Page 2: 2. (e)] requires the agency to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

**Subsection (f):** [*PREA Data Collection and Review* Page 2: 2. (f)] requires the agency, upon request, to provide all such data from the previous calendar year to the DOJ no later than June 30.

**Corrective Action:** None.

**Standard 115.388 Data review for corrective action**

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Data Collection* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
  - b. *PREA Data Collection and Review* (WCJS Central Administration) 3 Pages
  - c. *PREA Definitions* (WCJS Central Administration) 4 Pages

3. *PREA Annual Data Review and Corrective Action Plan* dated May 11, 2015
4. *Williamson County Juvenile Services Aggregate Data for PREA Related Incidents (08/13-04/15)*
5. WCJS website: [http://www.wilco.org/CountyDepartments/JuvenileServices-New/PrisonRapeEliminationAct\(PREA\)/tabid/5330/language/en-US/Default.aspx](http://www.wilco.org/CountyDepartments/JuvenileServices-New/PrisonRapeEliminationAct(PREA)/tabid/5330/language/en-US/Default.aspx)
6. Interviews with the following:
  - a. Agency Head
  - b. Superintendent/ Facility Administrator
  - c. PREA Coordinator
  - d. PREA Compliance Manager

**Findings (By Subsection):**

**Subsection (a):** [*PREA Data Collection and Review* Page 2: 3. (a)] requires WCJS to review data collected and aggregated under Standard 115.387 annually to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training including: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report for each facility and the department as a whole. Interviews with agency administration indicate this process is in place as required by this standard. Interviews with agency administration indicate their knowledge of the data review required by this section and they articulated appropriately and effectively how they will use this process to improve their overall PREA compliance and the sexual safety of the facility.

**Subsection (b):** [*PREA Data Collection and Review* Page 2: 3. (b)] requires the report to include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

**Subsection (c):** [*PREA Data Collection and Review* Page 2: 3. (c)] requires the WCJS Executive Director to approve the report and make it readily available to the public through the Williamson County website. The Auditor verified the data and report are posted on the agency website.

**Subsection (d):** [*PREA Data Collection and Review* Page 2: 3. (d)] requires WCJS to take appropriate measures to ensure the safety and security of the facility by redacting specific material from the reports when publication of that information would present a clear and specific threat to the safety and security of the facility. WCJS shall indicate the nature of the material redacted.

**Corrective Action:** None.

**Standard 115.389 Data storage, publication, and destruction**

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. WCJS Completed Pre-Audit Questionnaire (PAQ)
2. WCJS Policy:
  - a. *Data Collection* (WCJS Detention, Secure Post Facility, and Academy) 1 Page
  - b. *PREA Data Collection and Review* (WCJS Central Administration) 3 Pages
  - c. *PREA Definitions* (WCJS Central Administration) 4 Pages
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6. Interviews with the following:
  - a. PREA Coordinator

**Findings (By Subsection):**

**Subsection (a):** [*PREA Data Collection and Review* Page 2: 4. (a)] requires WCJS to ensure that all data collected pursuant to Standard 115.387 are securely retained. The PREA Coordinator confirmed compliance with this standard noting the cloud drive that was utilized was corporate secure and HIPPA compliant as it relates to security of data.

**Subsection (b):** [*PREA Data Collection and Review* Page 3: 4. (b)] requires WCJS to make all aggregated sexual abuse data from facilities under its direct control, and private facilities with which it contracts, readily available to the public through the Williamson County website on an annual basis. The Auditor reviewed the data on the website for compliance.

**Subsection (c):** [*PREA Data Collection and Review* Page 2: 4. (c)] requires WCJS to remove all personal identifiers prior to making aggregated sexual abuse data publicly available. The Auditor reviewed the aggregated data and no personal identifiers were present.

**Subsection (d):** [*PREA Data Collection and Review* Page 2: 4. (d)] requires WCJS to maintain sexual abuse data collected pursuant to PREA Standard 115.387 for at least 10 years after the date of its initial collection, unless Federal, State, or local law requires otherwise. Historical data is available on the website beginning in 08/13.

**Corrective Action:** None.

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## 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.



Lisa A. Capers, J.D.

July 13, 2016

Auditor Signature

Date