

# Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

Date of Interim Audit Report:  N/A

Date of Final Audit Report: July 9, 2022

## Auditor Information

Name:	Email:
Company Name: PREA Auditors of America	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX
Telephone: 225-302-0766	Date of Facility Visit: May 24-25, 2022

## Agency Information

Name of Agency: Judge John C. Creuzot Judicial Treatment Center			
Governing Authority or Parent Agency (If Applicable): Dallas County CSCD			
Physical Address: 200 Greene Road		City, State, Zip: Lancaster, TX 75146	
Mailing Address: Same as above		City, State, Zip: Same as above	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="http://www.gatewaycorrections.org/prea">http://www.gatewaycorrections.org/prea</a>			

## Agency Chief Executive Officer

Name:	Telephone:
Email:	

## Agency-Wide PREA Coordinator

Name:	Telephone:
Email:	
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator: 1

## Facility Information

**Name of Facility:** : Judge John C. Creuzot Judicial Treatment Center – Dually Diagnosed Program

**Physical Address:** 200 Greene Road

**City, State, Zip:** Lancaster, TX

**Mailing Address (if different from above):**  
Same as above

**City, State, Zip:** Same as above

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** <http://www.gatewaycorrections.org/prea>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
None reported

### Facility Director

**Name:**

**Email:**

**Telephone:**

### Facility PREA Compliance Manager

**Name:**

**Email:**

**Telephone:**

**Facility Health Service Administrator**  N/A

**Name:**

**Email:**

**Telephone:**

### Facility Characteristics

**Designated Facility Capacity:**

60

**Current Population of Facility:**

39

Average daily population for the past 12 months:	42
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18 +
Average length of stay or time under supervision	180 days
Facility security levels/resident custody levels	Orientation; Intensive; and Supportive
Number of residents admitted to facility during the past 12 months	143
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	143
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	122
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	80
Number of staff hired by the facility during the past 12 months who may have contact with residents:	44
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	5
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	9

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	17
<b>Number of resident housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	9
<b>Number of single resident cells, rooms, or other enclosures:</b>	0
<b>Number of multiple occupancy cells, rooms, or other enclosures:</b>	88
<b>Number of open bay/dorm housing units:</b>	0
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or Updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<p><input type="checkbox"/> On-site  <input checked="" type="checkbox"/> Local hospital/clinic  <input type="checkbox"/> Rape Crisis Center  <input type="checkbox"/> Other (please name or describe: _____)</p>
<b>Investigations</b>	
<b>Criminal Investigations</b>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	0
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<p><input type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input checked="" type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p><input type="checkbox"/> Local police department  <input checked="" type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input type="checkbox"/> Other (please name or describe: _____)  <input type="checkbox"/> N/A</p>
<b>Administrative Investigations</b>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	13
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<p><input checked="" type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p><input type="checkbox"/> Local police department  <input type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input type="checkbox"/> Other (please name or describe: _____)  <input checked="" type="checkbox"/> N/A</p>

# Audit Findings

## Audit Narrative (including Audit Methodology)

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

The Judge John C. Creuzot Judicial Treatment Center – Dual Diagnosis Residential Facility (JJCCJTC/DDRF) is located at 200 Greene Road, Lancaster, TX. JJCCJTC/DDRF is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Department of Justice PREA auditor. The on-site portion of the audit was conducted at the address stated above on May 24-25, 2022. The assigned PREA auditor, is an independent sub-contractor, working for the primary contract holder. Following coordination preparatory work and collaboration with the PREA coordinator (PC), some pre-audit work was completed prior to traveling to the facility for the on-site portion of the Prison Rape Elimination Act (PREA) audit.

On the first day of the audit the resident count was 39 with a designated capacity of 60.

### PRE-AUDIT PHASE

November 22, 2021, the auditor signed a contract to complete the JJCCJTC/DDRF PREA audit.

March 28, 2022, the auditor introduced herself via email to the Facility Director.

April 29, 2022, the Facility Director was provided:

1. Information regarding specialized staff interviews.
2. A request for personnel information for facility staff.
3. A listing of what resident PREA education documentation would need to be available for review during the audit.
4. A request for SAFE/SANE contact information.

The Facility Director provided all requested information in a timely manner.

The Facility Director provided the PAQ and supporting documentation. Included with the supporting documentation were photos of the posted audit notices, in English and Spanish. These photos were received 6 weeks prior to the on-site audit. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour.

May 17, 2022, the Auditor interviewed the SAFE/SANE personnel. Forensic exams are conducted at Parklane Health and Hospital System, 5200 Harry Hines Boulevard, Dallas, TX

75235. The SANE personnel advised someone is available 24 hours a day, 7 days a week. The SANE nurse performs the forensic examination, collects all evidence and does a complete physical examination. Medications are given to help prevent transmission of disease. SANE personnel confirmed the exams are free of charge to the resident. Further each resident who has a SANE exam is assigned a Sexual Assault Advocate upon arrival, prior to the forensic examination taking place. After the exam, the Sexual Assault Advocate stays with the resident until he or she is taken back to the facility. Follow-up by Case Management staff is done with the resident within 72 hours of the visit, unless otherwise requested. Counseling, legal advocacy and support groups are discussed to aid in the healing process.

Pre-Audit Section of the Compliance Tool: The Facility Director provided the completed pre-audit questionnaire, including supporting documentation, to the Auditor. Upon receipt, the Auditor completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

This is the second PREA audit for JJCCJTC/DDRF. JJCCJTC/DDRF had their first PREA audit August 14-16, 2019. The final report was written August 23, 2019.

There were no barriers in touring the facility. The staff accompanying the Auditor on the tour were helpful, professional, and accommodating. Gateway Corrections as an agency, which includes JJCCJTC/DDRF, chose to utilize the paper audit instrument, rather than the Online Audit System (OAS).

## ON-SITE PHASE

May 24, 2022, the auditor arrived at JJCCJTC/DDRF and participated in an entrance meeting with the Facility Director/PREA Coordinator.

During the meeting, the agenda was discussed, specifically the facility tour. Staff and resident interviews, as well as document reviews. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the PREA Auditor Handbook and possible corrective action. The primary point of contact for the on-site audit was the agency Facility Director/PREA Coordinator.

Upon arrival at JJCCJTC/DDRF the auditor received an alphabetized copy of the staff roster. The auditor also received a copy of the current resident roster, including identification numbers, housing assignments and which residents were part of targeted populations as defined in the PREA Auditor Handbook.

The majority of JJCCJTC/DDRF staff work (8) eight-hour shifts, (5) five days a week. The staff roster was utilized to create a list of staff randomly selected for interviews. The only selection criteria used for staff were individuals working the days of the on-site audit and at least one individual from each shift was chosen. Otherwise, the staff selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

The Auditor had previously requested a listing of staff classified into the following categories:

- Complete alpha staff roster including position or rank
- Complete alpha roster of staff promoted over the past 12 months
- Complete alpha roster of new staff in past 12 months
- Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
- Complete list of contractors who have contact with residents
- Complete list of volunteers who have contact with residents

The Auditor had previously requested a listing of residents classified into the following categories:

- Disabled Residents
- Limited English Proficient Residents
- Residents Identified as LGBTI
- Residents in Segregated Housing or Isolation
- Residents who Reported Sexual Abuse
- Residents who reported Sexual Victimization during Risk Screening

Note: JJCCJTC/DDRF reported it does not house youthful residents. This was confirmed on the day of the audit by a review of the JJCCJTC/DDRF resident roster, as well as a visual inspection of the housing units and facility, and no youthful residents were present.

In addition to the resident and staff lists the Auditor requested the following listed items:

- All grievances made in the 12-months preceding the audit which claim allegations of sexual abuse, sexual harassment, or retaliation. **JJCCJTC/DDRF reported there were none.**
- All incident reports from the 12-months preceding the audit which are related to allegations of sexual abuse, sexual harassment, or retaliation. **JJCCJTC/DDRF reported there were three.**
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12-months preceding the audit, whether Substantiated, Unsubstantiated or Unfounded. **JJCCJTC/DDRF reported there were three.**
- All hotline calls made during the 12-months preceding the audit. **JJCCJTC/DDRF reported there were none.**

Additional information received provided an overview of the administrative and criminal cases, including their status. In the past 12-months there were three allegations of sexual abuse and sexual harassment. All three were inmate-on-inmate sexual harassment. All three were investigated thoroughly and deemed to be unsubstantiated. All three residents were notified of the outcome of the investigation in a timely manner. No sexual abuse incident review was needed because they were sexual harassment cases.

An extensive amount of internet research was conducted regarding JJCCJTC/DDRF and nothing was discovered. There was no information discovered regarding sexual abuse or sexual harassment, or sexual violence. The agency website was reviewed for PREA



information, which was found as required.

During the research to prepare for this audit, the Auditor learned Texas law requires any person to report knowledge or reasonable suspicion of abuse, neglect or exploitation of children, elders, adults with disabilities or any person in residential care or custody.

May 17, 2022, Just Detention International and Dallas Area Rape Crisis Center were emailed requesting information related to the sexual abuse or harassment reports from JJCCJTC/DDRF. All responses indicated they had not had any interaction or reports from any resident or staff at JJCCJTC/DDRF in the past twelve months.

On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility. JJCCJTC/DDRF does utilize an extensive camera and video surveillance system. The cameras are strategically placed throughout the facility for maximum coverage, mitigating blind spots.

The facility provides treatment programs for female and male adults. The focus of this facility is a treatment program for adults who have a dual diagnosis, for example, mental health and substance abuse.

The housing areas for this program consist of cottages that have double bunked multiple occupancy rooms. The bathrooms are separate from the bedrooms and ensure privacy by providing single occupancy showers stalls. Each housing area has 24-hour staff supervision and a multi-purpose room that can be used to separate residents, if needed. The females are housed in one building and the males in another building, yet they are identical in layout.

This facility has a separate building for the administrative offices, a 24-hour central control, visiting room and cafeteria. A support building is used for the treatment counselors and medical staff. Additional areas toured in JJCCJTC/DDRF were the kitchen, resident dining room, day rooms, administrative offices, re-entry specialist station, recreational area, computer lab, library, programming area, storage closets, and laundry.

During the tour of the facility, the Auditor interacted informally and conversationally with staff and residents, inspected bathrooms, showers and toilets to identify potential cross-gender viewing concerns, checked for blind spots, observed staff-to-resident ratios, etc.

During the on-site tour residents were observed watching television, in their bedrooms, in the laundry area, in the dining area, in the day room, and having group meetings around the facility.

In all resident areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking informal questions to determine whether residents were in positions of supervision over other residents. When opposite-gender staff were observed entering a housing unit, a staff member made an announcement. Prior to opposite-gender staff entering a bathing area, the announcement was made multiple times, with a lengthy pause before staff entered the area. During the interviews, several residents indicated some of the opposite

gender staff will not enter the bathroom areas under any circumstances and will always defer that responsibility to a same gender staff member.

During the on-site audit, the Auditor was able to discuss the classification process with staff. The staff was able to guide the Auditor through the intake screening process, by explaining the intake and classification process. The staff discussed the documents and assessments utilized in the process.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided, and/or staff demonstrated proper procedures.

During the tour, the auditor observed numerous postings of the Notice of PREA Audit as well as PREA Posters posted neatly behind plexiglass on bulletin boards. Following the tour, the auditor began the interview process, interviewing staff and residents. After the on-site audit, the auditor conducted an exit briefing with the Facility Director and the PREA Coordinator.

During the audit period, the following individuals participated in the interview process as specialized staff members. Due to logistics, some of these interviews were conducted telephonically or through written statements. Each of their remarks are documented and presented in this report. All in-person interviews occurred in a private space. Each of these individuals were interviewed using the applicable interview protocols.

Category of Staff	Numbers of Interviews Conducted
Random Staff (Total)	15
Specialized Staff (Total)	21
<b>Total Interviewed</b>	<b>36</b>
<b>Breakdown of Specialized Staff Interviews</b>	
• Agency Head	1
• Agency PREA Coordinator	1
• Agency Contract Administrator	1
• Facility Head – Facility Director	1
• Facility PREA Compliance Manager	1
• Intermediate or Higher-Level Staff	1
• Intake Staff	1
• Classification Staff	2
• SAFE/SANE Nursing Staff	1
• Investigative Staff	1
• Staff who perform screening for risk of victimization and abusiveness	1
• Incident Review Team Member	1
• HR Staff	1

• Medical	1
• Mental Health	1
• Mailroom	1
• Monitor(s) of Retaliation	1
• First Responder - Custody	1
• First Responder – Non-Custody	1
• Contractor	1
• Volunteer	1

Note: in some instances, a single person was responsible for covering two separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc. Eighteen staff were interviewed, using twenty-one protocols.

Specialized Staff Interviews: Twenty-one specialized protocols were used to interview eighteen different staff members. Three were agency level staff, sixteen were facility level staff, one was a contractor, one was a volunteer, and one SANE/SAFE staff. Using the list of specialized staff received from the Facility Director, the Auditor was able to obtain interview responses from specialized staff. All questions were based on the line of questioning on the interview protocols. All answers were typed directly onto the protocol form. The Auditor provided clarification when requested, to guarantee the questions were understood, ensuring clear responses to enable accurate determinations of compliance with applicable standards.

During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: the grievance procedure; “confidential” letters can be mailed out of the facility; through PREA hotline calls; third party reporting; or through notifying a staff member. Depending on whether the PREA complaint is administrative or criminal, determines who will investigate. In the event the complaint is categorized as resident-on-resident sexual harassment, it is assigned to the agency or facility investigators for follow-up. If during the investigation it is determined, a criminal act has occurred, the administrative investigation stops, and the complaint is immediately turned over to the Dallas County Sheriff’s Department (DCSD) for investigation.

Random Staff Interviews: There are 80 total staff positions currently at JJCCJTC/DDRF. Thirty-six individuals were interviewed, fifteen were random JJCCJTC/DDRF staff, the rest were specialized staff. The random staff were selected by choosing staff members who were present the days of the audit, who were not specialized staff.

JJCCJTC/DDRF Facility Director was given a list of individuals to be interviewed and she would arrange for them to come to the private office provided for conducting interviews. The interviewer would introduce herself, communicate the introductory statement to the interviewee and proceed to ask the questions from the interview protocol for random staff, recording all answers by hand. The Auditor would provide clarification as needed, to guarantee the questions were understood, ensuring clear responses to enable accurate determinations of compliance with applicable standards.

Due to the COVID-19 pandemic, all staff and the Auditor were wearing cloth or paper masks. Six feet of separation was given between the Auditor and the interviewee as a safety measure.

Custody staff work 8-hour days, five days a week. Non-custody staff work 8-hour days Monday through Friday. Administrative staff work 8:00am to 5:00pm, Monday through Friday.

The Auditor conducted the following resident interviews:

Category of Residents	Number of Interviews Conducted
Random Residents (Total)	6
Targeted Residents (Total)	6
Total Residents Interviewed	<b>12</b>
<b>Breakdown of Targeted Resident Interviews</b>	
• Residents who reported sexual abuse	0
• Residents who disclosed prior sexual victimization during risk screening	0
• Residents who identify as Lesbian, Gay or Bisexual	5
• Residents who identify as Transgender or Intersex	0
• Residents in segregated housing for risk of sexual victimization	0
• Residents with physical disability	0
• Residents who are vision impaired	0
• Residents who are hearing impaired	0
• Residents with LEP	0
• Residents with cognitive disability	1

Random Resident Interviews: The facility head count the first day of the on-site audit was 39. At the time of the on-site there were not any residents assigned to the program who had reported sexual abuse; who were residents in segregated housing; had a physical disability, were vision impaired; were hearing impaired; or who were LEP. There were four residents who had disclosed victimization during risk screening, but they each declined to be interviewed.

At the beginning of each formal interview the Auditor made clear to the resident why she was at the facility, what her role was in the PREA process and explained why interviews were needed. She discussed the resident’s participation as voluntary and while helpful, was not required or mandated in any way. She asked the resident if he wanted to participate and if so, could she ask him a few questions. Once being given the resident’s permission to proceed, she would ask the protocol questions. All random residents willing participated in the interview process. All responses were recorded by hand.

During the on-site tour, the Auditor had several conversational encounters with residents regarding PREA, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process.

Targeted Resident Interviews: The Auditor conducted six interviews of residents in the targeted group. Out of the ten possible categories, there were residents who fell into three categories. The auditor interviewed residents from two of the three categories. Residents from the third category (residents who disclosed prior sexual victimization during risk screening) declined to be interviewed.

During the resident interviews, no PREA issues were revealed, no other interview protocols were accessed. All residents interviewed responded they were aware of the zero-tolerance policy, they knew how to report an incident, and knew they could report anonymously.

The Auditor did receive one piece of correspondence because of the PREA audit announcement posting. The author of the correspondence was interviewed.

#### Document Reviews:

A thorough review of the Gateway, as well as the JJCCJTC/DDRF facility specific policies were included in all three phases of the audit: Pre-Audit, On-Site, and Post- Audit.

Prior to conducting the on-site visit to the facility, the Auditor requested the facility identify a comprehensive list of residents, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the Auditor would sample during the on-site portion of the PREA audit. From these lists, the auditor selected representative samples (i.e., residents and staff) for interviews and document reviews during the on-site portion of the audit. The list requested by the Auditor in the pre-onsite audit phase is listed below:

1. Alpha listing of all residents
2. Roster of Residents with disabilities (i.e., physical disabilities, hard of hearing, deaf, blind, & cognitive disabilities)
3. Roster of residents who are Limited English Proficient (LEP)
4. Roster of residents in segregated housing or isolation
5. Roster of residents who are or perceived to be Lesbian, Gay or Bisexual
6. Roster of residents who are or perceived to be Intersex or Transgender
7. Roster of residents who reported prior sexual victimization during risk screening
8. Roster of residents who reported sexual abuse that occurred in CH or a different facility
9. Complete alpha staff roster including position or rank
10. Complete alpha roster of staff promoted over the past 12 months
11. Complete alpha roster of new staff in past 12 months
12. Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
13. Complete list of contractors who have contact with residents
14. Complete list of volunteers who have contact with residents
15. Copies of all files of Sexual Abuse and Sexual Harassment Investigations conducted in the past 12 months

16. Copies of all grievances submitted over the past 12-months which claim allegations of sexual abuse, sexual harassment, or retaliation.
17. List of all hotline calls made in the 12 months preceding the audit
18. List of all 3<sup>rd</sup> party reports of resident sexual abuse, sexual harassment, or retaliation
19. Copies of all incident review team cases conducted over the past 12 months
20. List of SAFE/SANE individuals to include name of facility, address, telephone number and email address
21. List of community-based advocacy organization(s) utilized by the facility

Upon arrival at the facility, the Auditor was provided the requested list of documents, files, and records. From this information, the Auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	80	39
Training Records	80	39
Resident Records	39	23
Grievances	0	0
Incident Reports	3	3
Investigation Records (SA and SH)	3	3

### Personnel and Training Files:

There were thirty-nine staff record reviews conducted. All the records contained the required documentation, i.e., initial criminal background check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal background check, when applicable.

### Resident Records:

Twenty-three resident records were reviewed. Each reviewed record had a signed acknowledgment sheet, had received an orientation booklet, a Client Handbook and PREA material. All twenty-three residents had received PREA information during intake and had their PREA screening within 72-hours of admission. Every resident who had been in residence longer than thirty days had been re-assessed within 30-days of their 72-hour intake screening. Every resident who had been in residence longer than 30-days had received comprehensive PREA education within thirty days of arrival.

### Grievances:

On the PAQ, JJCCJTC/DDRF indicated they had zero grievances for alleged sexual abuse and harassment in the past 12-months. The PREA Compliance Manager confirmed this information. Therefore, no documentation was reviewed.

## Incident Reports:

On the PAQ, JJCCJTC/DDRF indicated they had three sexual abuse and sexual harassment allegations received during the previous 12-months. All three were resident-on-resident sexual harassment allegations. All were handled administratively. All were deemed unsubstantiated after investigation. All residents were given timely notices of the outcome of the investigation. Sexual abuse incident reviews were not completed due to the allegations being sexual harassment.

## Investigation Files:

On the PAQ, JJCCJTC/DDRF indicated they had three sexual abuse and sexual harassment allegations received during the previous 12-months. All three were resident-on-resident sexual harassment allegations. All were handled administratively. All were deemed unsubstantiated after investigation. All residents were given timely notices of the outcome of the investigation. Sexual abuse incident reviews were not completed due to the allegations being sexual harassment.

On the PAQ, JJCCJTC/DDRF indicated they had zero SAFE/SANE examinations in the past 12-months. The PREA Compliance Manager confirmed this information, as did SANE personnel. Therefore, no documentation was reviewed.

The Auditor scheduled the exit briefing with the Facility Director, which was conducted May 25, 2022. During this exit briefing the Facility Director and Program Director were provided with an overview of what had been observed and information about the interim or final report which is due no later than July 11, 2022.

## POST-AUDIT PHASE

Following the on-site portion of the audit, all items were reviewed (facility tour notes, interview notes, support documents, etc.) and utilized in the compilation of the completed report.

Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of the facility.” At the completion of the corrective action period, the Auditor has 30-days to issue a “final report” with final determinations. Section §115.404 (d) stated that “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website or otherwise make publicly available, should include a summary of actions taken during the corrective action

period to achieve compliance.

Audit Section of the Compliance Tool: The Auditor reviewed on-site documentation, notes, staff and resident interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions in which interview guide(s), which on-site documentation and notes from the on-site audit should be reviewed to determine compliance for each standard. After checking the appropriate “yes” or “no” boxes on the compliance tool for each provision of each standard, the Auditor completed the “overall determination” section at the end of the standard indication whether the facility’s policies, procedures, and practices, exceeds, meets, or does not meet each specific standard.

## Facility Characteristics

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

The Judge John C. Creuzot Judicial Treatment Center – Dual Diagnosis Residential Facility (JJCCJTC/DDRF) provides programs for state clients who live in a congregate setting. JJCCJTC/DDRF programs administer assessments, monitors compliance with treatment plan goals and involve clients in direct treatment services that address their criminogenic tendencies, as well as mental health, and substance abuse. Random breathalyzer or urinalysis, cognitive behavioral groups, and case management assist the client in maintaining stability leading to successful release and community transition.

The Dual Diagnosis Residential Facility (JJCCJTC/DDRF) is located at 200 Greene Road, Lancaster, TX. JJCCJTC/DDRF is an adult, co-correctional dual diagnosis residential facility. The JJCCJTC/DDRF program provides six-month residential substance abuse treatment integrated with mental health treatment services to clients identified with co-occurring mental health/substance abuse through the CAC. The clients participate in mental health counseling on an individual and group basis to address their co-occurring disorders, Aftercare services are provided for all clients. Upon completion of the MH Residential Program cases will be placed in the Mental Health Initiative Specialized Caseloads.

Services include room and board, needs assessment and development of individual treatment plans, employment readiness, financial management, GED, housing referrals, cognitive behavioral groups, problem solving life skills and individual and group counseling. The services at JJCCJTC/DDRF are available to males and females ages 18 and older. The facility provides space for programming, kitchen, dining, recreation, computer lab, as well as administrative and support services.

JJCCJTC/DDRF does not house youthful residents.



The facility grounds are well maintained. The Auditor observed the area at both day and night. At night, with the lights on, it is amply lit for the safety of staff and residents.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

### Standards Exceeded

**Number of Standards Exceeded:** 3  
**List of Standards Exceeded:** 115.213; 115.215; 115.233

### Standards Met

**Number of Standards Met:** 42

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** 0

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.211 (b)

- Has the agency employed or designated an agency wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- JJCCJTC/DDRF, *Client Handbook*, revised April 2021
- JJCCJTC/DDRF *PREA Policy*, undated
- JJCCJTC/DDRF, Inc. *Organizational Chart*

Interviews with the following:

- PREA Coordinator (PC)

#### Provision (a)

The Pre-Audit Questionnaire (PAQ) reflects JJCCJTC/DDRF has zero tolerance as it relates to all forms of sexual abuse or sexual harassment in the house, as well as any contracts over which it has control. The PAQ indicates the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

JJCCJTC/DDRF *PREA Policy*, p. 1, B, indicates the JJCCJTC/DDRF has mandated a zero-tolerance policy relating to any sexual misconduct and sexual harassment between staff, volunteers, contractors, and residents or their family members. All allegations, regardless of the source, of coercive, or consensual sexual misconduct/harassment occurring among residents will be fully investigated, sanctioned (if authority to do so exists), and referred for prosecution if the prohibited conduct violates state criminal laws.

JJCCJTC/DDRF, *Clients Handbook*, revised April 2021, p. 4, B, states the facility has mandated a zero-tolerance policy relating to any sexual misconduct harassment between staff, volunteers, contractors, residents, or their family members. All allegations, regardless of the source, or coercive, or consensual sexual misconduct/harassment occurring among residents will be fully investigated, sanctioned (if authority to do so exists), and referred for prosecution if the prohibited conduct violates state criminal laws.

#### Provision (b)

JJCCJTC/DDRF *PREA Policy*, p. 2, specifically addresses the requirements of this provision. Additionally, it identifies the role and responsibilities of the PC and relates directly to the implementation, management, and monitoring of JJCCJTC/DDRF's compliance with PREA Standards, including collaboration with the various levels of management. The reviewed policy is consistent with the PREA Standards.

JJCCJTC/DDRF *PREA Policy*, p. 2, states the PREA coordinator is responsible for coordinating and monitoring PREA related activities, including:

- i. Procedures to identify, monitor, and track sexual misconduct incidents in the JJCCJTC/DDRF.
- ii. Oversee the process of reporting incidents and complaints, monitoring the incident response process, and guiding the process of evaluation and program correction related to PREA.

- iii. Maintain statistics and reports regarding incidents, complaints and events related to PREA.
- iv. Maintain statistics and reports regarding incidents, complaints and events related to PREA

The PC is an executive level staff as confirmed through a review of the agency organization chart. According to the JJCCJTC/DDRF Organizational Chart, the PC reports to the agency CEO.

Through the interview process, it was confirmed the PC has the responsibility to ensure the facility's compliance with the PREA standards and has the authority to address all PREA issues.

During the interview process, the PC indicated she has sufficient time to complete her responsibilities. Throughout the audit process, the PC proved to be highly motivated, conscientious, and knowledgeable of PREA standards and guidelines. She responded quickly and efficiently to all requests made and provided complete and accurate information when needed. It is evident that she is extremely knowledgeable of the expectations and responsibilities of her position and is competent to fulfill them.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the JJCCJTC/DDRF meets the standard, which addresses zero-tolerance of sexual abuse and sexual harassment and PREA Coordinator. No recommendations or corrective action is needed.

## **Standard 115.212: Contracting with other entities for the confinement of residents**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.212 (a)**

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### **115.212 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012, provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### **115.212 (c)**

- If the agency has entered into a contract with an entity that fails to comply with the PREA

standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF, *Client Handbook*, revised April 2021
- JJCCJTC/DDRF *PREA Policy*, undated
- Interlocal Contract between Dallas County Community Supervision and Corrections Department (DCCSCD) and Gateway Foundation, dated November 11, 2021

#### Interviews with the following:

- PREA Coordinator (PC)

#### Provision (a)

The PAQ revealed JJCCJTC/DDRF requires all entities who contract with them for the confinement of residents to adopt and adhere to PREA standards. All agency contracts for confinement of residents contain PREA specific language, expectations, and requirements. JJCCJTC/DDRF does not individually contract for the confinement of residents.

During the interview process, the PC indicated all contracts for confinement of residents include

PREA specific language. The PAQ indicates JJCCJTC/DDRF has entered into one contract with private providers since August 20, 2012.

Provision (b)

Interlocal Contract between Dallas County Community Supervision and Corrections Department (DCCSCD) and Gateway Foundation, dated November 11, 2021, outlines the agreement between DCCSCD for the confinement of residents for the purpose of psychological and substance abuse treatment.

JJCCJTC/DDRF *PREA Policy 1/A&B* states Dallas County Community Supervision and Corrections Department (DCCSCD) and its contracted vendors shall comply with the Prison Rape Elimination Act (PREA) of 2003 Community Confinement Standards in the operation of the Dual Diagnosis Residential Program (JJCCJTC/DDRF). This policy describes the procedures and criteria under which JJCCJTC/DDRF, and its contract vendors will implement their approach to preventing, detecting and responding to sexual misconduct

Provision (c)

The DCCSCD contract for the confinement of JJCCJTC/DDRF residents meet the PREA standards.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the JJCCJTC/DDRF meets the standard, which addresses contracting with other entities for the confinement of residents. No recommendations or corrective action is needed.

**Standard 115.213: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.213 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes    No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  Yes    No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes    No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes    No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- JJCCJTC/DDRF, *Client Handbook*, revised April 2021
- JJCCJTC/DDRF *PREA Policy*, undated
- JJCCJTC/DDRF *Staffing Plan*, revised 09-2021

Interviews with the following:

- PREA Coordinator (PC)
- Facility Head – Facility Director(FD)

Provision (a)

On the PAQ, JJCCJTC/DDRF indicated they have a staffing plan, and it takes into consideration the physical layout of the facility; the composition of the resident population; the prevalence of the substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.

JJCCJTC/DDRF *PREA Policy*, p. 8, indicates:

- i. JJCCJTC/DDRF has developed a staffing plan that provides for expected levels of program supervision and monitoring, to ensure that the facility is safe and secure. The plan addresses these factors:
  1. The physical layout of each campus
  2. The composition of the resident population
  3. The prevalence of substantiated and unsubstantiated incidents of misconduct
  4. Any other relevant factors
- ii. While emergent issues may result in deviation from the plan, at no point will staffing in any building fall below a ratio of one paid staff member for every 32 residential clients.
- iii. If a published schedule or emergent issue results in a deviation from the facility staffing plan, the direct care monitor must document the reason for the deviation and the response. Documentation is sent to PREA Coordinator for review and filing.
- iv. Video monitoring is only present in selected common areas to enhance safety and security of the program. Video monitoring is not used in restrooms or shower areas of the facilities.
- v. On at least an annual basis, at a minimum during the budget preparation period, the staffing plan will be reviewed the JJCCJTC/DDRF Facility Director, JJCCJTC/DDRF PREA Coordinator, JJCCJTC/DDRF Executive Staff, to assess for any necessary adjustments to the plan to ensure compliance with contracts, regulations, ordinances and accreditation (including PREA). The review will consider these factors:
  1. Prevailing staffing patterns
  2. Each campus's deployment of video monitoring systems and any need for other monitoring technologies
  3. The resources the facility has available to commit to ensure adequate staffing levels.



- vi. The JJCCJTC/DDRF Facility Director will provide documentation of this review and any recommendations in memo form to the DCCSCD Executive Leadership for review during the budget preparation process.

JJCCJTC/DDRF *PREA Policy, p. 8*, indicates on at least an annual basis, at a minimum during the budget preparation period, the staffing plan will be reviewed the JJCCJTC/DDRF Residential Manager, JJCCJTC/DDRF PREA Coordinator, to assess for any necessary adjustments to the plan to ensure compliance with contracts, regulations, ordinances and accreditation (including PREA). The review will consider at least these factors:

1. Prevailing staffing patterns
2. Each campus's deployment of video monitoring systems and any need for other monitoring technologies
3. The resources the facility has available to commit to ensure adequate staffing levels.

Through the interview process with the FD/PC it was revealed random reviews of the staffing levels and how they affect the resident programming are consistently conducted. Reviews of other concerns, such as the physical plant configuration, internal or external oversight bodies, resident population configuration, and placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse are also consistently conducted.

#### Provision (b)

The PAQ reflects JJCCJTC/DDRF did not have any staffing deviations in the past 12-months. The PC confirmed that JJCCJTC/DDRF did not have any staffing deviations in the past 12-months.

In the event a mandatory post is vacant, the post is filled with overtime staff. On the PAQ, JJCCJTC/DDRF did not list reasons for staffing deviations, as they had none in the past 12-months. JJCCJTC/DDRF has established a minimum staffing requirement. The minimum staffing pattern is predicated on a resident population of 60.

#### Provision (c)

JJCCJTC/DDRF *PREA Policy, p. 8*, indicates on at least an annual basis, at a minimum during the budget preparation period, the staffing plan will be reviewed the JJCCJTC/DDRF Residential Manager, JJCCJTC/DDRF PREA Coordinator, to assess for any necessary adjustments to the plan to ensure compliance with contracts, regulations, ordinances and accreditation (including PREA). The review will consider these factors:

1. Prevailing staffing patterns
2. Each campus's deployment of video monitoring systems and any need for other monitoring technologies
3. The resources the facility has available to commit to ensure adequate staffing levels.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the JJCCJTC/DDRF exceeds the standard regarding supervision and monitoring, ensuring that the safety of staff and residents is a priority. No recommendations or corrective action is needed.

## Standard 115.215: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
 Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents).  Yes  No  NA

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation
- JJCCJTC/DDRF *PREA Policy, undated*
- Staff attendance sheets for 2021 PREA training

#### Observations made during on-site review

Interviews with the following:

- Random Staff
- Residents

Provision (a)

JJCCJTC/DDRF *PREA Policy, p. 5, C*, states security staff shall receive additional training on the following:

1. how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in a manner that is professional, respectful and the least intrusive possible while being consistent with security needs (115.215 (f));
2. how to utilize the Guidance in Cross-Gender and Transgender Pat Searches training curriculum from the PREA Resource Center to educate and train security staff.

JJCCJTC/DDRF *PREA Policy, p. 10, A*, states the facility shall not conduct cross-gender strip searches except in exigent circumstances or when performed by medical practitioners.

Every staff member questioned reported cross gender searches of any kind are not allowed at JJCCJTC/DDRF. When probed about cross-gender search practices and how the female staff would proceed if a male staff member was not available, they all indicated there is always a male staff member on duty, who can be directed to the area to conduct the search. All staff (both male and female) reported cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.

Each of the residents interviewed confirmed they had never been part of a cross-gender search.

Provision (b)

JJCCJTC/DDRF policy specifies female residents receive the full scope of services and programming at a separate physical location from male residents.

Provision (c)

On the PAQ, JJCCJTC/DDRF reported there had not been any cross-gender searches of any kind, i.e., strip, visual or pat conducted in the past 12 months.

During the interviews with random staff, the interviewer asked under what circumstance would cross-gender searches occur. All staff questioned indicated that there were sufficient same sex staff members available to conduct any searches that needed to occur, and that a same sex staff would be diverted to address this issue if needed. They further indicated cross-gender searches are not allowed at JJCCJTC/DDRF.

Provision (d)

On the PAQ, JJCCJTC/DDRF indicated they allowed residents to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks.

Further, the PAQ indicated opposite gender staff are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes.

JJCCJTC/DDRF PREA policy, p. 10, indicates residents are able to shower, perform bodily functions, and change clothing without staff viewing their body, buttocks or genitalia, except in exigent circumstances, program functions e.g., drug testing) or when such viewing is incidental to routine security checks. Staff of the opposite gender are not permitted to view residents performing bodily functions, bathe or change clothing without specific direction from an administrator or above. Staff of the opposite gender must announce their presence when entering residents' living quarters, especially sleeping rooms, restrooms or shower areas.

JJCCJTC/DDRF did not have any transgender or intersex residents at the time of the audit.

When staff were specifically asked would transgender or intersex residents be able to shower privately, the answer was affirmative. When asked how this would be arranged, staff reported all bathrooms throughout the facility are private with individual showers and provide privacy to each resident.

Further, each staff member stated a transgender or intersex resident would have the opportunity for input into the decision-making process of alternative shower times and the resident's input would carry great weight in the decision-making process.

During the facility tour, when opposite-gender staff were observed entering a housing unit or restroom, a staff member made an announcement. The Auditor was also announced by JJCCJTC/DDRF staff when entering male resident housing and bathroom areas as she was of opposite gender.

In response to the question of whether opposite gender announcements are made in sleeping areas, each resident interviewed reported they were. Residents also affirmed opposite gender staff announce their presence before entering the bathroom areas.

Bathrooms are separate from the bedrooms. All showers have doors that protect against opposite gender viewing. Likewise, the toilets are protected against opposite gender viewing.

#### Provision (e)

JJCCJTC/DDRF PREA policy, p. 10, B, states searches or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status is prohibited. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Each of the residents interviewed confirmed they had never been part of a cross-gender search.

Staff were questioned about transgender and intersex resident search practices. Each staff member specifically stated that no searches would ever be permitted for the sole purpose of identifying a resident's genital status.

JJCCJTC/DDRF did not have any transgender or intersex residents at the time of the audit.

Provision (f)

The Auditor reviewed copies of the 2021 PREA training for JJCCJTC/DDRF staff. The Auditor verified the names listed in attendance correlated to an existing JJCCJTC/DDRF staff members listed on the staff roster, ensuring staff received the required training. Training topics included, but were not limited to, zero tolerance, support resources, PREA education for residents with special comprehension problems, reporting sexual abuse and sexual harassment, first responder duties, vulnerable adults, what is considered sexual abuse, coordinated response, sexual violence assessment tool, PREA re-assessment, writing the incident reporting, etc.

When staff were asked how they would proceed if an opposite gender staff member were not available, each indicated there was never an instance when an opposite gender staff is not on duty and would be directed to the area to conduct the search to ensure cross-gender searches are not performed.

During the facility tour, opposite gender staff were observed entering the sleeping areas and announcements of their presence were made. JJCCJTC/DDRF staff, when entering the resident bedrooms and bathrooms, announced the opposite gender Auditor.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF exceeds the standard on the limits to cross-gender viewing and searches. No recommendations or corrective action is needed.

**Standard 115.216: Residents with disabilities and residents who are limited English proficient**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
  
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  
 Yes  No

### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- JJCCJTC/DDRF PREA policy, undated

Observations of PREA posters during on-site tour of facility

### Interviews with the following:

- Facility Head – Facility Director (FD)
- Random Staff
- Residents with disabilities or LEP

### Provision (a)

On the PAQ, JJCCJTC/DDRF reported established procedures to provide disabled residents and limited English proficient residents with equal opportunity to participate



in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

JJCCJTC/DDRF *PREA Policy*, pp. 7-8, states JJCCJTC/DDRF staff shall ensure that every effort is made to provide every client, especially those with disabilities with equal opportunities to participate in programming and benefit from all aspects of JJCCJTC/DDRF. Residents with disabilities and/or limited language proficiency include those residents with hearing or visual impairment, residents with intellectual, psychiatric, or speech disabilities, residents with limited English proficiency residents with limited reading or writing skills, or those who are otherwise physically disabled or those with cognitive impairment. All residents will have an equal opportunity or benefit from all aspects of JJCCJTC/DDRF's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Auditor reviewed written documents, training materials, as well as PREA brochures, which were in both English and Spanish that are given to the resident population. During the tour, the Auditor also observed the PREA posters were prominently displayed throughout the facility, in both English and Spanish.

Through the interview process, the FD shared that JJCCJTC/DDRF has established procedures to provide residents with disabilities or residents who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, Google Translate, interpreters, written correspondence, etc.

JJCCJTC/DDRF can utilize Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the residents of the facility. Currently, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

#### Provision (b)

JJCCJTC/DDRF *PREA Policy*, p.8, E and F, state:

E. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written or oral communication is not effective.

F. Residents will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.

JJCCJTC/DDRF *PREA Policy*, p. 7, D, states the clinical supervisor will assign individuals to Counselors based on the needs of the resident including those with limited English skills, reading or writing abilities. Documents available in Spanish and large font.

JJCCJTC/DDRF PREA Policy, p. 8, F, indicates residents will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.

There were no LEP residents in house at the time of the audit.

Provision (c)

JJCCJTC/DDRF PREA Policy, p. 8, F, indicates residents will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.

JJCCJTC/DDRF requires that only professional interpreters or translation services, including sign language, are available to assist residents in understanding PREA policy, how to report allegations, and/or participate in investigations of sexual misconduct. The policy states residents are not authorized to use interpretation/translation services from other residents, family members or friends for these purposes. The limited exception is when a delay in obtaining an effective interpreter could compromise the resident's safety, the performance of the first responder duties under §115.64 or the investigation of the resident's allegations.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on residents with disabilities and residents who are limited English proficient. No recommendations or corrective action is needed.

**Standard 115.217: Hiring and promotion decisions**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.217 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy, undated*
- JJCCJTC/DDRF Employee PREA Questionnaire
- Personnel records reviews

Interviews with the following:

- Human Resource (HR) Staff
- Random Residents

Provision (a)

On the PAQ, JJCCJTC/DDRF reported having 80 staff with 44 new hires in the past 12-months. Further, they reported four contractors and nine volunteers who have contact with residents.

JJCCJTC/DDRF *PREA Policy, p. 4*, states any incident of sexual harassment or sexual abuse shall be considered in determining whether to hire or promote any individual or to enlist the services of any contractor, who may have contact with residents. To the extent permitted by law, this facility shall not hire or promote and may terminate employment based on material omission regarding such misconduct of anyone and may not enlist the services of any contractor/volunteer who may have:

1. contact with residents who have engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or another jurisdiction;
2. been convicted of engaging or attempting to engage in any type of sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or
3. been civilly or administratively adjudicated to have engaged in any type of sexual misconduct. [(115.217 (a)(1-3)]

The Auditor reviewed thirty-nine records of staff. Each of the records reviewed contained all items required by the standard, which included documentation and criminal background check information. The Auditor was able to verify all records reviewed contained the items required by the standard, including PREA documentation and verification of the completed criminal background checks.

Provision (b)

JJCCJTC/DDRF *PREA Policy, 4, B*, states before hiring new employees or enlisting the service of any contractor/volunteer that may have contact with residents, the agency shall:

1. perform a criminal background records check;
2. contact any former institutional employers for any information regarding sexual misconduct or alleged sexual misconduct;
3. ask all applicants and employees about previous sexual misconduct;
4. *best efforts* are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in consistent with federal, state, and local laws; and

5. the information shall be documented on a form completed during the initial interview and kept in the personnel file.

Through the interview process the agency Human Resources staff indicated a potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items and the completion of the JJCCJTC/DDRF Employee PREA Questionnaire. The HR staff stated JJCCJTC/DDRF takes an active stance with the requirements of the PREA standards and have developed a very comprehensive system of tracking to ensure that all the required criminal background checks are completed for pre-hires, promotions, and five-year reviews. The Auditor conducted a review of the requested personnel records and verified the records reviewed contained the items required by the standard, including the PREA documentation and verification of the completed criminal background checks.

#### Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 4, states in part that prior to hiring a new employee who will have contact with residents, JJCCJTC/DDRF will have the Human Resources Department:

- i. Performs a criminal record check of current employees, volunteers, and contractors who have contact with residents at minimum once every two years.
- ii. Complete annual background checks on all employees, individual contract providers, volunteers and student intern the JJCCJTC/DDRF program.
- iii. Ask all applicants and employees who may have contact with residents directly about previous misconduct as describe paragraph (a) of this section in written applications or an interview for hiring and promotional opportunity, and in any interview or written self-evaluation conducted a part of review of current employees. Employees are advised they are to disclose any such misconduct.
- iv. Any person who falsely answers any questions, any material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- v. Once they commence an employment or contractual relationship, every employee, individual contact provider, volunteer or student intern has continuing obligation to report to the Human Resources Department any criminal charges and any allegations or investigations of sexual abuse or misconduct against t individual and any adverse adjudication. Failure to do so may be grounds for discipline up to and including termination.
- vi. 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, unless prohibited by law.

Through the interview process, the HR staff indicated JJCCJTC/DDRF requires background checks on all new hires, promotions, and existing staff every two years.

In the preceding 12-months, JJCCJTC/DDRF reported there were 44 persons hired who may have

contact with residents who had a criminal background check completed.

The Auditor conducted a review of personnel records and verified all records contained the items required by the standard, including the PREA documentation and verification of the completed criminal background checks.

Provision (d)

JJCCJTC/DDRF *PREA Policy*, p. 5, 2, indicates once an individual commence an employment or contractual relationship with the JJCCJTC/DDRF, every employee, individual contact provider, volunteer or student intern has a continuing obligation to report to the Human Resources Department any criminal charges and any allegations or investigations of sexual abuse or misconduct against the individual and any adverse adjudication. Failure to do so may be grounds for discipline, up to and including termination.

On the PAQ, JJCCJTC/DDRF reported there was one contract for service where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. The auditor reviewed information that confirmed the criminal background record checks were current.

Provision (e)

JJCCJTC/DDRF *PREA Policy*, p. 4, B, states, in part, a pre-employment criminal history check clearance on all applicants for employment, individual contract providers, student interns, and volunteers for the JJCCJTC/DDRF prior to permitting the individual to have any contact with JJCCJTC/DDRF residents or who may have unescorted contact with residents.

Provision (f)

JJCCJTC/DDRF *PREA Policy*, p. 4, indicates once they commence an employment or contractual relationship with JJCCJTC/DDRF, every employee, individual contact provider, volunteer or student intern has a continuing obligation to report to the Human Resources Department any criminal charges and any allegations or investigations of sexual abuse or misconduct against the individual and any adverse adjudication. Failure to do so may be grounds for discipline, up to and including termination.

Through the interview process with HR, it was indicated that a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

Provision (g)

JJCCJTC/DDRF *PREA Policy*, p. 4, states in part, any person who falsely answers any questions, any material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Provision (h)

JJCCJTC/DDRF *PREA Policy*, p. 4, indicates the Human Resources Department will 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, unless prohibited by law.

Through the interview process with HR, it was confirmed that unless prohibited by law, all information would be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on hiring and promotion decisions. No corrective action is needed.

**Standard 115.218: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.218 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

**115.218 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Observations during on-site review

#### Interviews with the following

- Facility Head – Facility Director (FD)
- PREA Coordinator (PC)

#### Provision (a)

On the PAQ, JJCCJTC/DDRF reported they have not made substantial expansions or modifications of the existing facility since August 20, 2012. Per the PAQ, JJCCJTC/DDRF has not installed or updated video monitoring system, electronic surveillance system or other technology since August 20, 2012.

The FD reported any construction, renovation or modification would be done with full consideration of all PREA standards. Further reporting there are meetings that would be held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and considered at such meetings. During these meetings the executive staff would meet with all key staff and agency personnel to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.

#### Provision (b)

JJCCJTC/DDRF has cameras throughout the facility. The cameras are strategically located in areas to maximize coverage area. Cameras are not in the sleeping areas, or bathrooms. Security and accountability are enhanced by staff making frequent rounds of the facility and property.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on upgrades to facility and technology. No recommendations or corrective action is needed.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- Memorandum Agreement between Dallas County Community Supervision and Corrections Department (DCCSCD) and Dallas Area Rape Crisis Center (DARCC) dated August 9, 2019.

#### Interviews with the following:

- Random Staff
- SAFE/SANE Personnel
- Facility Head – Facility Director (FD)
- PREA Coordinator (PC)

#### Provision (a)

On the PAQ, JJCCJTC/DDRF reported the facility is responsible for conducting administrative investigations. The local Sheriff's Department is responsible for conducting criminal investigations, including resident-on-resident sexual abuse and staff sexual misconduct.

JJCCJTC/DDRF *PREA Policy* specifies JJCCJTC/DDRF staff will not conduct criminal investigations or forensic medical examinations in incidents of sexual assault. When a resident reports that he or she has been the victim of a sexual assault, staff must explain the importance of preserving evidence of the alleged act and request that the resident not take any action that could destroy such physical evidence. Such acts include bathing, brushing teeth, changing clothes, drinking, smoking or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe. Under no circumstances will a victim be charged with a rules violation if he or she refuses to follow these directives.

JJCCJTC/DDRF *PREA Policy*, p.9, 1, states the Dallas County Sheriff's Department

(DCSD) shall investigate allegations of sexual abuse in accordance with State laws and PREA guidelines.

The auditor interviewed staff about the rules of evidence, and their understanding of the process when a resident reports an alleged sexual abuse or sexual harassment incident. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

JJCCJTC/DDRF does not house youthful residents.

Provision (c)

On the PAQ, JJCCJTC/DDRF reported all treatment services are provided to the victim without financial cost.

JJCCJTC/DDRF *PREA Policy* indicates victims of sexual abuse will be offered access to a Sexual Assault Nurse Examiner (SANE) at Parklane Hospital at no cost to the victim.

JJCCJTC/DDRF *PREA Policy* indicates:

- b. Victims of sexual assault will receive a forensic medical examination through the Parklane Hospital.
- c. Victims of sexual abuse will be offered access to a Sexual Assault Nurse Examiner (SANE) at Parklane Hospital at no cost to the victim.
- d. Victims will be offered a victim advocate from the Dallas Area Rape Crisis Center (DARCC). DARCC provides advocate services to males and females. DCCSCD has entered into an MOU with DARCC to provide services to all residents of JJCCJTC/DDRF.
- e. The DARCC victim advocate will be available upon the request of the victim to accompany and support them through the SANE exam and investigative interviews. The DARCC advocate will provide emotional support, crisis intervention, information, and referrals.

During the interview with the PC, she confirmed in the past 12-months there were zero residents transported for SAFE/SANE services.

The Auditor conducted a telephone interview with the SAFE/SANE personnel at Parklane Health and Hospital System, 5200 Harry Hines Boulevard, Dallas, TX 75235. The Sexual Assault Nurse Examiner (SANE) provides timely, compassionate care to the sexual assault victim. This includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical and psychological follow-up, as well as support and participation in legal proceedings. An advocate is provided for medical accompaniment for all SANE examinations through the Dallas Area Rape Crisis

Center (DARCC), 2801 Swiss Avenue, Dallas, TX 75204.

SAFE/SANE personnel at Parklane Health and Hospital System confirmed the residents are not charged for the forensic exams.

#### Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination.

Memorandum Agreement between Dallas County Community Supervision and Corrections Department (DCCSCD) and Dallas Area Rape Crisis Center (DARCC), dated August 9, 2019, provides documentation that advocacy services are provided to the JJCCJTC/DDRF residents.

During the interview with the PC, she indicated victim advocacy services are offered through contract and are built into the forensic exam process. During the examination, the resident meets the victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through the advocate, in collaboration with mental health services.

At the time of the audit, the information received regarding the allegations of sexual abuse and sexual harassment indicated there was three sexual abuse and sexual harassment allegation received during the previous 12-months. All three allegations of sexual abuse and sexual harassment. All three were inmate-on-inmate sexual harassment. All three were investigated thoroughly and deemed to be unsubstantiated. All three residents were notified of the outcome of the investigation in a timely manner. No sexual abuse incident review was needed because it they were sexual harassment cases.

At the time of the audit, the information received indicated in past 12-months there were zero forensic examinations completed.

#### Provision (e)

As stated in Provision (d) during the examination, the resident meets the victim advocate. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

#### Provision (f)

As reported in Provision (a) the facility is responsible for conducting administrative investigations. Dallas County Sheriff's Department is responsible for conducting criminal investigations, including resident-on-resident sexual abuse and staff sexual misconduct.

JJCCJTC/DDRF *PREA Policy*, p. 9, I, states the law enforcement agency of jurisdiction, Dallas Sheriff's Department with serve as the Investigative Agency for all allegations of rape, sexual assault, or employee on resident sexual misconduct.

Provision (g)

Auditor is not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through contract and are built into the forensic exam process.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined JJCCJTC/DDRF meets the standard on evidence protocol and forensic medical examinations. No recommendations or corrective action is needed.

**Standard 115.222: Policies to ensure referrals of allegations for investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.222 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

**115.222 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

**115.222 (c)**

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

**115.222 (d)**

- Auditor is not required to audit this provision.

## 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Interviews with:

- PREA Coordinator APC)
- Random Staff
- Investigative Staff

#### Provision (a)

JJCCJTC/DDRF refers all administrative investigations to the facility/agency investigators and all criminal investigations to the Dallas County Sheriff's Department.

JJCCJTC/DDRF *PREA Policy*, p. 14, A, states the Facility Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment.

In the past 12-months there were three allegations of sexual abuse and sexual harassment. All three were inmate-on-inmate sexual harassment. All three were investigated thoroughly



and deemed to be unsubstantiated. All three residents were notified of the outcome of the investigation in a timely manner. No sexual abuse incident review was needed because it they were sexual harassment cases.

In the past 12-months there were zero SAFE/SANE examinations.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report immediately after becoming aware of it. They further stated they are to report to the Program Director, Duty Officer, or supervisor.

#### Provision (b)

The policies regarding JJCCJTC/DDRF's obligation to thoroughly investigate all matters relative to sexual abuse and sexual harassment are provided in Provision (a).

JJCCJTC/DDRF ensures all allegations are either followed up through the administrative or criminal investigation process. The policy and processes are published on the agency website and was verified by the Auditor.

During the interviews, staff indicated all allegations are investigated. Administrative allegations are investigated by the PC or her designee. The ones which might be criminal in nature are investigated by the Dallas County Sheriff's Department, then referred to the appropriate jurisdiction for prosecution if it is deemed a criminal act was committed. If it is deemed a criminal act was not committed it is sent back to the PC for administrative handling.

#### Provision (c)

As stated in Provision (a) the agency and facility refer all administrative investigations to facility/agency investigators and all criminal investigations to the Dallas County Sheriff's Department.

#### Provision (d)

Auditor is not required to audit this provision.

#### Provision (e)

Auditor is not required to audit this provision.

#### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the JJCCJTC/DDRF meets the standard, which addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action is needed.

## **TRAINING AND EDUCATION**

## Standard 115.231: Employee training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

### 115.231 (c)

- Have all current employees who may have contact with residents received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- PREA Training Documentation 2021

#### Interviews with the following:

- Random Staff

### Provision (a)

JJCCJTC/DDRF *PREA Policy*, p. 5, A, specifies all JJCCJTC/DDRF employees will be

trained on the topics listed below, as well as the agency's policies and procedures on sexual abuse and sexual harassment within one year of hire, and annually thereafter. Training will be tailored to the gender of the residents and employees who are reassigned to a work with residents of a different gender shall receive additional training.

- i. Zero tolerance policy for sexual abuse and sexual harassment;
- ii. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response to policies and procedures;
- iii. Residents' rights to be free from retaliation for reporting sexual abuse and sexual harassment;
- iv. The rights of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- v. The dynamics of sexual abuse and sexual harassment in confinement;
- vi. The common reactions of sexual abuse and sexual harassment victims;
- vii. How to detect and respond to signs of threatened and actual sexual abuse;
- viii. How to avoid inappropriate relationships with residents;
- ix. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside agencies.

JJCCJTC/DDRF's curriculum and training materials were reviewed by the Auditor. The core training materials contain all ten of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the employee's classification with some specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed a total of thirty-nine staff training records. Each record contained all relevant documentation to reflect the staff had met their initial PREA requirements. In addition, the Auditor also reviewed all the sign-in sheets for PREA training for the past 12-months which were confirmed by staff signatures, each of the employees at JJCCJTC/DDRF had acknowledged receiving the PREA training.

Each of the staff interviewed recalled attending the initial PREA training when they were hired. All staff interviewed confirmed they receive PREA training annually.

#### Provision (b)

JJCCJTC/DDRF *PREA Policy*, p. 5, B, states current staff members will receive and acknowledge PREA training within one year of hire, refresher training will be provided every two years to ensure all employees understand the agency's current sexual misconduct policies and procedures.

JJCCJTC/DDRF *PREA Policy*, p. 5, I, states employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employee's training file.

The training provided by the JJCCJTC/DDRF, addresses both male and female issues. The Auditor reviewed the training materials utilized for the staff at JJCCJTC/DDRF. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that houses a different population composition, that employee is retrained or provided refresher training for the population make-up of the new facility prior to being placed in contact with the resident population.

As stated in Provision (a), the Auditor reviewed the sign-in sheets for the training that occurred at JJCCJTC/DDRF, verifying attendance of DDRF staff.

Provision (c)

According to the PAQ, JJCCJTC/DDRF staff receive training annually. Of the 80 staff presently assigned to JJCCJTC/DDRF, the Auditor reviewed records of thirty-nine staff. The reviewed records revealed the staff had received PREA training in the past 12-months.

Provision (d)

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature, acknowledging their attendance at training. The auditor review copies of PREA training attendance logs for the past 12-months. Attendance logs confirmed all staff had attended PREA training.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that JJCCJTC/DDRF meets the standard which addresses policies regarding employee training.

**Standard 115.232: Volunteer and contractor training**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.232 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

**115.232 (b)**

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Interviews with the following:

- Contractors
- Volunteers

#### Provision (a)

On the PAQ, JJCCJTC/DDRF reported four individual contractors and nine volunteers, who have contact with residents, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response

JJCCJTC/DDRF *PREA Policy* p. 6, J, states volunteers and contractors will be trained and acknowledge by electronic or manual signature, their understanding of the received training. Training shall include their responsibilities under the agency's zero-tolerance policy of sexual misconduct/harassment prevention, detection, reporting and responding

#### Provision (b)

As stated in Provision (a), JJCCJTC/DDRF reported four individual contractors, and nine volunteers, who have contact with residents, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response

JJCCJTC/DDRF *PREA Policy*, p. 6, L, indicates regular volunteers and contractors will receive training based on the services provided and level of contact they have with the residents. All volunteers and contractors will be notified of JJCCJTC/DDRF's **zero tolerance policy** against sexual abuse and sexual harassment and the manner in which they are to report such incidents.

Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 6, M, indicates all JJCCJTC/DDRF volunteer and contractor training will be documented, and a list maintained and updated by the PREA Coordinator

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the JJCCJTC/DDRF meets the standard which addresses policies regarding volunteer and contractor training. No recommendations or corrective action is needed.

## Standard 115.233: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*



Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- JJCCJTC/DDRF, PREA Employee Acknowledgement Form
- JJCCJTC/DDRF, Clients Handbook, revised April 2021
- PREA Posters
- Miscellaneous Training Materials

Observations during on-site review:

Interviews with the following:

- Intake Staff
- Residents

Provision (a)

JJCCJTC/DDRF PREA Policy, 7, A, states all residents receive information explaining JJCCJTC/DDRF's zero tolerance policy regarding sexual abuse and sexual harassment. In addition, they also receive information on:

1. the agency's zero-tolerance policy regarding sexual abuse and sexual harassment;
2. how to safely report incidents, threats or suspicions of sexual misconduct/harassment;
3. their rights to be free from sexual misconduct and retaliation for reporting such incident (115.233(a));
4. agency policies and procedures for responding to such incidents; and
5. consequences of false allegations.

JJCCJTC/DDRF *PREA Policy*, p. 8, D and E, specifies posters and handbooks with PREA education and information are made available to residents and/or visibly posted

JJCCJTC/DDRF *PREA Policy*, p. 8, G, indicates JJCCJTC/DDRF maintains documentation of resident participation in these education sessions.

*JJCCJTC/DDRF Clients Handbook*, revised April 2021, p., 4, explains JJCCJTC/DDRF shall maintain a zero tolerance for sexual misconduct in its treatment program or during patient stays. Sexual misconduct among clients and by staff towards clients is strictly prohibited. All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated.

The *JJCCJTC/DDRF Clients Handbook*, orientation material, as well as the PREA Posters were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

During interviews with intake staff, it was confirmed residents are provided written PREA materials, *JJCCJTC/DDRF Client Handbook*, and information about the facility's zero-tolerance policy and ways to report upon arrival. The resident signs the acknowledgment form which is retained in the resident record.

The facility has telephones designated for resident use. Using any of these telephones, a resident can call a PREA hotline 972-641-RAPE (7273) to report an incident of sexual abuse or sexual harassment. The call is free of charge, not recorded and confidential. This was confirmed by the Auditor on the on-site tour.

During the interviews with residents, all reported receiving written PREA materials, *JJCCJTC/DDRF Client Handbook* and information about the facility's zero-tolerance policy and ways to report. The Auditor reviewed twenty-three resident records for PREA Education documentation. In each of the records, the residents had received and signed for PREA information at intake. All residents who had been in the program 30-days had been re-assessed within 30 days of their 72-hour assessment. Likewise, they had all been provided PREA Comprehensive Education within 30 days of arrival.

The resident records that were reviewed all contained conducted and the signed PREA acknowledgment document was part of every record.

#### Provision (b)

Per the PAQ, JJCCJTC/DDRF reported during the past 12-months there were 143 residents admitted to the JJCCJTC/DDRF program. Consequently, JJCCJTC/DDRF provided PREA information, which included their right to be free from sexual abuse, as well as the policies and procedures for reporting to all 143 residents. JJCCJTC/DDRF reported 100% of the residents admitted to their facility in the past twelve 12-months received the mandated information.

During interviews with intake staff, they indicated residents receive their PREA training immediately upon arrival, prior to their bed assignment. They reported the residents are not allowed to leave the intake area until they have completed their initial PREA orientation.

During interviews with residents, each were asked to briefly outline what they learned during PREA training. Most responded with answers similar in nature and were generally: zero-tolerance for sexual abuse or harassment, how to report, to dial the PREA Hotline 972-641-RAPE (7273) and call the number on the posters around the facility.

#### Provision (c)

JJCCJTC/DDRF *PREA Policy*, pp. 7-8, states residents are provided education in formats accessible to all, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.

As indicated in Provision (b) 100% of residents who entered the facility during the past 12-

month period received the required PREA training. This training at intake, is facilitated through staff going over material and answering any questions the resident may have. Upon arrival, the resident is also provided a *JJCCJTC/DDRF Client Handbook* and PREA information. At the end of the orientation process is a question-and-answer period to reinforce retention of the information presented.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. Interviews with intake staff revealed that upon arrival at the facility residents are given orientation materials, including PREA related materials, before being assigned a bed. This is a requirement for all residents, whether they are a new intake or a transfer from another facility.

#### Provision (d)

As stated in previous provisions, all residents are required to sign a *PREA Acknowledgement* once they have completed PREA education. A copy of this acknowledgment is retained in the resident record as documentation.

As stated in provision (a), a review of twenty-three resident records was conducted, and the signed acknowledgment documentation was in every resident record.

#### Provision (e)

Using varying formats, the resident population receives essential information in user friendly, comprehensible ways. The *JJCCJTC/DDRF Client Handbook* is an excellent tool which specifically lays out the prevention of sexual violence, zero-tolerance policy and includes multiple methods residents can seek assistance regarding sexual violence.

DDRF has a variety of PREA posters, in both English and Spanish. During the on-site, the Auditor observed these posters in every room throughout the facility.

In interviews with residents, many reported the staff check with them formally and informally about PREA issues and practices.

#### Conclusion:

Residents in the JJCCJTC/DDRF program are very well informed and educated in how to prevent, detect and report PREA allegations. Based upon the review and analysis of all the available evidence, the Auditor has determined the DDRF exceeds the standards for resident education. No recommendations or correction action is needed.

## **Standard 115.234: Specialized training: Investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.234 (a)**

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- National Institute of Corrections (NIC), *PREA: Investigating Sexual Abuse in a Confinement Setting*

Interviews with the following:

- PREA Coordinator (PC)
- Investigative Staff

Provision (a)

JJCCJTC/DDRF *PREA Policy*, p. 14, A-I, explains JJCCJTC/DDRF staff assigned to conduct an administrative investigation receive specialized training for this role that will include topics related to the dynamics of sexual trauma, crisis intervention, DARCC and SANE protocols, investigative protocols related to Miranda, Garrity, evidentiary standards and investigative techniques. This training is documented in respective training records. JJCCJTC/DDRF staff responsible for administrative investigations shall follow JJCCJTC/DDRF policy on conducting such investigations. JJCCJTC/DDRF will maintain documentation that the designated investigators have completed the required specialized training in conducting sexual abuse investigations.

All PREA allegations that are criminal in nature are investigated by the Dallas County Sheriff's Department. This agency trains their officers in investigation in a confinement setting. They use the National Institute of Corrections (NIC), *PREA: Investigating Sexual Abuse in a Confinement Setting*.

Provision (b)

This is addressed in Provision (a).

Through a review of training records and an interview with an investigator, the Auditor was able to confirm that all training requirements have been met.

Provision (c)

The Auditor reviewed documentation, certificates, and lesson plans for the investigative trainings.

- April 16, 2019 - National Institute of Corrections (NIC), *PREA: Investigating Sexual Abuse in a Confinement Setting*

A review of the lesson plan shows this training meets the requirement of this standard.

Provision (d)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the JJCCJTC/DDRF meets the standard which addresses policies regarding specialized training: investigations. No recommendations or corrective action is needed.

## **Standard 115.235: Specialized training: Medical and mental health care**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.235 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes    No    NA

### 115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)  
 Yes  No  NA

### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

Interviews with the following:

- PREA Coordinator (PC)

Provision (a)

According to the PAQ, JJCCJTC/DDRF has six medical or mental health care workers.

JJCCJTC/DDRF *PREA Policy*, p. 6, G, states in addition to the training noted in standard 115.231, all full and part time medical and mental health care practitioners who work in JJCCJTC/DDRF will be trained in the :

1. How to detect and respond to signs of threatened and actual sexual abuse;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment;
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Provision (b)

JJCCJTC/DDRF *PREA Policy*, pp. 14-15, indicate JJCCJTC/DDRF medical staff do not conduct forensic examinations. All forensic examination are completed by SAFE or SANE individuals. Residents are transported to Parklane Health and Hospital System for such forensic examinations.

Provision (c)

JJCCJTC/DDRF *PREA Policy*, pp. 14-15, indicates JJCCJTC/DDRF maintains documentation that medical and mental health practitioners have received the trainings referenced in standards 115.231 and 115.235.

The PC confirmed that JJCCJTC/DDRF maintains documentation of all training.

Provision (d)

JJCCJTC/DDRF employs six medical and mental health staff. The training medical and mental health care practitioners receive is outlined in Provision (a).

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the JJCCJTC/DDRF meets the standard, which addresses policies regarding specialized training: medical and mental health care. No recommendations or corrective action is needed.

<p style="text-align: center;"><b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b></p>
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## Standard 115.241: Screening for risk of victimization and abusiveness

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No

#### 115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual,

transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  Yes  No

#### 115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Interview with the following:

- Staff Responsible for Risk Screening
- Residents

#### Provision (a)

JJCCJTC/DDRF *PREA Policy*, 6, A and B, indicates all residents are assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents within 72 hours of arrival at the facility. All JJCCJTC/DDRF programming occurs at one campus.

All residents interviewed recalled being asked questions relative to their concern about sexual abuse and if they felt like they were going to harm themselves. A review of twenty-three resident

records revealed all residents whose record was reviewed had been asked the questions on the day they arrived.

During the on-site audit, the Auditor discussed processes with screening staff. The staff was able to guide the Auditor through the intake screening process, by explaining the process that each resident is required to participate in during the initial screening and ongoing screening processes. The screening staff member discussed each of the documents and assessments utilized as we proceeded through the processes.

#### Provision (b)

As stated in (a), according to the listed policies all residents must be screened within 72-hours of arrival.

#### Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 7, E and F, says the intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessment residents for risk of being sexually abusive. Each resident will be reassessed for victimization or abusiveness based upon additional, relevant information received by the campus since the intake screening. A resident's risk level for victimization or abusiveness shall be reassessed within 30 days or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

#### Provision (d)

JJCCJTC/DDRF *PREA Policy*, p. 7, C, specifies the assessment is conducted using an objective screening instrument and is considers, at minimum, the following criteria for risk of sexual victimization:

- i. Whether the resident has a mental, physical, or developmental disability;
- ii. The age of the resident;
- iii. The physical build of the resident;
- iv. Whether the resident has previously been incarcerated;
- v. Whether the resident's criminal history is exclusively nonviolent;
- vi. Whether the resident has prior convictions for sex offenses against an adult or child;
- vii. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- viii. Whether the resident has previously experienced sexual victimization; and
- ix. The resident's own perception of vulnerability.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% or 143 residents were screened for the risk of sexual victimization or sexual abusiveness within 72-hours of their entry into the facility.

The Auditor reviewed twenty-three resident records to ensure they were screened upon arrival. All

twenty-three records had verification that the initial screening had occurred within 72-hours of arrival.

All residents interviewed recalled being asked questions specific to previous sexual abuse & harassment within three days of their arrival at the facility. All twenty-three records revealed reviewed residents had been asked the questions on the day they arrived.

As stated in (a), the Auditor was able to specifically question classification staff about the required questions. The classification staff replied that all the PREA related questions are asked during initial intake and ongoing classification screenings.

#### Provision (e)

JJCCJTC/DDRF *PREA Policy*, p. 7, specifies the assessment is conducted using an objective screening instrument and is considers, at minimum, the following criteria for risk of sexual victimization:

- i. Whether the resident has a mental, physical, or developmental disability;
- ii. The age of the resident;
- iii. The physical build of the resident;
- iv. Whether the resident has previously been incarcerated;
- v. Whether the resident's criminal history is exclusively nonviolent;
- vi. Whether the resident has prior convictions for sex offenses against an adult or child;
- vii. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- viii. Whether the resident has previously experienced sexual victimization; and
- ix. The resident's own perception of vulnerability.

#### Provision (f)

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% or 122 residents have been re-assessed for the risk of victimization or risk of abusiveness of other residents within 30-days of their entry into the facility.

JJCCJTC/DDRF *PREA Policy*, p. 7, G, mandates a resident's risk level for victimization or abusiveness shall be reassessed within 30 days or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

All residents interviewed recalled being asked questions relative to this standard. Most indicated they recalled being interviewed within a couple weeks after arrival. All records reviewed had documentation of a thirty-day reassessment.

Out of the twenty-three resident records which were reviewed by the auditor, all who had been in the program 30-days had been re-assessed within 30-days. These finished screening documents were completed by different staff, with each instrument being finalized consistent

with the standard.

#### Provision (g)

JJCCJTC/DDRF *PREA Policy*, p. 7, G, 2, states each resident will be reassessed for victimization or abusiveness based upon additional, relevant information received by the campus since the intake screening.

As stated in (a) the Auditor was able to speak with screening staff who were able to explain to the Auditor the intake screening and classification process. Screening staff indicated they monitor the resident population, and reassess when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the resident's risk of victimization or abusiveness.

#### Provision (h)

JJCCJTC/DDRF *PREA Policy*, p. 7, H, states residents will not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to (b)(i), (b)(vii), (b)(viii), or (b)(ix) in this section.

Screening staff indicated they do not discipline any resident for their refusal to answer these questions during an assessment, rather each indicated he/she would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the resident chose not to respond.

#### Provision (i)

JJCCJTC/DDRF *PREA Policy*, p. 7, I, indicates JJCCJTC/DDRF will not disclose responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

As stated in (a), the Auditor interviewed screening staff. The screening staff indicated access to the resident's screening information is secured, with controlled access by administrative staff.

During the interview process the Auditor learned administrative staff and programming staff have access to the screening information collected during intake and screenings. Everyone else is on a need-to-know basis.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard which addresses Screening for Risk of Sexual Victimization and Abusiveness. No recommendations or corrective action is needed.

## **Standard 115.242: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident?  Yes  No

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:



- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

Interview with the following:

- PREA Coordinator (PC)
- Staff Responsible for Risk Screening

#### Provision (a):

JJCCJTC/DDRF *PREA Policy*, p. 9, D, indicates the facility, room/bed and program assignments for transgender or intersex residents will be made on a case-by-case basis, focusing on the resident's health and safety, and whether the placement would present management or security problems.

The PC indicated every assessment completed by staff is factored into the placement and programming of each resident. She further stated the resident's risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every resident, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.

Following a review of twenty-three resident records, the Auditor was able to verify that the information from these assessments was being utilized in the various classification decisions made by staff.

#### Provision (b)

During interviews with staff who are responsible for risk screening, the Auditor was informed that because of the assessment procedures being utilized, each resident is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual resident when making classification and housing decisions.

#### Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 6, A, 1-2, states the results of the screening process described in section XV will be used to inform housing, bed, and program/education assignments or restrictions with the goal of keeping separate residents at risk of being victimized from residents with risk of being sexually abusive. These decisions will be made on an individualized basis.

JJCCJTC/DDRF *PREA Policy*, p. 9, D, says in part a transgender and intersex resident's own views with respect to their own safety is given serious consideration

During interviews with intake staff that are responsible for risk screening, it was indicated the transgender or intersex residents view of their own safety is taken into serious consideration

when determining housing placements and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each resident is evaluated individually.

There were no transgender or intersex residents in the program at the time of the audit. Therefore, no interviews were conducted.

#### Provision (d)

JJCCJTC/DDRF *PREA Policy*, p. 9, D, says in part a transgender and intersex resident's own views with respect to their own safety is given serious consideration.

During interviews with the PC and staff responsible for screening, all specified the transgender or intersex resident's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These residents are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

#### Provision (e)

JJCCJTC/DDRF *PREA Policy*, p. 9, D, indicates transgender and intersex resident's own views with respect to their own safety is given serious consideration and they will be afforded the opportunity to shower and manage personal care needs in privacy separate from other residents when so desired.

According to the PC and the staff responsible for risk screening, each indicated the transgender or intersex resident's views of their own safety is given serious consideration when providing showering options. In addition, they clarified, transgender or intersex residents would be able to shower separately from other residents by utilizing alternate shower times.

As previously identified, each of the bathrooms have shower stalls and toilets that are not easily seen by staff. The random staff who were interviewed indicated that if a transgender or intersex resident asked to shower separately, they would arrange a separate shower time from the other residents. Additionally, a transgender or intersex resident would be allowed to go into the bathroom and lock the outside door to ensure no one entered while the resident was showering.

#### Provision (f)

JJCCJTC/DDRF *PREA Policy*, p. 10, E, states JJCCJTC/DDRF does not maintain facilities dedicated to LGBTQI status.

The interview with the PC indicated that DDRF is not under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents. She indicated all LGBTI residents are housed within the general population.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard requiring the use of screening information. No recommendation or corrective action is needed.

## REPORTING

### Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

#### 115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- PREA Posters in English and Spanish

### Observations during on-site review

### Interview with the following:

- PREA Coordinator (PC)
- Random Staff
- Random Residents

### Provision (a):

JJCCJTC/DDRF *PREA Policy*, pp. 10 – 11, *Reporting Sexual Misconduct*, states JJCCJTC/DDRF will provide multiple ways for resident's staff, and third parties to privately report sexual abuse and sexual harassment, retaliation by other residents or staff and staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These options include those listed below, and may be reported anonymously by all parties:

- i. Written or verbal reports to any staff member
- ii. Contacting the Texas Department of Protective and Regulatory Services
- iii. The DCCSCD PREA or DARCC Hotline
- iv. Emailing the confidential DCCSCD PREA email address
- v. JJCCJTC/DDRF formal grievance process
- vi. Contacting the DCCSCD or State Ombudsman by mail, phone, or email.

Residents may report sexual abuse or sexual harassment verbally or in writing, through a third-party or anonymously. Residents may file a grievance, call the PREA hotline, contact a staff member or they may tell any staff member and expect the information to be reported immediately and thoroughly investigated as indicated in this policy.

The staff interviewed, all indicated they would accept a report or allegation from a resident and provide it to their supervisor for further direction. They each also verbalized residents can report several different ways which includes telling a staff member, calling the PREA hotline posted throughout the facility, filing a grievance, or telling a family member. Staff interviewed stated residents can privately report sexual abuse or sexual harassment as well through the hotline number.

The residents interviewed, all reported that they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, contacting the program director, have family member contact the facility, contacting a staff member, and writing a grievance. Most indicated they would tell a staff member first.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in common areas, main hallways, intake holding area, dining room, etc. The Auditor checked numerous resident telephones throughout the facility, and all were in working order and readily available in each housing unit.

#### Provision (b)

JJCCJTC/DDRF *PREA Policy*, pp. 10 – 11, *Reporting Sexual Misconduct* states all residents, third party, or staff may use the Dallas Area Rape Crisis Center (DARCC) hotline number 972-641-RAPE (7273) to make reports. The DARCC MOU provides for immediate notification to the PREA Coordinator, and/or law enforcement of complaints related to sexual abuse or sexual harassment received via the hotline. The resident may remain anonymous upon request.

The PC was interviewed regarding the process for providing one way for the resident population to report abuse or harassment to a public or private entity. She indicated the residents can use the PREA hotline and leave an anonymous message.

The residents interviewed were all familiar with the telephone number posted throughout the facility that residents could call for free.

During the on-site tour, the hotline number 972-641-RAPE (7273) was tested and was functional.

#### Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 10, B, states staff members who receive verbal reports from residents are required to immediately file written incident reports, notify their supervisor, and the PREA Coordinator.

JJCCJTC/DDRF *PREA Policy*, pp. 12 and 13, outline the responsibility of the PREA Coordinator upon receipt of notice of a PREA report. All responses and responsibilities are consistent with PREA standards and provisions.

Of residents interviewed regarding this provision, 100% indicated they were aware they can make reports of sexual abuse or sexual harassment in person, in writing and verbally.

#### Provision (d)

JJCCJTC/DDRF *PREA Policy*, p. 10, states all residents, third party, or staff may use the Dallas Area Rape Crisis Center (DARCC) hotline number to make reports. The DARCC MOU provides for immediate notification to the PREA Coordinator, and/or law enforcement of complaints related to sexual abuse or sexual harassment received via the hotline. The resident may remain anonymous upon request.

Staff are expected to report any knowledge or suspicion of abuse or misconduct. The methods of reporting are expected to vary based on the situation and the individual involved. Should there be any question as to the most appropriate method, the PREA Coordinator or Supervisor should be contacted.

Through interviews with staff, several methods for staff to privately report sexual abuse of residents were identified. All staff indicated they may choose to make a private report to their direct supervisor, call the PREA hotline, or call the Agency PREA Coordinator.

#### Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined JJCCJTC/DDRF meets the standard relative to resident reporting. No recommendation or corrective action is needed.

## **Standard 115.252: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.252 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes    No    NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

#### 115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes    No    NA

#### Auditor Overall Compliance Determination



- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Observations during on-site review

#### Interview with the following:

- PREA Coordinator (PC)
- Random Staff
- Residents

#### Provision (a):

The PAQ reflects, JJCCJTC/DDRF had zero grievances for sexual abuse or sexual harassment in the past 12-months.

JJCCJTC/DDRF *PREA Policy*, p. 17, A, states JJCCJTC/DDRF has no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment.

JJCCJTC/DDRF *PREA Policy*, p. 17, B, states residents will not be required to utilize any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse.

When asked, staff reported they would accept a grievance form a resident for a PREA related issue.

#### Provision (b)

JJCCJTC/DDRF *PREA Policy*, p. 17, A, states JJCCJTC/DDRF has no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment.

JJCCJTC/DDRF *PREA Policy*, p. 17, B, states residents will not be required to utilize any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse.

JJCCJTC/DDRF *PREA Policy*, p. 17, D, states a resident may submit a grievance to any staff member. At no time shall a resident be required to submit a grievance regarding a staff member to that individual; nor may any staff member share knowledge of the grievance with the target of the grievance

Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 17, D, states a resident may submit a grievance to any staff member. At no time shall a resident be required to submit a grievance regarding a staff member to that individual; nor may any staff member share knowledge of the grievance with the target of the grievance

During the facility tour, the Auditor observed the grievance box in plain view and easily accessible to the residents of the facility. The grievance box is checked once a shift by a staff member to ensure grievances are addressed in a timely fashion.

Provision (d)

JJCCJTC/DDRF *PREA Policy*, p. 17, D, 3, states JJCCJTC/DDRF will issue a final agency decision on the merits of any one portion of a grievance alleging sexual abuse or sexual harassment expeditiously, but within 90 days of the initial filing of the grievance.

JJCCJTC/DDRF *PREA Policy*, p. 17, D, 3 and 4, states the 90-day time period will not include time consumed by residents in preparing any administrative appeal.

JJCCJTC/DDRF *PREA Policy*, p. 17, 5, states should JJCCJTC/DDRF require additional time to respond, which will not exceed an additional 70 days, the resident should be notified in writing and provided a date by which a decision will be made.

Provision (e)

JJCCJTC/DDRF *PREA Policy*, p. 18, 8 and 9, states regardless of a resident declining to pursue a grievance filed on his or behalf, reports or grievances alleging sexual misconduct will require staff follow the fact finding and advocacy processes called for in this chapter.

Provision (f)

JJCCJTC/DDRF *PREA Policy*, p. 11, D, states in all cases alleging imminent risk, an immediate corrective action may be taken. The initial response is to be provided within 48 hours, and the final decision provided within 5 days. Both the initial response and the final agency decision shall document the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Provision (g)

JJCCJTC/DDRF *PREA Policy*, p. 11, 6, states unsubstantiated, deliberately malicious or false reports by residents or other parties will result in disciplinary action up to and including unsuccessful discharge and/or dismissal for employees.

There were no grievances alleging sexual abuse, sexual harassment or that a resident was at substantial risk of sexual abuse during the past 12-months. This was confirmed through the interview process with administrative staff and the reviewed Pre-Audit Questionnaire. In their interviews, residents stated the grievance process as one way they could report. When asked, none of the interviewed residents had ever filed a grievance related to PREA.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on exhaustion of administrative remedies. No recommendations or corrective action is needed.

## **Standard 115.253: Resident access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.253 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy, undated*
- JJCCJTC/DDRF, *Clients Handbook*, revised April 2021
- MOU with Dallas Area Rape Crisis Center, dated August 9, 2019
- PREA Posters

### Observations during on-site review

### Interviews with the following:

- Residents

### Provision (a)

On the PAQ the facility reported it provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:

- Giving residents mailing addresses and telephone numbers (including toll-free numbers) for local, state, or national victim advocate or rape crisis organizations
- Enable reasonable communication between residents and these organizations in as confidential a manner as possible.

JJCCJTC/DDRF *PREA Policy*, p. 11, K, states The facility shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not a part of the facility and is able to receive and immediately forward the residents report of sexual misconduct to facility officials, allowing the resident to remain anonymous upon request. Dallas Area Rape Crisis Center hotline: 972-641-RAPE (7273)

JJCCJTC/DDRF has an MOU with Dallas Area Rape Crisis Center, 2801 Swiss Avenue, Dallas, TX 75204 to provide the residents with access to outside support services related to sexual abuse. The hotline number, which the Auditor verified, is 972-641-RAPE (7273)

The Auditor conducted a telephone interview with the SAFE/SANE personnel at Parklane Health and Hospital System, 5200 Harry Hines Boulevard, Dallas, TX 75235. The Sexual Assault Nurse Examiner (SANE) provides timely, compassionate care to the sexual assault victim. This includes a forensic exam, prophylaxis for pregnancy and sexually transmitted diseases, photographic documentation, referrals for appropriate medical and psychological follow-up, as well as support and participation in legal proceedings. An advocate is provided for medical accompaniment for all SANE examinations through the Dallas Area Rape Crisis Center, 2801 Swiss Avenue, Dallas, TX 75204.

During the tour of the facility, the Auditor observed posters throughout the facility. The posters stated, "You have a right to be free from sexual assault" or "zero- tolerance for sexual abuse or assault". The posters had a victim support telephone number to call. Postings around the facility, the *Client Handbook*, the PREA materials dispersed upon arrival, let residents know the ability to notify the APC, or other staff member, the PREA hotline, etc., of any incident of sexual abuse or harassment.

### Provision (b)

On the PAQ, JJCCJTC/DDRF reported it tells residents the extent to which communications

will be monitored and the limits of confidentiality due to mandatory reporting laws.

JJCCJTC/DDRF *PREA Policy*, p. 11, H, indicates staff will notify residents of the extent to which such communication is monitored, and the extent to which reports of sexual abuse will be forwarded to authorities.

#### Provision (c)

JJCCJTC/DDRF has an agreement with Dallas Area Rape Crisis Center, 2801 Swiss Avenue, Dallas, TX 75204, to provide the residents with access to outside support services related to sexual abuse. The Auditor was provided a copy of the agreement to review.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on resident access to outside confidential support services. No recommendations or corrective action is needed.

### **Standard 115.254: Third-party reporting**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.254 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- Agency PREA Website  
<https://gatewaycorrections.org/prea/reporting/>

Provision (a)

On the PAQ, the facility reported there is access to third-party reporting through their agency website.

JJCCJTC/DDRF *PREA Policy*, p. 11, l, states the facility has established a method to receive third-party reports of sexual misconduct and shall post this information on the facility website. <http://gatewaycorrection.org/prea/reporting>

This link provides multiple ways for PREA reporting by residents, third parties or staff.  
<http://gatewaycorrection.org/prea/reporting>

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on third-party reporting. No recommendations or corrective action is needed.

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.261: Staff and agency reporting duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.261 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

#### 115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  
 Yes  No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*



#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Interviews with the following:

- PREA Coordinator (PC)
- Facility Head – Facility Director(FD)
- Staff

#### Provision (a)

JJCCJTC/DDRF *PREA Policy*, pp. 10-11, 4, states Regardless of its source, staff who receive information concerning staff on resident sexual misconduct, observe staff on resident sexual misconduct, or have reasonable cause to suspect a resident is the victim of sexual misconduct, must immediately report the incident to their immediate supervisor and the Director or designee.

During interviews with staff, 100% were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, etc. All staff indicated PREA related allegations and reports go to their supervisor, the duty officer, the FD, or the PC.

#### Provision (b)

JJCCJTC/DDRF *PREA Policy*, p. 11, C, states apart from reporting to designated PREA-trained team members, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions

During interviews with staff, all were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each articulated information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, duty officer, etc.

#### Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 11, H, indicates at the initiation of providing medical care, both medical and mental health professionals will inform residents of their professional duty to report and the limitations of confidentiality.

During interviews with staff, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they understood the obligation of a practitioner to advise the victim (resident) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

Provision (d)

JJCCJTC/DDRF *PREA Policy*, p. 11, J, states if the alleged victim is under the age of 18 all staff shall adhere to mandatory reporting requirements as required under Texas law (800-252-5400).

During the interview process, the PC confirmed that if the alleged victim is considered a vulnerable adult under State or local vulnerable persons statute, she would report the allegation to the designated State or local services agency under the applicable mandatory reporting law.

Interviews with the PC revealed she is aware of this requirement and would report any abuse allegations to the appropriate agency, as required by law, as well as the agency investigators.

Provision (e)

JJCCJTC/DDRF *PREA Policy*, p. 14, A, states the Facility Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse

During the interview process, it was confirmed allegations of sexual abuse and sexual harassment are reported to the up the chain of command to the PC. If it is an allegation that can be handled administratively, the facility/agency investigators investigate the allegation. If it is deemed to be potentially criminal in nature, the Dallas County Sheriff Department oversees the investigation.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on staff and agency reporting duties. No recommendations or corrective action is needed.

**Standard 115.262: Agency protection duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.262 (a)**

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Interviews with the following:

- PREA Coordinator (PC)
- Facility Head – Facility Director(FD)
- Staff

JJCCJTC/DDRF *PREA Policy*, p. 7, F, indicates counselors will monitor any resident who has the potential for violating other residents (aggressors) and residents who may be at risk for victimization. Any evidence that this is occurring must be immediately reported to the appropriate Supervisor.

The FD was interviewed and stated she would take immediate action to protect the victim (resident). The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. The perpetrator if known, would be separated from the victim.

During staff interviews, all staff reported if they received an allegation from a resident, they would immediately separate the victim and the perpetrator, keep the victim safe, contact their supervisor, and preserve evidence.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on agency protection duties. No recommendations or corrective action is needed.

**Standard 115.263: Reporting to other confinement facilities**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.263 (a)**

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

**115.263 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

**115.263 (c)**

- Does the agency document that it has provided such notification?  Yes  No

**115.263 (d)**

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF PREA Policy, undated

Interviews with the following:

- PREA Coordinator (PC)
- Facility Head – Facility Director(FD)

Provision (a)

JJCCJTC/DDRF PREA Policy, p. 12, H, 1-5 , states if the allegations of sexual misconduct took place while the alleged victim was housed at another facility, the PREA coordinator shall:

1. contact the outside entity where the alleged abuse took place within seventy-two hours after receiving the allegations; (115.263(a)(b))
2. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, name and title of the person contacted, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur.
3. If the allegation was not reported or not investigated, a copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.
4. All such contacts and notifications shall be documented including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation. (115.263 (c))
5. If an allegation is received from another facility, the Facility Director will ensure that allegation is investigated. (115.263 (d))

Provision (b)

JJCCJTC/DDRF PREA Policy, p. 12, H, 1, indicates notice will be provided as soon as possible, but not later than 72 hours after receiving the allegation. Documentation of such notice will be kept by the PREA Coordinator in the form of a memo; including the date and name(s) of the persons(s) to whom it was reported.

Provision (c)

This is addressed in Provision (b)

Provision (d)

During the interview process the PC confirmed any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or sexual misconduct that occurred

within any facility will be investigated.

The FD indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately investigated. If the investigation is administrative, it is handled by the facility/agency investigators. If at any point the investigation deems the allegation might be criminal in nature it is turned over to the Dallas County Sheriff's Department for investigation

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on reporting to other confinement agencies. No recommendations or corrective action is needed.

## Standard 115.264: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- JJCCJTC/DDRF, First Responders Checklist

#### Interviews with the following:

- Facility Head – Facility Director(FD)
- First Responders

#### Provision (a)

JJCCJTC/DDRF *PREA Policy*, pp. 11-12, A, 1-8, clarifies that any employee who discovers/learns of any sexual misconduct/abuse/harassment or allegation of sexual abuse shall ensure the following actions are accomplished:

1. ensure that the victim is safe and kept separate (with no contact) from the alleged aggressor;
2. notifies the Director and/or one of the members of the PREA team and the Director or designee shall notify the investigating agency if appropriate; (115.264(a)(1))
3. take steps to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (115.264(a)(2))
4. if the abuse occurred in a time frame that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; (115.264 (a)(3))
5. call for an ambulance to transport the victim to the nearest hospital;
6. if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged abuser not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking drinking, or eating; (115.264 (a)(4))

7. photograph the scene and any visible evidence and seal access to the immediate area of the scene if possible; and
8. all required information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know.

On the PAQ, JJCCJTC/DDRF indicated they had zero grievances for alleged sexual abuse and harassment in the past 12-months.

JJCCJTC/DDRF reported, in the past 12-months there were three allegations of sexual abuse and sexual harassment. All three were resident-on-resident sexual harassment allegations. All three were deemed unsubstantiated after investigation. All were handled administratively. All were given timely notice of the outcome of the investigation. Sexual abuse incident reviews were not completed because they were all sexual harassment cases.

The FD indicated staff have been trained in the PREA process, and annual training is conducted to ensure competency and compliance.

During staff interviews, all staff, were able to articulate to the Auditor how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.

During interviews with first responders, all stated they were trained in the PREA process through annual in-service training and on-the-job training. Each verbalized the FD frequently reminds them of PREA policies and speaks with them regarding the importance of PREA and safety from sexual abuse or harassment.

#### Provision (b)

JJCCJTC/DDRF *PREA Policy, pp. 11-12, A, 1-8*, clarifies that any employee who discovers/learns of any sexual misconduct/abuse/harassment or allegation of sexual abuse shall ensure the following actions are accomplished:

1. ensure that the victim is safe and kept separate (with no contact) from the alleged aggressor;
2. notifies the Director and/or one of the members of the PREA team and the Director or designee shall notify the investigating agency if appropriate; (115.264(a)(1))
3. take steps to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (115.264(a)(2))
4. if the abuse occurred in a time frame that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; (115.264 (a)(3))
5. call for an ambulance to transport the victim to the nearest hospital;
6. if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged abuser not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking drinking, or eating; (115.264 (a)(4))



7. photograph the scene and any visible evidence and seal access to the immediate area of the scene if possible; and
8. all required information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know.

Policy mandates the first responding staff member shall separate the alleged victim and abuser ensuring that neither showers, bathes, eats, drinks, uses the toilet, or changes clothes if the abuse occurred within a time that still allows for the collection of physical evidence. Additionally, the staff member will also secure the crime scene to preserve any physical evidence available and make appropriate notifications.

Non-custody staff who were interviewed, all stated they would notify custody staff, their supervisor, the FD, or the duty officer, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until custody staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

The Auditor's review of the PREA training curriculum that all staff received, confirmed it identifies whoever received the information first, as a first responder. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to their supervisor, FD, or duty officer.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on staff first responder duties. No recommendations or corrective action is needed.

## Standard 115.265: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Interviews with the following:

- Facility Head – Facility Director(FD)

#### Provision (a)

On the PAQ, the facility reported they have developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff, first responders, medical and mental health practitioner, investigators and facility leadership.

JJCCJTC/DDRF *PREA Policy*, pp. 12-13, A-G, outlines the coordinated response plan:

The PREA Coordinator shall ensure following coordinated response process is completed upon receipt of a reported sexual abuse incident:

- A. immediately report all allegations of rape, sexual assault, or employee on resident sexual misconduct to state or local law enforcement agencies for criminal investigation if the allegation (if proven true) would be considered a criminal act under federal, state, or local law. The reporting party should request guidance from the law enforcement agency(ies) in preserving the crime scene and coordinating an investigation.
- B. If the allegation involves an employee, ensure steps are taken to place this person in a role that does not involve contact with residents.
- C. Ensure that medical and mental health referrals are completed (when appropriate).
- D. Ensure that an investigation is initiated and documented. Investigations into allegations of sexual abuse must be investigated by an employee who has received training in the investigation of sexual abuse cases.
- E. Ensure appropriate incident reports are completed in accordance with facility PREA policy and procedure.

- F. Review any video recordings of the alleged crime scene from the time period implicated by the allegation. Ensure all video recordings are secured and preserved from the time period implicated in the allegation.
- G. A preliminary review of the incident and the facility's response shall be conducted forty-eight (48) to seventy-two (72) hours following a reportable PREA incident. The review will be convened by the Facility Director or designee. At a minimum, the review shall include:
  1. Discussion of the incident, and whether the incident response meets applicable standards;
  2. Appropriate categorization of the incident report;
  3. Completion of required notifications;
  4. A request for law enforcement involvement (if appropriate); and
  5. Whether employee actions or failures to act contributed to the sexual abuse.

During the interview process the FD confirmed the above policy breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training and on-the-job training.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on coordinated response. The coordinated response at CH is well thought out and expertly implemented. No recommendations or corrective action is needed.

**Standard 115.266: Preservation of ability to protect residents from contact with abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.266 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

**115.266 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### **Documentation Reviewed:**

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### **Interviews with the following:**

- Facility Head – Facility Director(FD)

#### **Provision (a)**

According to the PAQ, JJCCJTC/DDRF does not participate in collective bargaining.

When asked, the FD confirmed they do not have collective bargaining.

#### **Provision (b)**

Auditor is not required to audit this provision.

#### **Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on preservation of ability to protect residents from contact with abusers. No recommendations or corrective action is needed.

## **Standard 115.267: Agency protection against retaliation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.267 (a)**

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated.

#### Interviews with the following:

- PREA Coordinator (PC)
- Facility Head – Facility Director(FD)

### Provision (a)

According to the PAQ, the PCM has been identified as the individual who is primarily responsible for monitoring possible retaliation.

JJCCJTC/DDRF *PREA Policy*, p. 17, A, 1-7, explains retaliation against residents, employees, or other parties for reporting sexual misconduct will not be tolerated. Those who retaliate may face disciplinary action up to and including unsuccessful discharge for residents and dismissal for employees. Protection measures by the FACILITY include but are not limited to the following:

1. housing changes or transfer for resident victims or abuser;
2. removal of alleged staff or resident abusers from contact with victims;
3. emotional support services will be provided for residents or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations;
4. monitor the conduct and treatment of residents or staff who reported the sexual misconduct, any individual expressing a fear of retaliation, and of residents who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation for at least 90 days;
5. promptly act to remedy any such retaliation, included but not limited to:
  - A. resident disciplinary reports;
  - B. housing changes;
  - C. program changes;
  - D. negative performance reviews of staff; and/or
  - E. reassignment of staff.
6. continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need; and
7. the obligation to monitor shall terminate if the allegation is determined to be unfounded.

### Provision (b)

JJCCJTC/DDRF *PREA Policy*, p. 17, 4, states monitor the conduct and treatment of residents or staff who reported the sexual misconduct, any individual expressing a fear of retaliation, and of residents who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation for at least 90 days.

During the interview process with the FD, it was revealed there are multiple measures used to protect residents and staff from retaliation. These measures include considering and monitoring if the resident is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments.

### Provision (c)

According to the PAQ, the direct care monitors or clinical personnel generally monitors for retaliation for a period of 90-days, unless further monitoring is needed. The PAQ also indicated,

JJCCJTC/DDRF did not have any instances of retaliation in the past 12-months.

JJCCJTC/DDRF *PREA Policy*, p. 17, states the direct care monitor or Clinical Supervisor or designee will monitor for up to 90 days the conduct or treatment of residents or staff who reported the sexual abuse or sexual harassment to see if any changes occurred that might suggest retaliation by residents or staff. This monitoring will include periodic review of program plan updates, evaluation of resident behavior, or concerns with progress in the treatment program. Issues to be monitored include, but are not limited to, program compliance, program engagement, evidence of isolation, mood disorders or increased anxiety.

JJCCJTC/DDRF *PREA Policy*, p. 17, A, indicates those who retaliate may face disciplinary action up to and including unsuccessful discharge for residents and dismissal for employees

#### Provision (d)

JJCCJTC/DDRF *PREA Policy*, p. 17, 3 and 4, states:

- emotional support services will be provided for residents or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations;
- monitor the conduct and treatment of residents or staff who reported the sexual misconduct, any individual expressing a fear of retaliation, and of residents who were reported to have suffered sexual misconduct to see if there are changes that may suggest retaliation for at least 90 days

During the interview process with the FD, the Auditor was told that retaliation is not tolerated at JJCCJTC/DDRF. The FD emphasizes to staff and residents that they are free to speak about PREA issues without fear of retaliation. She stressed if retaliation does occur, there would be prompt action taken against those responsible for the retaliation.

#### Provision (e)

JJCCJTC/DDRF *PREA Policy*, p. 17, A, states retaliation against residents, employees, or other parties for reporting sexual misconduct will not be tolerated. Those who retaliate may face disciplinary action up to and including unsuccessful discharge for residents and dismissal for employees.

#### Provision (f)

Auditor is not required to audit this provision.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on agency protection against retaliation. No recommendations or corrective action is needed.



## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### **Documentation Reviewed:**

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### **Interviews with the following:**

- PREA Coordinator (PC)
- Investigative Staff

#### Provision (a)

It is the policy of the agency that the PREA Investigator shall ensure that a prompt, thorough and objective Fact-finding Investigation is completed for all allegations of sexual misconduct in any form. This includes reports

- i. from anonymous and third-party sources,
- ii. incidents that occurred prior to admission and
- iii. incidents that occurred off premises.

This requirement will be conducted regardless of whether the matter is also referred for criminal investigation.

At the time of the audit, JJCCJTC/DDRF had thirteen agency/facility investigators. The Auditor reviewed documentation confirming the investigators completed specialized investigative training. These investigators complete all administrative investigations. If the evidence suggests a crime has been committed, the Dallas County Sheriff's Department will conduct the investigation. JJCCJTC/DDRF continues to work with the investigating agency to ensure an open and fluid investigation. All substantiated criminal cases are referred for prosecution.

During the interview with the investigative staff, it was indicated investigations begin

immediately following notification of the incident. The same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, third party, by mail or anonymously.

In the past 12-months there were three allegations of sexual abuse and sexual harassment. All three were resident-on-resident sexual harassment. All were handled administratively and were deemed to be unsubstantiated after investigation. All were given timely notice of the results of the investigation. Sexual abuse incident reviews were not completed for the sexual harassment cases.

#### Provision (b)

JJCCJTC/DDRF investigators, as well as Dallas County Sheriff Department investigators, receive additional training including interviewing techniques for sexual abuse victims, conducting sexual abuse investigations in a confinement setting, investigation and evidence collection for resident sexual offenses, sexual harassment, and custodial sexual misconduct. This training is documented and was verified by the Auditor through employee signature on the training sheet.

During the interview with investigative staff, it was confirmed investigators had attended these training sessions. The Auditor reviewed the investigators training records and verified her attendance and participation in all mandated training.

#### Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 14, B, 1-6, states the administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented and shall detail the following components: (115.271 (f)(1))

1. Investigative facts (i.e., specific details about what actually happened);
2. Physical evidence (e.g., clothes collected, medical evidence, etc.);
3. Testimonial evidence (e.g., witness statements);
4. Reasoning behind credibility assessments (i.e., why is the person deemed credible or not credible. Credibility shall be assessed on an individual basis and not be determined by the person's status as a resident or employee.); (115.271 (f)(2))
5. Investigative findings (i.e., discovery or outcome of the investigation); and
6. Whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the conclusion

During the interview, the investigative staff indicated that in administrative cases investigators gather and preserve direct and circumstantial evidence, including available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Investigators stated all investigations follow the same investigative format. It varies slightly if it is an alleged sexual harassment rather than an alleged sexual assault or sexual abuse. If it is

an alleged sexual assault or sexual abuse incident, the investigator goes to Parklane Hospital where the victim is being seen.

Except in the cases where the SAFE/SANE team collects the evidence, the investigator collects and secures all evidence. All investigators have been trained in evidence collection. The Auditor reviewed training records, which confirmed this training.

#### Provision (d)

It is the policy of JJCCJTC/DDRF that investigators will not compel statements from residents and will not utilize any polygraph or other truth-telling device in the investigative process.

During interviews, the investigative staff reported when a crime may have been committed; all questions immediately stop. The perpetrator is immediately read his Miranda rights and the case, including all evidence, is turned over to the Dallas County Sheriff's Department (DCSD). At this point, the JJCCJTC/DDRF investigative staff will only conduct compelled interviews after consultation with the DCSD or the prosecutors, and a definite determination is made such interviews will not be an obstacle for subsequent criminal prosecution.

#### Provision (e)

JJCCJTC/DDRF *PREA Policy*, p. 14-15 outline that the administrative investigations will include interviews with the alleged victim and alleged perpetrator to determine credibility and culpability, however these interviews must be approved by the funder in advance and these must not interfere in or attempt to supplant criminal investigations being conducted by law enforcement. Issues of credibility must not be based on an individual's status as resident, employee or seniority. Additionally, PREA investigators will not compel statements from residents and will not utilize any polygraph or other truth-telling device in the investigative process.

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. Everyone is treated as credible and truthful unless the investigation proves otherwise. A polygraph is never used in the investigative process of PREA cases.

#### Provision (f)

JJCCJTC/DDRF *PREA Policy*, p. 14, 6, indicates the PREA investigator will review staff activities before and during the reported incident to determine if all protocols were followed and whether any staff actions, inactions or negligence contributed to the incident.

JJCCJTC/DDRF *PREA Policy*, p. 14, B, indicates the staff member completing the Administrative/Fact Finding PREA Investigation will document all activities, findings, action taken and recommendations using the Witness /Investigation forms. This report, including copies of statements, documentation of interviews, video recordings or photographs, plus documentation explaining any extensions required, shall be forwarded to PREA Coordinator to draft final report which will be submitted to the JJCCJTC/DDRF FD for review upon completion.

During the interview, the investigative staff reported in administrative investigations follow the evidence as the investigation unfolds. In following the evidence, attempts are made to determine if staff actions or failure to act contributed to the allegation. All findings are summarized in a final investigative report. Lastly, a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings are documented in a written report.

As previously stated, during the past 12-months there have been three allegations of sexual abuse or sexual harassment. All three were resident-on-resident sexual harassment. After investigation, all three were deemed unsubstantiated. All were handled administratively. All three residents were given timely notice of the outcome of the investigation. Sexual abuse incident reviews were not completed because they were sexual harassment cases.

#### Provision (g)

JJCCJTC/DDRF *PREA Policy*, p. 14, *Administrative and Criminal Investigations*, indicates in the case of a criminal investigation, the FD will request for pertinent information from DCSD in order to include this information in the investigation record.

When asked about handling criminal investigation, the investigative staff reported thorough documentation during all steps of the process, including investigative steps, interviews, facts, and findings, up until the point it is determined a criminal act occurred. At that point everything is handed over to the Dallas County Sheriff's Department to complete the investigation.

During the interview process, the PC confirmed criminal investigations are documented in a written report that contains thorough description of physical, testimonial and documentary evidence with copies of all documentary evidence attached where feasible.

According to the PAQ, in the past 12-months there have been zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

#### Provision (h)

Per the PAQ, in the past 12-months there have been zero criminal cases referred for prosecution.

During the interview, investigative staff said when the evidence points to a crime being committed, the case is referred to the Dallas County Sheriff's Department for investigation. If the investigation uncovers evidence that a crime has been committed the case is forwarded to the proper authorities for prosecutorial review.

#### Provision (i)

JJCCJTC/DDRF *PREA Policy*, p. 15-16, *Reporting Investigation Findings*, indicates upon completion of all investigations and reporting, the PREA Coordinator will secure all records of a sexual misconduct incident in archival storage for five years following the residents' discharge

or staff members' termination. Documentation will be scanned and placed on appropriate drive for record retention.

During the interview process, the PC stated that JJCCJTC/DDRF retains all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Provision (j)

JJCCJTC/DDRF *PREA Policy*, p. 15-16, *Reporting Investigative Findings*, states the departure or removal from the facility or employment of any alleged victim or perpetrator will not be grounds to stop or curtail the administrative/fact-finding process.

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

Provision (k)

Auditor is not required to audit this provision.

Provision (l)

JJCCJTC/DDRF *PREA Policy*, p. 14, D, states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on criminal and administrative agency investigations. No recommendation or corrective action is needed.

**Standard 115.272: Evidentiary standard for administrative investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.272 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

**Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Interviews with the following:

- Investigative Staff

#### Provision (a)

JJCCJTC/DDRF *PREA Policy*, p. 15, P. states when the JJCCJTC/DDRF PREA Investigator and PREA Coordinator will use as a standard of proof a preponderance of the evidence when determining whether allegations of sexual misconduct can be substantiated.

During the interview process, investigative staff, confirmed all available evidence is reviewed and considered.

#### Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on evidentiary standard for administrative investigations. No recommendations or corrective action is needed.

## Standard 115.273: Reporting to residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.273 (a)



- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.273 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

## 115.273 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Interview with the following:

- PREA Coordinator (PC)
- Facility Head – Facility Director(FD)
- Investigative Staff

#### Provision (a)

JJCCJTC/DDRF *PREA Policy*, p. 15, A, states following an investigation into a resident's allegation of sexual misconduct suffered in a facility, the facility shall be informing the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

JJCCJTC/DDRF *PREA Policy*, p. 15, C, indicates following a resident's allegation that a staff member has committed sexual misconduct against the resident, the facility shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

1. the staff member is no longer posted within the resident's area;
2. the staff member is no longer employed at the facility; and/or
3. the facility learns that the staff member has been indicted or convicted of a charge related to sexual misconduct within the facility

During the interview process with investigative staff, the Auditor was instructed the final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation the victim and the perpetrator are given written notification of the findings of investigation. The FD was asked a similar question and she echoed the response of the investigative staff.

In the past 12-months there were three allegations of sexual abuse and sexual harassment. All three were resident-on-resident sexual harassment. After investigation, all three were deemed unsubstantiated. All were handled administratively. All were notified timely of the results of the investigation. No sexual abuse incident reviews were completed due to them being sexual harassment cases.

#### Provision (b)

According to the PAQ, during the past 12-months there have been zero criminal investigations by outside agencies.

During the interview process with investigative staff, the Auditor was instructed if JJCCJTC/DDRF does not conduct the investigation, it obtains all relevant information from the Dallas County Sheriff Department to be able to inform the resident of the investigative findings. At the conclusion of any PREA investigation the victim and the perpetrator are given written notification of the findings of investigation.

#### Provision (c)

During the interview process with the PC, she confirmed following a resident's allegation that a staff member has committed sexual abuse against the resident, JJCCJTC/DDRF informs the resident (unless the allegations are deemed unfounded), when:

1. The employee/staff is no longer posted within the resident's unit
2. The employee/staff is no longer employed at the facility
3. The employee/staff has been indicted on a charge related to the sexual abuse within the facility
4. The employee/staff has been convicted on a charge related to the sexual abuse within the facility

All notifications are documented in writing

#### Provision (d)

During the interview process with the PC, she confirmed following a resident's allegation that they have been sexually abused by another resident, JJCCJTC/DDRF will inform the victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All notifications are documented in writing.

Provision (e)

During the interview process with the PC, she confirmed all notifications or attempted notification are documented in writing.

During the past 12-months there were three allegations of sexual abuse and sexual harassment. All three were resident-on-resident sexual harassment. After investigation, all three were deemed unsubstantiated. All were handled administratively. All were notified timely of the results of the investigation. No sexual abuse incident reviews were completed due to them being sexual harassment cases.

Provision (f)

Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on reporting to residents. No recommendations or corrective action is needed.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated.

#### Interviews with the following:

- PREA Coordinator (PC)

#### Provision (a)

JJCCJTC/DDRF *PREA Policy*, p. 1, 3, states staff Sexual Misconduct: Any behavior or act of a sexual nature whether it be consensual or non-consensual directed toward a resident by an employee, volunteer, contractor, visitor or other agency representative. Termination from employment shall be the presumptive disciplinary sanction for staff who engaged in sexual misconduct.

During the interview process the PC confirmed all staff are subject to disciplinary sanctions up to and including termination for violating JJCCJTC/DDRF sexual abuse or sexual harassment policies.

Provision (b)

JJCCJTC/DDRF *PREA Policy*, p.1 indicates violations of the Sexual Misconduct policy are a violation of standards of conduct and will result in disciplinary action up to and including termination. For incidents involving sexual abuse or assault by a staff member, termination of employment will be the presumptive action.

During the interview process the PC confirmed termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Provision (c)

JJCCJTC/DDRF *PREA Policy*, p.16, J, indicates the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will 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.

During the interview process, the PC confirmed disciplinary sanctions for violations of JJCCJTC/DDRF policies relating to sexual abuse and sexual harassment (other than engaging in sexual abuse) is commensurate with the nature and circumstances of the act committed, the staff members disciplinary history and the sanctions imposed for comparable offense by other staff with similar histories.

Provision (d)

JJCCJTC/DDRF *PREA Policy*, p.16-17, K and L, all terminations for sexual misconduct or resignations by staff who would have been terminated if they had not resigned are reported to relevant licensing bodies and law enforcement agencies unless the behavior was not criminal.

During the interview process, the PC confirmed all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, (unless the activity was clearly not criminal. It is also reported to any relevant licensing body.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on disciplinary sanctions for staff. No recommendations or corrective action is needed.

## Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

Interviews with the following:

- PREA Coordinator (PC)

#### Provision (a)

JJCCJTC/DDRF *PREA Policy*, p. 17, L. states any civilian or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violation of the facility sexual abuse or sexual harassment policies by a civilian or contractor will result in further prohibitions

According to the PAQ, there were zero PREA investigations involving contractors or volunteers in the past 12-months.

#### Provision (b)

JJCCJTC/DDRF *PREA Policy*, p. 17, L. states any civilian or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violation of the facility sexual abuse or sexual harassment policies by a civilian or contractor will result in further prohibitions

During the interview process, the PC verified the policy of JJCCJTC/DDRF regarding disciplinary actions for contractors and volunteers.

#### Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on corrective action for contractors and volunteers. No recommendations or corrective action is needed.

### **Standard 115.278: Interventions and disciplinary sanctions for residents**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.278 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

##### **115.278 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No



### 115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

### 115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

### 115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

### 115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- JJCCJTC/DDRF, *Client Handbook*, revised April 2021

Interviews with the following:

- PREA Coordinator (PC)

Provision (a)

JJCCJTC/DDRF *PREA Policy*, p. 16, C, states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

According to the PAQ, there were three PREA administrative and zero criminal investigations in the past 12-months.

During the interview process, the PC confirmed all residents are subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Provision (b)

JJCCJTC/DDRF REA Policy, p. 16, J, indicates the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will 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.

During the interview process, the PC confirmed all residents' disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offense by other residents with similar histories.

Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 16, states JJCCJTC/DDRF residents are subject to a formal disciplinary process, which is the only manner in which administrative sanctions may be imposed for sexual misconduct. The disciplinary process sets forth the potential consequences for violations of prohibited acts. These consequences exist within a framework of due process and

progressive discipline that is based on the resident history, severity of the act, and mitigating and aggravating circumstances, including mental health issues.

During the interview process, the PC confirmed a resident's mental disability or mental illness, if any, is considered to establish if it is a contributing factor when determining what type of sanction should be imposed.

#### Provision (d)

JJCCJTC/DDRF *PREA Policy*, indicates residents found to be involved in substantiated or unsubstantiated (but NOT unfounded) incidents of sexual misconduct may be referred for mental health assessment with the clinical staff. Follow-up services related to intervention or correction of underlying issues related to the misconduct will be provided on a case-by-case basis. If this referral is made pursuant to formal disciplinary sanction, compliance will be a condition of remaining in the JJCCJTC/DDRF program.

During the interview process, the PC confirmed a resident will be referred for counseling, therapy, or other intervention if it is deemed the resident could benefit from such a referral as it relates to sexual abuse.

#### Provision (e)

JJCCJTC/DDRF, *Client Handbook*, revised April 2021, p. 13, 3, states any consensual or non-consensual sexual activity with another person is not allowed at the JJCCJTC/DDRF.

During the interview process, the PC confirmed a resident is only disciplined for sexual contact with staff if the staff member did not consent to sexual contact.

#### Provision (f)

JJCCJTC/DDRF *PREA Policy*, p. 16, *Disciplinary Procedure*, indicates JJCCJTC/DDRF prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

During the interview process, the PC confirmed for the purpose of disciplinary action, a report of sexual abuse will be considered made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if the investigation does not establish enough evidence to substantiate the allegation.

#### Provision (g)

JJCCJTC/DDRF, *Client Handbook*, revised April 2021, p. 13, 3, states any consensual or non-consensual sexual activity with another person is not allowed at the JJCCJTC/DDRF.

#### Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the

JJCCJTC/DDRF meets the standard on disciplinary sanctions for residents. No recommendations or corrective action is needed.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

### Interviews with the following:

- PREA Coordinator (PC)

### Provision (a)

JJCCJTC/DDRF *PREA Policy*, p. 12, F, states resident victims of sexual abuse shall receive timely, unimpeded, and ongoing access to emergency medical treatment and crisis intervention services as recommended by medical and mental health practitioners according to their professional judgment and shall be provided treatment services without cost.

During the interview process, the PC verified the nature and scope of emergency medical treatment and crisis intervention services are determined by medical and mental health practitioners according to their professional judgment.

### Provision (b)

JJCCJTC/DDRF *PREA Policy*, p. 12, *First Responder Duties*, if no qualified medical or mental health professional are on duty at the time of the report, security/psychiatric technicians shall take preliminary steps to protect the victim as outlined in 115.263

During the interview process, the PC confirmed that staff first responders take preliminary steps to protect the victim and immediately notify the FD or duty officer, who immediately notifies the appropriate medical and mental health practitioners.

### Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 12, F, indicates medical services will include timely information regarding emergency contraception, sexually transmitted infections, prophylaxis, and if applicable to the incident, pregnancy testing.

During the interview process, the PC verified resident victims of sexual abuse are offered timely access to emergency contraception (female) and sexually transmitted infections prophylaxis (male and female).

Provision (d)

This is addressed in Provision (a).

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on access to emergency medical and mental health services. No recommendations or corrective action is needed.

**Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.283 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

**115.283 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

**115.283 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

**115.283 (e)**

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

Interview with the following:

- PREA Coordinator (PC)
- Facility Head – Facility Director (FD)

#### Provision (a)

JJCCJTC/DDRF *PREA Policy*, p. 7, indicates when a resident is identified as a potential abuser or perpetrator, either as result of assessment or as result of a substantiated or unsubstantiated (but not unfounded) incident finding, the resident will be referred to mental health practitioner for assessment within at least 60 calendar days.

1. This assessment will be conducted to attempt to identify behavioral or emotional issues that put the individual at risk for misconduct.
2. If ongoing services are clinically indicated and authorized by the contract funder, mental health staff will work with the resident to minimize risk if possible and address mental health needs in general.
3. The JJCCJTC/DDRF FD or designee may choose to delay this assessment process for a resident under criminal investigation for the incident until a decision regarding criminal charges has been made, however staff must provide clinically appropriate services sufficient to minimize risk to the individual, other residents and staff.

During the interview process, the FD confirmed JJCCJTC/DDRF offers medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse in a correctional setting.

#### Provision (b)

JJCCJTC/DDRF *PREA Policy*, p. 15, states the victim advocate appointed by DARCC will ensure a victim's medical, emotional and mental health needs are met with referral to services, either via JJCCJTC/DDRF mental health program staff or services provided under MOUs appended to this chapter.

During the interview process, with FD explained that treatment plans, follow-up treatment, and referrals for continued care are made as appropriate for each individual resident.

#### Provision (c)

The MOU with Parklane Health and Hospital System ensures resident victims of sexual abuse will be offered medical intervention and follow-up treatment. This is a community hospital with a high standard of care.

During the interview process with FD confirmed all medical and mental health staff are contract workers from the community. All medical and mental health services are consistent with the community level of care.

#### Provision (d)



JJCCJTC/DDRF *PREA Policy*, p. 12, indicates medical services will include timely information regarding emergency contraception, sexually transmitted infections, prophylaxis, and if applicable to the incident, pregnancy testing. If pregnancy is a consequence of the incident such victims shall receive timely medical information and timely access will also be provided for any lawful pregnancy–related medical services.

Provision (e)

This is addressed in Provision (d).

Provision (f)

JJCCJTC/DDRF REA Policy, p. 12, indicates medical services will include timely information regarding emergency contraception, sexually transmitted infections, prophylaxis, and if applicable to the incident, pregnancy testing.

1. If pregnancy is a consequence of the incident such victims shall receive timely medical information and timely access will also be provided for any lawful pregnancy–related medical services.
2. Victims of sexual assault will also be provided tests for sexually transmitted infections as medically indicated.

Provision (g)

JJCCJTC/DDRF *PREA Policy*, p. 12, indicates all treatment services indicated by medical or mental health assessment are provided to every victim in a timely fashion, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Provision (h)

This is addressed in Provision (a).

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on ongoing medical and mental health care for sexual abuse victims and abusers. No recommendations or corrective action is needed.

## **DATA COLLECTION AND REVIEW**

### **Standard 115.286: Sexual abuse incident reviews**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### **Documentation Reviewed:**

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### **Interview with the following:**

- PREA Coordinator (PC)
- Facility Head – Facility Director(FD)
- Incident Review Team (IRT)

#### **Provision (a)**

The PAQ reflects in the past 12-months there have been zero criminal and three administrative investigations of alleged sexual abuse completed at the facility.

JJCCJTC/DDRF *PREA Policy*, p. 13, A, states the Facility Director will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded

During the interview process the FD confirmed in the past 12-months there has been zero criminal and three administrative investigations of alleged sexual abuse completed at the facility. All three were sexual harassment claims. All were administratively investigated. All three were unsubstantiated. Sexual abuse incident reviews were not necessary, because the cases were sexual harassment.

#### **Provision (b)**

The PAQ reflects in the past 12-months there have been zero criminal and zero administrative sexual abuse incident reviews completed at the facility.

JJCCJTC/DDRF *PREA Policy*, p. 13, B, states the Facility Director, the incident review team shall include input from all parties involved including any referral sources for medical and/or mental health practitioners. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

As stated in Provision (a) the sexual abuse incident review is conducted within 30-days of the conclusions of all sexual abuse investigations including allegations that are found to be substantiated or unsubstantiated.

#### Provision (c)

As stated in Provision (a) in addition to the Facility Director, the incident review team shall include input from all parties involved including any referral sources for medical and/or mental health practitioners. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

The multidisciplinary incident review team consists of intermediate or higher-level facility managers, supervisors, investigators, as well as medical and mental health practitioners.

In the interviews with the PC, she confirmed her understanding of the composition of the review team and their willingness to consider and incorporated recommendations from team members.

#### Provision (d)

JJCCJTC/DDRF *PREA Policy*, p. 13, B, 1-5, states the sexual abuse incident review team shall:

1. consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
2. consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. assess the adequacy of staffing levels in that area during different shifts; and
5. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

During the interview process, members of the IRT reported the team considers all criteria listed above, as required by PREA policy.

#### Provision (e)

JJCCJTC/DDRF *PREA Policy*, p. 14, C, states all findings and recommendations for improvement will be documented on the Sexual Abuse Incident Review Report. Completed Incident reports will be forwarded to the Facility Director

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on sexual abuse incident reviews. No recommendations or corrective action is needed.

## Standard 115.287: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated

#### Interview with the following:

- PREA Coordinator (PC)

#### Provision (a)

According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

JJCCJTC/DDRF *PREA Policy*, p. 18, E, states the facility shall ensure that data collected pursuant to 115.287 are securely retained.

JJCCJTC/DDRF *PREA Policy*, p. 18, F, states the Facility Director shall make all aggregated sexual abuse data readily available to the public at least annually through its website and all data shall not have any personal identifiers

JJCCJTC/DDRF *PREA Policy*, p. 18, G, The facility PREA Coordinator shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection.

#### Provision (b)

JJCCJTC/DDRF *PREA Policy*, p. 18, F, states the Facility Director shall make all aggregated sexual abuse data readily available to the public at least annually through its website and all data shall not have any personal identifiers

### Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 18, *Data Collection and Review*, specifies the PREA Coordinator will prepare a summary report annually using the PREA Summary Annual Report form. PREA Summary Annual Report form is an aggregate report based on DOJ's Survey on Sexual Victimization (SSV SSV-IA).

- The report will be completed using SSV-IA surveys completed during the Review team review process (see X.A-5 above). The PREA Coordinator is responsible for ensuring the most current SSV-IA is used each year and that the PREA Summary Annual Report is updated to meet SSV standards annually.
- This summary report will review all available incident-based documents including reports, investigation files, and sexual abuse incident reviews in the calendar year.

During the interview process with the PC, she confirmed the incident-based data collected includes, 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.

### Provision (d)

JJCCJTC/DDRF *PREA Policy*, p. 18, *Data Collection and Review*, states

- The PREA Coordinator shall retain all records of reports, investigations and responses in a secure manner during the calendar year.
- At the end of the calendar year after the annual PREA Summary is completed, these records will remain archived by the PREA Coordinator as required by The Harris Center's data retention policies; however, at a minimum, records of sexual misconduct incidents will be secured for five years following the victim's and perpetrator's discharge or termination
- The JJCCJTC/DDRF PC shall retain copies of annual PREA Summary reports for ten years.

During the interview process with the PC, she confirmed DCCSCD maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

### Provision (e)

During the interview process with the PC, she confirmed she obtains and includes incident-based and aggregated data from every facility with which DCCSCD contracts for the confinement of its residents.

### Provision (f)

During the interview process with the PC, she confirmed DCCSCD would provide any requested data from the previous calendar year to the Department of Justice no later than June 30, if requested.

### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on data collection. No recommendations or corrective action is needed.

## Standard 115.288: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- Agency website  
<http://www.gatewaycorrections.org/prea>

#### Interview with the following:

- PREA Coordinator (PC)

#### Provision (a)

According to the PAQ, the agency reviews data collected and aggregated pursuant to §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies.

JJCCJTC/DDRF *PREA Policy*, p. 18, *Data Collection and Review*, states the PREA Coordinator will prepare a summary report annually using the PREA Summary Annual Report form. PREA Summary Annual Report form is an aggregate report based on DOJ's Survey on Sexual Victimization (SSV SSV-IA).

- The report will be completed using SSV-IA surveys completed during the Review team review process (see X.A-5 above). The PREA Coordinator is responsible for ensuring the most current SSV-IA is used each year and that the PREA Summary Annual Report is updated to meet SSV standards annually.
- This summary report will review all available incident-based documents including reports, investigation files, and sexual abuse incident reviews in the calendar year.
- The PREA Coordinator will ensure records of all reports from the year under review are considered, whether reviewed by OLT or not.
- The report will compare the current year to the previous year in terms of the number of reports received and effectiveness of prevention and responses to date.
- The report will include the following topics:
  1. Identifying problem areas

2. Taking corrective action on an ongoing basis
  3. A review of its findings for each campus as well as the agency as a whole.
- The PREA Coordinator will include recommendations for any additional improvements in the report.

Provision (b)

JJCCJTC/DDRF *PREA Policy*, p. 18, *Data Collection and Review*, states the report will compare the current year to the previous year in terms of the number of reports received and effectiveness of prevention and responses to date.

Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 18, *Data Collection and Review*, indicates the annual summary report will be available to the public through the agency's website.

- The publicly available report will have personal identifying information redacted, including names, ages, ethnicities, and position titles of victims and perpetrators.
- Any other information to be redacted must be limited information that would pose a potential threat to safety or security.
- The nature of any redactions will be noted in the public version

Provision (d)

See Provision (c).

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on data review for corrective action. No recommendations or corrective action is needed.

**Standard 115.289: Data storage, publication, and destruction**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.289 (a)**

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes    No

**115.289 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- Agency website  
<http://www.gatewaycorrections.org/prea>

#### Interview with the following:

- PREA Coordinator (PC)

#### Provision (a)

According to the PAQ, the agency ensures that incident-based and aggregate data is securely retained.

JJCCJTC/DDRF *PREA Policy*, p. 18, G, states the PREA Coordinator shall retain all records of reports, investigations and responses in a secure manner during the calendar year.

During the interview process with the PC, the Auditor learned JJCCJTC/DDRF securely retains data. The data is retained within a secure system and access to the system is limited to those staff with a need-to-know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the agency website for public access.

Provision (b)

This is JJCCJTC/DDRF's second PREA audit. The first PREA audit report and all annual reports are posted on the agency website <http://www.gatewaycorrections.org/prea>

The agency PREA webpage provides information on how to report PREA allegations. Data can be accessed on the agency website <http://www.gatewaycorrections.org/prea>

Provision (c)

JJCCJTC/DDRF *PREA Policy*, p. 18, *Data Collection and Review*, indicates the annual summary report will be available to the public through the agency's website.

- The publicly available report will have personal identifying information redacted, including names, ages, ethnicities, and position titles of victims and perpetrators.
- Any other information to be redacted must be limited information that would pose a potential threat to safety or security.
- The nature of any redactions will be noted in the public version

Provision (d)

JJCCJTC/DDRF *PREA Policy*, p. 18, G, states the PC shall retain copies of annual PREA Summary reports for ten years.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on data storage, publication, and destruction. No recommendations or corrective action is needed.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- JJCCJTC/DDRF Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- JJCCJTC/DDRF *PREA Policy*, undated
- Agency website  
<http://www.gatewaycorrections.org/prea>

#### Interview with the following

- PREA Coordinator (PC)

#### Provision (a)

JJCCJTC/DDRF *Prison Rape Elimination Act*, RRI-10, revised 05-11-21, p. 30, XI, a, during the three-year period starting on August 20, 2013, and during each three-year period thereafter, DCCSCD shall ensure that each campus operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

The PC reported this is the second PREA audit for this institution. Further the PC reported this facility will be audited every three years.

The agency website can be accessed at <http://www.gatewaycorrections.org/prea>

#### Provision (b)

During an interview with the PC, the Auditor learned the audit for JJCCJTC/DDRF is in the last year of the three-year audit cycle. The agency website provides the most recent report relative to sexual abuse data from the various facilities in accordance with PREA standards.

#### Provision (c)

N/A

#### Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit the PC, FD and other staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.

Provision (i)

At all times throughout the audit process, JJCCJTC/DDRF provided the Auditor with all requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

The Auditor was provided a private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

During resident interviews, all residents reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they

were communicating with legal counsel.

Provision (o)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on frequency and scope of audits. Norecommendations or corrective action is needed.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Provision (f)

This is the second PREA audit for this facility. The previous PREA audit report as well as



annual reports can be accessed on the agency website.

<http://www.gatewaycorrections.org/prea>

The PC confirmed all PREA reports and annual reports are and will be posted on the agency website. They are accessible at <http://www.gatewaycorrections.org/prea>

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the JJCCJTC/DDRF meets the standard on audit contents and findings. No recommendations or corrective action is needed.

## AUDITOR CERTIFICATION

I certify that:

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

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darla P. O'Connor

July 9, 2022

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.