

PREA AUDIT REPORT ☒ INTERIM ☐ FINAL
JUVENILE FACILITIES

Date of report: October 25, 2016

Auditor Information			
Auditor name: Douglas Halstead			
Address: 1200 Congress, Houston, Texas 77002			
Email: douglas.halstead@hcjpd.hctx.net			
Telephone number: 512-536-0448			
Date of facility visit: June 15-17, 2016			
Facility Information			
Facility name: Olen Underwood Juvenile Justice Center			
Facility physical address: 200 Academy Drive, Conroe, Texas 77301			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (936) 760-5805			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Bruce Gusler, Director			
Number of staff assigned to the facility in the last 12 months: Click here to enter text.			
Designed facility capacity: 85			
Current population of facility: 36; 24 on audit			
Facility security levels/inmate custody levels: (Secure Pre-Adjudication Facility)			
Age range of the population: 10-17 years of age			
Name of PREA Compliance Manager: Tony Patterson		Title: Supervisor/Interim Facility Administrator	
Email address: Tony.Patterson@mctx.org		Telephone number: (936) 538-3269	
Agency Information			
Name of agency: Montgomery County			
Governing authority or parent agency: <i>(if applicable)</i> Montgomery County Juvenile Probation			
Physical address: 200 Academy Drive, Conroe, Texas 77301			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (936) 760-5805			
Agency Chief Executive Officer			
Name: Bruce Gusler		Title: Facility Administrator/Interim Director	
Email address: Bruce.Gusler@mctx.org		Telephone number: (936)760-5805	
Agency-Wide PREA Coordinator			
Name: Tony Patterson		Title: Supervisor/Interim Facility Administrator	
Email address: Tony.Patterson@mctx.org		Telephone number: (936) 538-3269	

AUDIT FINDINGS

NARRATIVE

Overview

The Prison Rape Elimination Act (PREA) on-site audit of the Olen Underwood Juvenile Justice Center (OUJJC) located in Conroe, Texas was conducted on June 15-17, 2016 by Douglas Halstead, from Houston, Texas, a U.S. Department of Justice Certified PREA Auditor for Juvenile Facilities. On day one of the audit, the Auditor conducted an entrance interview, detailed policy and procedure review- (answering questions raised during the Pre-Audit, and toured all areas of the facility in the afternoon. Any document the Auditor requested was immediately obtained. On day two, the Auditor spent the entire day interviewing additional specialized staff and administration, and reviewed selected staff and resident files. Day three consisted of resident interviews, follow-up interviews with residents designated as "At-Risk" or that had made allegations while in the facility. The remainder of day three consisted of conducting a detailed exit review with the agency and facility administrator, the facility PREA Coordinator, and the third shift supervisor/PREA Manager. The Auditor was treated with a great deal of hospitality during the entire Audit by every member of the Montgomery County staff. The facility and PREA Coordinator ensured that specialized staff, line staff, and residents were made readily available to the Auditor at all times for formal and informal interviews. The Auditor was given unimpeded access to every part of the facility during the on-site review. The Auditor was pleased with the level of preparation for the audit, the availability for telephone or email contact, and the organization of the information provided to the Auditor in the facility's Pre-Audit Questionnaire (PAQ). This synchronicity and coordination between staff members demonstrated that the facility administration and individual staff had and continue to make PREA compliance a high priority for the facility and department as a whole.

Pre-Audit Phase

The Auditor was requested by the Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) to conduct the PREA audit after the original Auditor withdrew with a scheduling conflict. The original Auditor recommended this Auditor because of prior knowledge of holding the credentials of a DOJ Certified PREA Auditor. The audit was conducted "gratis" and was arranged through an understanding between Montgomery County and Harris County administrations as continuing to foster the Cross-County Relations. The audit date was modified and new notifications were posted in all common areas of the facility with the new Auditor's contact information. The facility provided the Auditor with a photograph showing the new notices were properly posted and displayed. The Auditor was provided with a flash drive which contained the Pre-Audit Questionnaire (PAQ) that was already prepared- (with the Auditor's information modified), the 2015 Juvenile Auditor Final Report TJJD CH. 343 DRAFT REPORT, the Montgomery County Juvenile Probation Department PREA Notes Summary, and Thumb Drive Info (containing a applicable policies, a facility layout diagram, appropriate listings of staff and residents for file selection, Notification to Public (screen shot of notice to the public as found on the Montgomery County Web Page, and a specific "mark-up" copy of the standards with PREA related compliance denoted. A review of the material prompted a series of questions. Those questions that were not readily addressed in telephone conversations were shared with the PREA Coordinator upon entrance. The Auditor had some questions regarding location of specific components required for compliance that were not readily identified given the complex structure of the facility's policies and procedures. All issues were addressed on-site day one.

The facility had already compiled listings of key administrative personnel, specialized staff (e.g., contract administrator, human resources staff, medical and mental health staff, screening staff, intake staff, investigative staff, volunteers, and contractors, etc.) and specialized residents (e.g., residents reporting abuse, disabled residents, LGBTI residents, etc.). The Auditor also requested the facility to identify a variety of files for review (e.g., new hires, employees promoted, employees disciplined, residents disciplined, any investigations, etc.) Once received from the facility, the Auditor selected the staff and residents for interviews (i.e., administration, specialized and random staff and any specialized residents still in the facility) as well as the files that were selected for review. The Auditor was also provided with a listing of all residents in all housing units and the Auditor selected residents at random to be interviewed that represented all housing units and all genders.

On-Site Audit Phase

The Auditor arrived at the facility on Wednesday, June 15 at 8:00 a.m. and was provided a conference room next to the Department's Administration but outside the confines of the facility that also served as the facility's Court Room for Juvenile Cases. The room was securable and accessible only through a coded scan badge or key. The Auditor conducted Specialty Staff interviews in this location and subsequently was provided an unoccupied class room in the secure confines of the facility in which both line staff and juvenile resident interviews were conducted so as to facilitate ease of movement of

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residents and continue to ensure safety and security of the facility.

Site Review. The Auditor began the process by conducting an Entrance Interview at approximately 8:30 a.m. Present with the Auditor were the following Department/Facility's PREA Audit Team:

- Bruce Gusler, Facility Administrator of Olen Underwood Juvenile Justice Center & Deputy Director/Interim Director of Montgomery County Juvenile Probation.
- Tony Patterson, Supervisor/Acting Facility Administrator/PREA Coordinator.
- Derek Henerson, Supervisor of 3rd Shift/PREA Audit Team Member.

After introductions and casual conversation, the Auditor and facility PREA Audit Team sat down to discuss an overview of the auditing process, what the facility could expect from the Auditor, the audit daily schedule, the schedule and expectations for the week, an exchange of contact numbers in the building, and then a determination of random samples. After the random sample draw, the Auditor began to go over a lengthy list of questions based on the PREA Audit Guide that were not able to be either located during the Pre-Audit Phase or needed clarification regarding. The auditor and the facility PREA Coordinator had exchanged frequent telephone calls and emails prior to the on-site portion of the Audit. It was felt that a better understanding and clearer picture could be obtained if both parties were looking at the same facility document- at the same time. The facility readily agreed. Day one consisted of location and discussion of the facility's policy and procedure elements in determining compliance or correction. Nearly a full day was set aside for this important aspect given the complex organization of the facility's policies and procedures. A full tour of the facility was conducted after the noon hour conducted by the Facility Administrator and Audit Team. The Auditor was given unfettered access to all parts of the facility and was able to observe the location of cameras, blind spot mirrors, check internal security by verifying locked doors, the staff supervision of residents and resident interactions. The tour also gave the Auditor an understanding of the difference in the old versus new sections of the facility, the unit layouts including the individual rooms with toilets and day areas, the shower configurations, the gymnasium, the classroom, cafeteria, medical, intake, and outdoor recreation area. The tour concluded after approximately 1.5 hours.

Interviews. Both formal and informal interviews were conducted with the facility administration, PREA Coordinator, Third Shift Supervisor, Specialty Staff, Volunteers, and Contractors on days one and two. Line staff/random staff interviews were conducted on day two. Juvenile resident interviews were conducted on day three. On the first day on the on-site review, there were 24 residents (i.e., 19 males and 5 females) housed in the facility from which to draw the sample of juveniles to interview. The Auditor interviewed 10 residents combined from all units in the facility. The Auditor interviewed 3 specialized residents during the audit. Technically the 3 residents did not fit the criteria. Both individuals had reported incidents in the past but neither incident disclosed occurred in OUJJC or a secure facility setting. Both male and female residents were interviewed (i.e., 7 males and 3 female). The residents were interviewed using the recommended Department of Justice (DOJ) protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of the reporting mechanisms available to residents to report sexual abuse or harassment. The Auditor interviewed a total of 28 total facility staff members were interviewed during the on-site review which included administrative staff, random staff and specialized staff. Interviews included 10 random staff representing all shifts in the facility. The Detention shifts are:

- First Shift 7:00 a.m. to 3:00 p.m.;
- Second Shift 3:00 p.m. to 11:00 p.m.; and
- Third Shift 11:00 p.m. to 7:00 a.m.

The Auditor also interviewed specialty staff including: the Agency Contract Administrator, an Intermediate-or higher-level facility staff; Medical and mental health staff; Administrative Staff (Human Resources); SAFE and SANE staff; Volunteers and contractors who have contact with residents; Investigative Staff; Staff who perform screening for risk of victimization and abusiveness; Staff who supervise residents in isolation; Staff on the incident review team; Designated staff member charged with monitoring retaliation; First responders; and Intake Staff.

Staff were interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, first responder duties, data collection processes and other pertinent PREA requirements.

The Auditor spoke via telephone with Jamie Ferrell, BSN, RN, DF-IAFN, CA/CP-SANE, CMI-III, SANE-A, SANE-P; Clinical Director, Forensic Nursing Services, Memorial Hermann Health System.

File Review. On accepting the assignment, the Auditor requested that the facility provide a listing of personnel and resident files for possible review. The Auditor selected a random sample of files to review and the facility worked diligently to produce the files. All files were provided to the Auditor in the secure conference room where the Auditor was working. On day 2, the Auditor reviewed a total of 12 personnel files to determine compliance with training mandates and background check procedures and any files were (new employees and were reviewed for compliance with the PREA standards applicable to new hires.) Case files for XX juveniles in the facility were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas. Files reviewed represented both male and female juveniles.

Audit Summation. The Auditor conducted an exit interview on the later afternoon of Friday, June 17, 2016. The Department and the Facility Administration and Audit Team were very open and receptive to an honest discussion of areas where PREA compliance needed to be strengthened. During the span of the Audit the Audit Team had acted on both suggestion and critique to modify the facility's PREA policies the Auditor had found fault with or found vague and confusing and presented them at summation. This step showed an extraordinary high degree of both pride in the facility and willingness to cooperate and take suggestions from the Auditor. This step also greatly reduced what the facility and Audit Team needed to work on in terms of Corrective Action to come into full compliance. Present with the Auditor were the Department/Facility's PREA Audit Team:

- Bruce Gusler, Facility Administrator of Olen Underwood Juvenile Justice Center & Deputy Director/Interim Director of Montgomery County Juvenile Probation.
- Tony Patterson, Supervisor/Acting Facility Administrator/PREA Coordinator.
- Derek Henderson, Supervisor of 3rd Shift/PREA Audit Team Member.

Again, the corrective action required by the facility is minimal and the PREA Coordinator and Audit Team consisting largely in rewriting the facility's Staffing Plan, institutionalizing the policy and procedure changes by way of training all staff and implementing any ancillary form changes required.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Montgomery County Juvenile Probation Department under the purview of the Montgomery County Juvenile Board operates the Olen Underwood Juvenile Justice Center (OUJJC) located at 200 Academy Drive in Conroe, Texas, east of the IH-45 corridor. OUJJC is a maximum security secure Pre-Adjudication Facility which operates 24/7 and has a design/rated capacity maximum of 85 beds that is divided into 5 Units/Pods which serves both male and female juveniles from ages 10-17 years old who are being held pending final disposition through the Juvenile Court and require increased supervision. The facility serves not only the juveniles of Montgomery County, but also juveniles from approximately 20 surrounding counties.

Located just north of the Harris County, Southeastern Texas, and covering 1,047 square miles, Montgomery County is the 24th fastest growing county in the United States, according to the U.S. Census Bureau 2010 report. The U.S. Census Bureau also estimated Montgomery County's population to be 455,746, a 55.15% growth rate in the ten years from the 1st U.S. Census.

The facility is co-located in the same building as the Montgomery County Juvenile Probation Department also housing the probation administrative offices, a Courtroom and juvenile processing. Olen Underwood Juvenile Justice Center consists of the "original" facility (dated: 1986) with the capacity of 21 beds with programming consisting of Recreation, Visitation, and Detention Intake, and the "new" construction (dated: 2001) with an additional 64 beds (3 Units of 16 beds, and 1 Unit of 12 beds), 4 Isolation Cells, plus 4 classrooms. All units contain Single Occupancy Housing Unit (SOHU) and individual sleeping quarters. The facility admitted approximately 806 juveniles in the 12 months preceding the audit. The average daily population of the Olen Underwood Juvenile Justice Center came to 31 residents. The average length of stay for a youth in Olen Underwood Juvenile Justice Center is 15 days. The original construction consists of Olen Underwood Juvenile Justice Center sits on property that collectively makes up the Montgomery County Justice Complex comprising: Juvenile Detention, Juvenile Probation, Adult Detention, Adult Probation, Conroe Police Academy, and County Sheriff's Department assets.

Any visitors to the Olen Underwood Juvenile Justice Center must pass through a metal detector before passing through two sets of secure monitored doors into the facility. The facility also has two control rooms, one located in each phase of construction. In addition the facility has 64 cameras throughout the facility (internal and external) and that are monitored by staff and digitally recorded. The external cameras are strategically placed and thus monitor all entrances into the building while the internal cameras monitor hallways, dayrooms, classrooms, Intake, Intake Sallyport, training room, gym, and unit control rooms. Required resident supervision is monitored for compliance by using a P2 Handheld Sensor Device. Resident observations are conducted no less than once every 15 minutes.

Olen Underwood Juvenile Justice Center operates a program schedule that runs between 0630 hours to 2200 hours at night. Programs include: Academic services are conducted through the Conroe Independent School District and are divided by academic levels. Each housing pod/unit has its own classroom. Alpha Pod consists of 10, 11, and 12 grades, Bravo Pod consists of 9th graders, Charlie Pod is classified for Special Education Juveniles and Delta Pod is for female residents. Other program elements include Volunteer Programs, Group Projects, and Life Skills.

The facility contains an Intake area with Medical and a medical exam room in the vicinity, an indoor gym and an outdoor recreation area. Meals are contracted with a service provider and transported within the Justice Complex. The facility also contains a kitchen (not utilized), a laundry area, department and facility administration offices, as well as probation offices. The facility has approximately 40 full-time Certified Juvenile Supervision Officers and approximately 15 part-time Certified Juvenile Supervision Officers, 7 Volunteers, 7 Service Providers/Contractors, and 11 Interns. At the time of the on-site review, there were no intersex or transgender youth in the facility.

The facility appeared to be clean and well maintained and in good overall repair. The housing units appeared to be well equipped and provided the juveniles with a comfortable and safe environment. The facility was quiet and order is well maintained in all areas. Staff and juvenile interactions observed appeared to be positive and lent to the overall atmosphere conducive to good safety and security and overall care.

*A copy of the facility diagram was obtained and kept with the facility records.

SUMMARY OF AUDIT FINDINGS

The facility is certified by the Montgomery County Juvenile Board as required by the Texas Family Code. The Pre-Adjudication Program is also regulated by the State of Texas through the Texas Juvenile Justice Department (TJJD). The Texas Administrative Code Title 37, Chapter 343 governs secure Pre- and Post-Adjudication facilities in the State and imposes significant rules on the operations and programming and is monitored on an annual basis with an on-site audit of applicable standards, tour, and interviews of juveniles and staff. Most applicable with regard to PREA are the current mandatory staffing ratios as detailed below:

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

During the preceeding 12 months, the Olen Underwood Juvenile Justice Center, operated by the Montgomery County Juvenile Probation Department reported that no allegations of sexual abuse or sexual harassment were received; thus, there were zero administrative investigations and zero criminal investigations related to sexual abuse or sexual harassment conducted at OUJJC.

The Olen Underwood Juvenile Justice Center demonstrated a high degree of commitment to the PREA process by both making themselves available to frequent and immediate contact with the auditor as well as providing all necessary or requested documents for review, immediate adoption and implementation of all audit recommendations as well as "process suggestions" for improving the facility's overall compliance. The auditor left the facility with a folder of corrected materials, policies & procedures, and MOUs, submitted for review and consideration. The auditor found the facility administration, PREA Coordinator, and audit team to be completely candid and open to all discussions and suggestions on improving the facility's compliance with the requirements but also the spirit of PREA for the betterment of the juveniles of Montgomery County.

Overall, the auditor found the facility to be well prepared for the audit. Each staff member interviewed from line staff to Specialty Staff to Interim Director demonstrated they had received detailed training in PREA related topics. All staff were able to explain elements of their training being able to explain their knowledge about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff were able to explain the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Additionally, staff was well trained on the PREA first responder's protocol for any PREA related allegation and staff could clearly articulate exactly the steps they would follow if they were the first responder to an incident.

Interviews with the residents demonstrated that the facility is practicing the elements of PREA. Each juvenile was able to explain how the facility is ensuring their safety with regard to sexual abuse and sexual harassment, as well as methods of reporting available such as the telephone number to report allegations. Each juvenile was able to explain what they would do in a given situation as well as who they would talk to or call if they were sexually abused or harassed. In each case they juveniles expressed that they felt safe in the facility and were well aware of the elements of PREA.

The auditor also spoke with the Jamie Ferrell, BSN, RN, DF-IAFN, CA/CP-SANE, CMI-III, SANE-A, SANE-P; Clinical Director of Forensic Nursing Services of Memorial Herman Health Systems via telephone to discuss the SANE forensic services and procedures provided for victims of sexual abuse to discuss and confirm the agreement in place with the OUJJC.

In summary, after reviewing all information provided in advance of the audit, after interviewing residents and staff members, various interactions with the PREA Coordinator and Department Administration, the auditor found the Olen Underwood Juvenile Justice Center and Montgomery County Juvenile Probation Department Administration were actively and attentively following the provisions of PREA and had made it a high priority by way of resident and staff education training, the placing of signage around the facility, current MOUs with community partners, and accurate/detailed policy and procedures. At the end of the six month corrective action period OUJJC had implemented all of the auditor recommendations and provided ample documentation supporting compliance.

Listed below is a description which shows a comparison of results from the initial audit report and the number of standards in compliance at the close of the six month corrective action period. The comparison reflects OUJJC's achievement of 100% compliance with the Federal PREA Standards.

Number of standards exceeded: Initial Audit: 2; After Corrective Action: 2

Number of standards met: Initial Audit: 31; After Corrective Action: 38

Number of standards not met: Initial Audit: 7; After Corrective Action: 0

Number of standards not applicable: Initial Audit: 1; After Corrective Action: 1

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

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OUJJC Policy:
 - a. PREA Definitions
 - b. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - c. 1.2.23 Internal Investigation (Administration: Personnel) 6 pages
3. OUJJC Organizational Chart
4. Interviews with the following:
 - a. PREA Coordinator

Findings (By Subsection):

Subsection (a): OUJJC has a comprehensive policy on sexual abuse and sexual harassment contained in the Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (page 1). The policy clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policies are detailed and well written and both address many several standards in terms of PREA and TJJD (state regulatory oversight agency) compliance.

Subsection (b): Tony Patterson is the designated agency-wide PREA Coordinator and is official title is Detention Supervisor. Mr. Patterson has done a very good job in developing the current compliance efforts of the agency. Mr. Patterson reports directly to Bruce Gusler, Facility Administrator/Interim Director of Montgomery County Juvenile Probation. The facility is small enough and operates as only one program that there is no actual PREA Manager(s), however, the Third Shift Supervisor Derek Henderson unofficially assists the PREA Coordinator and the Department in this capacity. The facility and the Department also have the added benefit of the services of not only Derek Henderson, Third Shift Supervisor, but also Josh Henry, Asst. Deputy Director JJAEP. Both staff members have become DOJ PREA Certified Auditors in 2016 and can assist the PREA Coordinator in policy, procedure, and practice development for the Department.

Subsection (c): With regard to this audit, the Auditor determined that there is one program (Pre-Adjudication/Detention) operated at the OUJJC and considers it to be one facility even given the fact that it has two phases of construction spanning approximately 15 years apart. Therefore, the Department is not required to have a PREA Compliance Manager(s) because they do not operate multiple facilities. This independent action on their part enhances the facility's PREA compliance and overall resident safety and exceeds the standard.

Corrective Action: None.

Standard 115.312 Contracting with other entities for the confinement of residents

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

- ☐ Does Not Meet Standard (requires corrective action)

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OUJJC Policy:
 - a. Placement Outside the Home by MCJPD (Casework: Field) 3 pages
3. Interlocal Agreement For The Detention Of Juvenile Offenders [P.7, XII Prison Rape Elimination Act]
4. Interviews with the following:
 - a. PREA Coordinator
 - b. Agency's Contract Administrator

Findings (By Subsection):

Subsection (a): OUJJC requires any new contract or contract renewal with any entity, be it private agencies, or government agencies, to adopt and comply with PREA standards.

Subsection (b): OUJJC requires all new contract or contract renewal service providers to provide for agency contract monitoring to ensure contracts to comply with the PREA requirements.

Corrective Action: None.

Standard 115.313 Supervision and monitoring

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 2.6.1 Shift Responsibilities and Programming (Detention: Security) 3 pages
 - c. 2.6.7 Population Control/Staffing Plan (Detention: Security) 3 pages
 - d. 2.6.20 Electronic Check System (Detention: Security) 3 pages
 - e. Memo dated 6/30/15 addressing compliance with standard 115.313 w/screen shot of camera feeds
 - f. Screen shot of Rounds Tracker SE electronic observation system
 - g. Annual review conducted by PREA Coordinator
3. Interviews with the following:
 - a. Facility Administrator

- b. PREA Compliance Manager
- c. Third Shift Supervisor

Subsection (a): Facility policy [Population Control/Staffing Plan (Detention: Security) does not solely address all 11 required elements of this standard. A thorough reviewing of the applicable policies offered for compliance: [Population Control/Staffing Plan], [Shift Responsibilities and Programming], [Electronic Check System], and [Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct, confirmed that the plan itself is very short and did not provide the auditor with all of the information needed to assess compliance. The collection of policies together appear to address elements (1) Generally accepted juvenile detention and correctional/secure residential practices, and (11) Any other relevant factors. To be clear, elements (2)-(10) were not addressed. The information conveyed in the policies appeared to not only address elements (1) and (11) but standards required for compliance with the state oversight agency TJJD. The topics addressed covered Staff Ratios definitions, Strip Searches, statement of Video and Audio monitoring shall not be substituted for supervision or observation by staff, definitions of facility-wide and resident ratios during program and non-program hours, over-crowding procedures, supervision training requirements, small group supervision, visitation, and unannounced supervisory rounds. The plan did not address whether there were any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies (i.e. Texas Juvenile Justice Department; all components of the facility's physical plant (including "blind spots: or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. It is recommended that the existing staffing plan could be enhanced by combining all of the elements in one policy plan. It is further recommended that the facility utilize the National PREA Resource Center: Developing and Implementing A PREA-Compliant Staffing Plan and conferring with other departments for available samples of their plans.

Subsection (b): According to the facility policy [Population Control/Staffing Plan] the facility is maintaining TJJD officer to resident ratios at all times and can call in additional staff as needed. Minimum TJJD staffing ratios require 1:12/1:24 for program hours/non-program hours for supervision. TJJD facility-wide ratios require 1:8/1:18 during programming/non-programming. The facility is exceeding the TJJD state standards requirements by requiring two staff on duty in each unit and thus complying with the 1:8/1:18 ratio required for compliance with PREA. The Auditor was not able to verify through policy or practice that the facility has any mechanism for logging or fully documenting deviations from the plan during limited and discrete exigent circumstances.

Subsection (c): This subsection regarding the new juvenile staffing ratios is not applicable until October 1, 2017. However, OUJJC is already meeting the new 1:8/1:16 staffing ratios.

Subsection (d): The OUJJC staffing plan was officially approved in June 2015. The assessment of the staffing plan provided by the facility was dated one day prior to the audit.

Subsection (e): The facility policy [Population Control/Staffing Plan, page 3, and Electronic Check System, page 3] requires Departmental Supervisory staff to make and document a minimum of (2) unannounced rounds on all shifts each day by use of the P2 Electronic Check System. The Auditor was not provided documentation of the unannounced rounds. The Auditor retained copies of a random requested 10 day sample of unannounced rounds.

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

1. OUJJC should redraft its PREA Staffing Plan and specifically address each of the 11 required elements in one unified plan that encompasses all of the required information rather than rely on placement of required elements addressed in multiple policies. The Auditor would also recommend that the facility's plan continue to have tag references to applicable standard and elements as well as highlights in the document for ease of reference.
2. Prior to redrafting the PREA Staffing Plan it is recommended that the facility ensure completion of 115.313(d) (sub-elements 1-4) which will assess, determine, and document whether adjustments are needed to the Staffing Plan.

POST-Corrective Action: OUJJC has created a new PREA Staffing Plan that incorporates several elements that were previously spread out in a collection of policies. The New Staffing Plan addresses all required elements of the standard and is in compliance. OUJJC has published the plan and had trained all staff on its use and implementation. A copy was provided the Auditor.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 2.5.11 Resident's Showers and Toilets (Detention: Programming) 2 pages
 - b. 2.6.10 Searches (Detention: Security) 10 pages
 - c. 2.6.20 Electronic Check System (Detention: Security) 3 pages
 - d. 2.6.1 Shift Responsibilities and Programming (Detention: Security) 3 pages
3. Training Curriculum and sign-in-sheets for the "exigent circumstances" supervisory cross-gender pat-down searches training
4. Interviews with the following:
 - a. Random Residents
 - b. Random Staff
5. Observation of announcement being made by ((facility staff)) in the facility housing units during the tour of the physical plant

Findings (By Subsection):

Subsection (a): OUJJC policy authorizes body cavity examinations only by a physician or physician assistant of the same gender as the resident if available. Policy also authorizes strip searches based on a reasonable belief of probable cause of the presence of a threat to the facility's safety and security and will be conducted by staff members of the same gender.

Subsection (b): OUJJC policy prohibits cross-gender pat down searches in compliance with Texas Administrative Code Chapter 343 as promulgated by TJJDC. The policy allows for one exigent circumstances exception, in which case a trained supervisory personnel shall conduct the search with an appropriate witness and all cross-gender searches shall be documented and maintained by the facility. Interviews with residents were consistent in conveying that cross-gender pat searches are not occurring. Staff interviews demonstrated that staff are consistent in their application of the policy and will call for a supervisor and follow up with maintained documentation. All staff had participated training for "Exigent Circumstances" Supervisory Cross-Gender Pat-Down Searches Training as presented by The Moss Group, Inc. A copy of the training curriculum and sign-in-sheets were provided for proof of compliance.

Subsection (c): OUJJC policy requires all authorized searches to be documented. As listed above, training of all staff has been conducted. The policy does require pat-down searches to take place within sight of a fixed security camera and only a supervision staff conducting the actual search.

Subsection (d): OUJJC policy and practice prohibits cross-gender supervision of residents during the showers routine, performing bodily functions, and changing clothing with staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room observations. The policy goes on to require staff of the opposite gender shall request clearance from central one and two control rooms prior to entering any housing area during such times, and in order to assure that their presence is announced prior to entering that area.

Subsection (e): OUJJC policy strictly prohibits the search of a transgender or intersex resident for the sole purpose of determining the resident's genital status. Interviews with staff corroborated that this is the standing practice of the facility. During the audit there were no identified transgender or intersex residents in the facility.

Subsection (f): The facility has trained all staff on how to conduct pat-down searches of transgender and intersex residents in a professional and respectful manner and in the least intrusive manner possible. Again, training documentation was submitted to provide verification along with interviews with staff indicated they could articulate proper search procedures for pat-down searches which are the only searches they

are allowed to conduct. (See The Moss Group, Inc. training).

Corrective Action: None.

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

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 2.1.2 Detention Admissions Process (Detention: Admission) 5 pages
 - b. 2.5.9 Disabled and Limited English Proficient Youth (Detention: Programs) 2 pages
3. Initial Health Screening Data Form
4. PREA-Sexual Abuse Reporting Log (Form 0209a PREA-Sexual Abuse Reporting Log)
5. Montgomery County Juvenile Detention Center Orientation Checklist (Detn Intake #0210 Orientation Checklist)
6. Montgomery County Juvenile Detention Center Admission Record Form (Form #0211 Admin Records/Behav. Screening)
7. 2015 Script for Detention Orientation Video
8. Abuse Is A Crime... Tell Someone Now! (tri-fold)
9. Montgomery County Juvenile Dept (Quick Reference Guide- To Access An Interpreter)
10. Texas Juvenile Justice Department Notice To The Public Regarding Abuse, Neglect and Exploitation (English)
11. Texas Juvenile Justice Department Notice To The Public Regarding Abuse, Neglect and Exploitation (Spanish)
12. Interviews with the following:
 - a. Residents (with disabilities or who are limited English proficient)
 - b. Random Staff
 - c. Interim Director

Finding (By Subsection):

Subsection (a): OUJJC has established policies procedures to provide disabled residents equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency utilizes Language Line Solutions for their translation needs. PREA posters are posted throughout the facility in English as well as Spanish. The resident orientation handbook is available in both English and Spanish.

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

Subsection (c): OUJJC policy prohibits relying on resident interpreters except in limited circumstances as required by this subsection. Interviews with staff corroborated this policy and practice in the facility. The facility utilizes approximately 13 staff (both probation and detention) and has three translation services available as needed.

Corrective Action: None.

Standard 115.317 Hiring and promotion decisions

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.1 Oersibbek Recruitment, Selection and Promotion (Administration: Personnel) 8 pages
 - b. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harrassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - c. 1.1.8 Roles of Consultants, Contract Employees and Employees of Other Agencies (Administration: Organization/Management) 2 pages
3. Montgomery County Juvenile Probation Department Employee Performance Appraisal Addendum (Form 0137)
4. Application For Employment Montgomery County Olen Underwood Juvenile Justice Center
5. Personnel files for current employees, new employees and employees receiving promotions
6. Volunteer/Contractor files
7. Interviews with the following:
 - a. Interim Director
 - b. Human Resources Administrative Staff

Findings (By Subsection):

Subsection (a): OUJJC has a comprehensive hiring and promotion policy [Personnel Recruitment, Selection and Promotion] that is eight pages in length and tracks the requirements of this PREA standard. The hiring policy is compliant with this standard and the agency utilizes a variety of forms at the hiring stage to uncover any PREA related conduct for prospective applicants. The Auditor reviewed a sample of employee files and determined the agency is in compliance with this standard.

Subsection (b): OUJJC policy [Personnel Recruitment, Selection and Promotion] (page 6) requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Hiring practice requires prospective employees to answer and/or disclose PREA related conduct through a variety of forms that inquire about all the PREA conduct detailed in this standard.

Subsection (c): OUJJC policy [Personnel Recruitment, Selection and Promotion] (page 6) requires that a criminal background check and child abuse registry check be conducted for all new employees prior to hiring. The Auditor reviewed personnel files and corroborated that these checks are being done as required by policy. The facility requires prospective employees to disclose any prior institutional employers and all places the applicant has resided for the past 10 years. A PREA reference check form is utilized by the agency. Interviews with Human Resources staff corroborated this practice as well as the review of a sample of new hire personnel files.

Subsection (d): OUJJC policy [Roles of Consultants, Contract Employees and Employees of Other Agencies] (page 1) requires that a criminal background check and child abuse registry check be conducted for all new employees prior to hiring/enlisting services. The Auditor reviewed personnel files and contractor files and corroborated that these checks are being done as required by policy. In the PAQ, the facility reports that in the past 12 months, 24 persons were hired who may have contact with residents who had criminal background checks performed. Additionally, 4 contracts for services had criminal background checks done on all staff that might have contact with residents. Interviews with Human Resources staff corroborated this practice. The professional licenses and criminal history checks are conducted by the licensing authority. The facility verifies that all professionally licensed staff are in good standing with their licensing authority.

Subsection (e): OUJJC policy [Personnel Recruitment, Selection and Promotion] (page 6) requires criminal background checks to be done every five years for all employees having direct contact with residents. OUJJC participates in the F.A.S.T. system with the Texas Department of Public Safety which provides near real-time information on criminal activities of all employees. The Auditor reviewed the personnel files of current staff and corroborated that the checks are being done.

Subsection (f): OUJJC policy [Personnel Recruitment, Selection and Promotion] (page 8) requires the facility to ask all applicants and employees who may have contact with residents about the PREA related misconduct in this section in written applications or interviews for hiring or promotions and as part of the employees' evaluation process. Policy also requires the agency to impose upon employees a continuing affirmative duty to disclose any such misconduct. Failure to do so may result in disciplinary action up to and including termination.

Subsection (g): OUJJC policy [Personnel Recruitment, Selection and Promotion] (page 8) states that the material omission regarding PREA-related conduct, or the provision of materially false information shall be grounds for termination.

Subsection (h): OUJJC policy [Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (page 11) requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request from an institutional employer, for whom such employee has applied for work. Interviews with Interim Director and Human Resources staff corroborated this practice.

Corrective Action: None.

Standard 115.318 Upgrades to facilities and technologies

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.4.1 Suitable Facilities (Administration: Physical Plant) 3 pages
 - b. 2.6.20 Electronic Check System (Detention: Security) 3 pages
3. Interviews with the following:
 - a. Interim Chief
 - b. Superintendent

Findings (By Subsection):

Subsection (a): The facility has not acquired a new facility or made any substantial expansion or modification to the existing facility since 2001. Therefore this standard is N/A.

Subsection (b): The facility has not installed or upgraded video monitoring system, electronic surveillance system, or other monitoring technology since some time before 2012 or the last PREA audit. (This is the facility's first audit.) Therefore, this standard is N/A.

Corrective Action: None.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 1.2.23 Internal Investigation (Administration: Personnel) 6 pages
3. Montgomery County Children's Advocacy Center "Children's Safe Harbor" Multi-Disciplinary Team Working Protocols for Montgomery, San Jacinto and Walker Counties
4. First Responder Checklist
5. Appendix A, Memorandum of Understanding (MOU)
6. Receipt of Evidence Protocol and Forensic Medical Examinations Request
7. Interviews with the following:
 - a. PREA Compliance Manager
 - b. Random Staff
 - c. Person 1
 - d. Person 2

Findings (By Subsection):

Subsection (a): OUJJC conducts administrative investigations into allegations of sexual abuse; criminal investigations are conducted by the Montgomery County Sheriff's Office. The department follows a uniform evidence protocol (first responder protocol) that maximizes the potential for obtaining usable physical evidence for both administrative and criminal prosecutions. Staff interviews demonstrated knowledge of the first responder's evidence protocol in the facility.

Subsection (b): OUJJC has protocols that are developmentally appropriate for youth and, are adapted from the most recent edition of the U.S. Department of Justice Office on Violence Against Women publication.

Subsection (c): The facility offers all residents who experience sexual abuse access to forensic medical examinations. SANE exams are offered at the local hospital which has a SANE Nurse Examiner Program. The SANE exam is provided without financial cost to the victim. A victim's advocate from a rape crisis center or an outside victim advocate trained in age appropriate emotional support services related to sexual abuse. As requested by the victim, the victim advocate member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. OUJJC has an agreement with Children's Safe Harbor to provide these services. The Auditor spoke via telephone with the Clinical Director of Forensic Nursing Services of Memorial Hermann Health System to confirm the agreement to provide services to the facility.

Subsection (d) and (e): The facility has an agreement with Children's Safe Harbor to provide victim advocacy services to residents that are victims of sexual abuse. Children's Safe Harbor is an independent non-profit entity run by The Montgomery County Children's Advocacy Center, Inc. Children's Safe Harbor would provide the victim an advocate to accompany them to the SANE exam at the local hospital. The Auditor spoke via telephone with Jamie Ferrell, BSN, RN, DF-IAFN, CA/CP-SANE, CMI-III, SANE-A, SANE-P, Clinical Director of Forensic Nursing Services, Memorial Hermann Health System in Houston to confirm the agreement with OUJJC.

Subsection (f): The facility has requested the Montgomery County Sheriff's Office to follow the requirements of this standard subsections (a) through (e). The PREA Coordinator met personally with the Sheriff's Office and requested the office to use the national protocol. The

Sheriff's Office indicated that they use the nationally recognized standards based on the Department of Justice Office on Violence Against Women protocol.

Subsection (g): This subsection was N/A.

Subsection (h): This subsection was N/A.

Corrective Action: None.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 1.2.23 Internal Investigation (Administration: Personnel) 6 pages
3. Montgomery County Website- Reporting Abuse Allegations (screen shot)
4. Montgomery County Website- Facility Description (screen shot)
5. Memorandum for Record of meeting between PREA Coordinator and Conroe Police Department Detective
6. Olen Underwood Juvenile Justice Center Resident Handbook
7. Interviews with the following:
 - a. Facility Administrator/Interim Director
 - b. PREA Coordinator

Findings (By Subsection):

Subsection (a): Facility policy ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ noted that the facility had not reported any allegations in the past 12 months. No facility staff members were involved in any allegations. As a result, no internal administrative investigation was conducted. No incidents were reported to law enforcement as required by the Texas Family Code and facility policy.

Subsection (b) and (c): Facility policy ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Criminal cases are referred to the Conroe Police Department that has the legal authority and responsibility to investigate all incidents occurring in the facility. The facility published this policy on its county website as documented by this Auditor. Interviews with members of the facility investigative staff indicated this is the practice of the facility.

Subsection (d): N/A

Subsection (e): N/A

Corrective Action: None.

Standard 115.331 Employee training

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 1.2.13 Training and Training Criteria (Administration: Personnel) 7 pages
3. First Responders: Response and reporting Sexual Abuse and Sexual Harassment Training 12 pages
4. First Responder Checklist
5. PREA and First Responder Do's & Don'ts 2 pages
6. PREA Training (Retaliation, Dynamics of Sexual Abuse in Confinement Settings, How to Communicate Effectively and Professionally with Residents, and Abuse Neglect Exploitation Review 4 pages
7. Cross-Gender Pat Searches- PREA Training Videos 3 pages
8. PREA Training- The Prison Elimination Act and YOU! 4 pages
9. Interviews with the following:
 - a. Random Staff
10. Employee Personnel/Training Records

Findings (By Subsection):

Subsection (a): OUJJC facility policy requires all employees who may have contact with residents shall receive, during orientation, training on the 11 elements required by this subsection. The Auditor reviewed the training materials used to verify all topics were addressed. The facility's training appeared to be well documented for all employees.

Subsection (b): OUJJC facility policy requires staff that have contact with both male and female residents receive gender specific training. The training materials contained gender specific training material.

Subsection (c): OUJJC facility policy requires the initial training and refresher training required by this subsection. The facility reports that 116 staff have been trained on PREA. Additionally, the agency provides training at least annually on PREA.

Subsection (d): All employees sign a training documentation form for all PREA training. Facility policy requires that the Training Coordinator maintain all training documentation in the Integrated Certification Information System (ICIS) and distribute monthly to supervisors training reports outlining updated training hours for each employee and assures all staff have sufficient training hours/topics to certify or recertify the officers.

Corrective Action: None.

Standard 115.332 Volunteer and contractor training

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

☐ Does Not Meet Standard (requires corrective action)

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.1.8 Roles of Consultants, Contract Employees and Employees of Other Agencies (Administration: Organization/Management) 2 pages
 - b. 1.1.12 Volunteer and Intern Program (Administration: Organization/Management) 6 pages
 - c. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
3. Montgomery County OUJJC Acknowledgement of Training on Montgomery County Juvenile Services Abuse, Neglect, Exploitation and Harassment Policy and Prison Rape Elimination Act (PREA) Requirements
4. Curriculum for Volunteers and Contractors (115.332 (a)-1):: 1.2.3 Reporting Abuse, Neglect, and Exploitation 1page; 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 11 pages
5. Interviews with the following:
 - a. Volunteers and Contractors
6. Volunteer/Intern/Contractor Training Records

Findings (By Subsection):

Subsection (a): Facility policy requires all contractors and volunteers that have contact with residents are trained on their responsibilities under the agency's PREA policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. The facility's Pre Audit Questionnaire stated that all 11 volunteers/contractors have been trained on PREA. Training documentation was submitted to the Auditor to demonstrate compliance. (1.1.12 p.3, par 2 part 1)

Subsection (b): OUJJC facility policy provides that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with the residents. (1.1.12 p.3, par 2 part 2)

Subsection (c): OUJJC facility policy requires that the agency maintain documentation confirming all volunteers/contractors understand the training they have received (1.1.8 p.1), (1.1.12 p.3 part 3). The Auditor reviewed volunteer/contractor files to corroborate the training documentation. Interviews with volunteers and contractors corroborated the provision of PREA training as well.

Corrective Action: None.

Standard 115.333 Resident education

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 2.1.2 Detention Admissions Process (Detention: Admission) 6 pages
 - b. 2.2.1 Resident Rights (Detention: Orientation) 3 pages
3. Montgomery County Juvenile Detention Center Orientation Checklist
4. 2015 Script for Detention Orientation Video 4 pages; (CD also provided)
5. LanguageLine Solutions- To Access An Interpreter
6. Montgomery County Juvenile Detention Center Admission Record Form 2 pages
7. Resident Education PREA 115.333 2 pages
8. Olen Underwood Juvenile Justice Center Resident Handbook 35 pages
9. Resident Files
10. Observation of signage and educational materials on display in facility housing units and all programming areas during tour of the physical plant.

Findings (By Subsection):

Subsection (a): OUJJC facility policy requires that all residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Auditor reviewed a variety of resident acknowledgement forms which document and give evidence that the provisions of this training to residents are being conducted. In the PAQ, the facility reported that in the past 12 months, 801 juveniles were provided PREA education at Intake.

Subsection (b): OUJJC facility policy requires that orientation of the juvenile shall take place no earlier than 6 hours before or 12 hours after the time of admission into the facility. The facility can utilize any of three translation services to assist a resident whose primary language is not English. The agency primarily utilizes Detention Orientation Video developed by the facility. Residents view the video in either English or Spanish. This video has passed compliance with the TAC Ch. 343 orientation requirements through TJJD and the State of Texas. Compliance with PREA are major components of the video. Resident files were reviewed by the Auditor to verify the orientation was occurring in the timely manner.

Subsection (c): OUJJC facility policy requires that all residents receive PREA training as part of nurse's script as part of the intake process as well as their orientation into the facility. The residents are further provided copies of the resident handbook which also contains the PREA training.

Subsection (d): OUJJC facility policy requires that resident PREA education is made available in various formats for all residents including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as required by this subsection. As stated previously, the facility has three translation services available in addition to a number of staff throughout the facility who are bi-lingual and able to convey the material in English or Spanish.

Subsection (e): OUJJC facility policy requires the facility to maintain documentation of resident participation in PREA training. Juveniles are required to sign an acknowledgment form stating they have received the training and understood it. Documentation is retained and placed in the juvenile's resident file. The Auditor reviewed random resident files to corroborate this documentation was present. Interviews with residents further demonstrated that the training is occurring as residents were able to explain the meaning of zero tolerance, the various reporting mechanisms for reporting abuse, and their right to a safe environment free from abuse or harassment.

Subsection (f): OUJJC facility policy requires that key PREA information is continuously and readily available and visible to residents through various means, (i.e.: posters, signage, resident handbooks, or other written formats). During the tour, the Auditor observed PREA posters throughout the facility in both English and Spanish. All housing unit, classrooms, medical, and counseling areas had signage with a toll free reporting phone number and addresses to entities that reports could be made to for appropriate investigation and action or request for services.

Corrective Action: None.

Standard 115.334 Specialized training: Investigations

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

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.23 Internal Investigation (Administration: Personnel) 6 pages
3. Garrity Warning
4. Investigator's Conference 2013 Itinerary & Investigator Training Proof of Attendance for Tony Patterson, Bruce Gusler, Josh Henry, and Heather Williams
5. Interviews with the following:
 - a. Investigative Staff

Findings (By Subsection):

Subsection (a): OUJJC facility policy requires that in addition to the general training provided to all employees, all investigators for the facility/departement must also receive specialized training in conducting investigations in confinement settings. The facility has 4 staff that have completed a 2 day Investigator's Conference training conducted by the Texas Juvenile Justice Department Administrative Investigations Division and Office of Inspector General. The facility presented certificates documenting 11/5 hours training. The interview with a facility investigator corroborated that the training was attended and completed.

Subsection (b): OUJJC facility policy requires that the specialized training included topics detailed in this subsection. The NIC training is compliant with this requirement.

Subsection (c): OUJJC facility policy requires that the agency maintains documentation that the investigators have completed the required specialized training. The Auditor was provided this documentation.

Subsection (d): N/A.

Corrective Action: None.

Standard 115.335 Specialized training: Medical and mental health care

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:

- a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 1.2.13 Training and Training Criteria (Administration: Personnel) 7 pages
 - c. 2.4.6 Medical Services (Detention: Medical And Health Care) 3 pages
 - d. 5.1.4 Reporting Abuse and Neglect (Counseling Services: Administration) 3 pages
3. Interviews with the following:
- a. Medical and Mental Health Staff

Findings (By Subsection):

Subsection (a): OUJJC facility policy requires the facility to train all full and part-time medical and mental health practitioners who work regularly in the facility on PREA. The facility reports in the PAQ that there are 8 medical and mental health practitioners at the facility (including interns) that have received this training.

Subsection (b): OUJJC facility policy prohibits medical staff employed by OUJJC/Montgomery County from conducting forensic medical exams. All forensic exams are conducted through a contract with Safe Harbor by SANE/SAFE Nurses at Conroe Regional Medical Center. This subsection is therefore not applicable.

Subsection (c): Facility policy requires that the agency maintain documentation that medical and mental health staff received the specialized training required by this standard. The Auditor was provided with the documentation of this mandatory training for all 8 practitioners.

Subsection (d): Facility policy requires that all medical and mental health care practitioners at the facility also received the training mandated for employees. Training documentation was provided to demonstrate compliance with this subsection. <<VERIFY>>

Corrective Action: None.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 2.1.2 Detention Admissions Process (Detention: Admission) 6 pages
 - b. 2.1.7 Facility Classification Plan (Detention: Admission) 3 pages
3. PREA-Sexual Abuse Reporting Log (form 0209a) 2 pages
4. Montgomery County Juvenile Detention Center-Admission Record Form (form #0211) 2 pages
5. Periodic Risk of Abuse Assessment (action statement)
6. Interviews with the following:
 - a. Random Residents
 - b. Staff Responsible for Risk Screening
 - c. PREA Coordinator
7. Resident files (Reviewing screening/assessment documentation)

Findings (By Subsection):

Subsection (a): Facility policy requires that a resident have a vulnerability assessment conducted within 48 hours (which exceeds the standard requirement of within 72 hours) at the facility and periodically throughout the resident's confinement. The facility's PAQ reported that during the past 12 months, 680 youth were screened for risk of sexual victimization or sexual aggression. The Auditor reviewed resident files to determine if the vulnerability assessment was occurring within 72 hours (standard) and all files reviewed were compliant.

Subsection (b): OUJJC facility policy requires the facility to use assessments that are an objective screening instrument. The Auditor reviewed the facility screening instrument and found it complied with the standard.

Subsection (c): OUJJC facility policy requires the facility assessment process to attempt to ascertain information about the 11 specific criteria and the instrument used by the facility complied with this section. Interviews with staff indicated they are complying with this standard.

Subsection (d): OUJJC facility policy requires staff to determine the required information for this standard through conversations and interviews with the juveniles during intake, medical and mental health screenings, during classification assessment, and by review of relevant records of the youth. Auditor interviews with staff indicated they are complying with this standard.

Subsection (e): OUJJC facility policy requires the facility to ensure that sensitive information gained during the assessment process is kept confidential and only disclosed to appropriate health care and/or mental health practitioners with a need to know. Only staff with a need to know can access the information.

Corrective Action: None

Standard 115.342 Use of screening information

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 2.1.7 Facility Classification Plan (Detention: Admission) 3 pages
 - c. 2.5.11 Resident's Showers and Toilets (Detention: Programming) 2 pages
3. Interviews with the following:
 - a. Facility Administrator
 - b. PREA Coordinator
 - c. Staff Responsible for Risk Screening
 - d. Medical and Mental Health Staff
4. Resident Files

Findings (By Subsection):

Subsection (a): OUJJC facility policy requires staff to make housing, bed, program, education, and work assignments for residents based on the information obtained during the screening process under Standard 115.341. Interviews with staff and the review of resident files corroborated this facility's policy and practice.

Subsection (b): Facility policy states that residents may only be isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. The facility must ensure that juvenile residents receive the services/activities as required by this standard. The facility's PAQ listed that the facility reported zero residents at risk of sexual victimization having been placed in isolation in the past 12 months. Interviews with a variety of staff corroborated that isolation is not used for residents at risk of sexual victimization.

Subsection (c): OUJJC facility policy prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in a particular housing bed, or other assignment solely on the basis of such identification or status. Policy also states that a resident's identification under this subsection is not an indicator of their likelihood of being sexually abusive. There were no juvenile residents in the facility at the time of the audit for the Auditor to interview.

Subsection (d): Facility policy ensures that the decision whether to assign a transgender or intersex resident to a pod for male or female residents, and in making other housing and programming assignments is considered on a case-by-case basis as to whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Subsection (e): OUJJC facility policy requires that the facility reassess the placement and programming assignments for each transgender or intersex resident at least twice each year to review any threats to safety experienced by the resident.

Subsection (f): Facility policy requires staff to give serious consideration to a transgender or intersex resident's own views with respect to his or her own safety. Interviews with the PREA Coordinator and screening staff indicate this would be the practice when the facility has a transgender or intersex resident.

Subsection (g): OUJJC facility policy provides transgender and intersex juvenile residents the opportunity to shower separately from other residents. Interviews with staff indicated this was the facility's practice. All showers in the units were in a twin (side by side) configuration. Staff assured the Auditor that precautions would be made for transgender or intersex residents to ensure they had a measure of privacy and that the residents would be brought one at a time for showers and not with another resident.

Subsection (h): Facility policy requires documentation of any residents that is placed in isolation including the basis for the isolation and the reason why no alternative means of separation could be arranged. The facility reported in the PAQ that there had been no residents who were at risk for sexual victimization that were placed in isolation.

Subsection (i): OUJJC facility policy requires that a review be conducted every 30 days that a resident is placed in isolation to determine whether there is a continuing need for separation from the general population. The facility reported in the PAQ that there had been no residents who were at risk for sexual victimization that were placed in isolation.

Corrective Action: None.

Technical Assistance: The Auditor would recommend that in regard to Subsection (e) the facility consider enhancing the review from at least twice each year to every 30 days and also include a review after any incident in order to exceed the standards requirement.

Standard 115.351 Resident reporting

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)

2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 2.2.2 Resident Grievance Procedure (Detention: Orientation) 3 pages
3. Montgomery County Juvenile Detention Center Grievance Form (form 0233) English 2 pages
4. Montgomery County Juvenile Detention Center Grievance Form (form 0233) Spanish 2 pages
5. Texas Juvenile Justice Department (TJJD) A Teen's Guide To Reporting Abuse, Neglect & Exploitation "End The Silence"
6. Interviews with the following:
 - a. PREA Coordinator
 - b. Random Staff
 - c. Random Residents
 - d. Residents who Reported a Sexual Abuse
7. Observations of facility programs during tour of physical plant noting PREA posters, signage, and educational materials on display or readily accessible

Findings (By Subsection):

Subsection (a): OUJJC facility policy provides juvenile residents multiple internal methods to privately report sexual abuse and sexual harassment, retaliation by other residents or staff and staff neglect or violation of responsibilities that may have contributed to such incidents. Juvenile residents may verbally speak to a supervisor or staff, a formal written grievance, emergency grievance, and direct call to the Texas Juvenile Justice Department (TJJD) abuse reporting hotline. Interviews with residents indicated that they understood their options for reporting as a result of their education on PREA, posters and signage displayed around the facility. Staff interviews demonstrated that staff understood and could articulate the reporting methods for residents.

Subsection (b): OUJJC facility policy provides an external reporting mechanism for all juveniles to have unimpeded access to TJJD to call and report abuse. TJJD is the external state agency that is charged with oversight responsibilities for all local pre and post adjudication juvenile correctional facilities in Texas. Residents are able to call TJJD anonymously or may give their name. The toll-free phone number is found on all PREA posters throughout the facility common areas and housing areas. Interviews with residents demonstrated that they understood their reporting options as a result of the postings around the facility. Staff interviews demonstrated that staff understood and were able to articulate the reporting methods for residents.

Subsection (c): OUJJC facility policy requires facility staff to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. Interviews with facility staff indicated knowledge and adherence to this policy and practice.

Subsection (d): OUJJC facility policy requires residents to be provided with access to tools necessary to make a written report. Grievance forms are available from staff members and from the housing units. The Auditor observed grievance forms during the tour of the facility housing units and common areas. Interviews with residents demonstrated their understanding of the available reporting methods for grievances.

Subsection (e): OUJJC facility policy provides that the staff can privately report sexual abuse/harassment by utilizing the blue "concern" wall box outside the Deputy Director's Office. This box is checked daily by the Deputy Director or Designee. Interviews with the staff demonstrated these reporting methods that are available to them.

Corrective Action: None.

Standard 115.352 Exhaustion of administrative remedies

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

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

corrective actions taken by the facility.

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 2.2.2 Resident Grievance Procedure (Detention: Orientation) 3 pages
3. Montgomery County Juvenile Detention Center Grievance Form (form 0233) English 2 pages
4. Montgomery County Juvenile Detention Center Grievance Form (form 0233) Spanish 2 pages
5. Interviews with the following:
 - a. Residents who Reported a Sexual Abuse
6. Observations of facility programs during tour of physical plant noting PREA posters, signage, and educational materials on display or readily accessible

Findings (By Subsection):

Subsection (a): OUJJC facility policy contains an administrative procedure for addressing resident grievances regarding sexual abuse so they are not exempt from this standard. The PAQ reported that the facility in the past 12 months has had no grievances filed alleging sexual abuse. In interviews with residents each was fully able to articulate how the resident grievance process worked within the facility.

Subsection (b): Facility policy allows a resident to submit a grievance regarding an allegation of imminent sexual abuse. The policy does not state any timeframe limitations. The facility does not apply a time limit on any portion of the grievance that may involve an alleged incident of sexual abuse. Residents are not required to comply with the grievance procedures involving informal attempts to resolve issues for any grievance alleging sexual abuse or sexual harassment. Residents are not required to try and resolve with a staff member an incident of sexual abuse. The policy does allow the resident to talk to a supervisor about the incident.

Subsection (c): Facility policy provides for all grievances to be submitted by dropping it into the blue secured boxes located outside the pod control rooms. The policy further clarifies that after the Assistant Deputy Director of Detention or the designee (i.e.: Shift Supervisors) receives the emergency grievance that the facility shall immediately forward the grievance or any part of the allegation to a level of review at which corrective action may be taken. The policy is compliant.

Subsection (d): Facility policy requires a decision on the merits of a grievance alleging sexual abuse or sexual harassment within 90 days of the initial filing of the grievance as required by this subsection and gives requirements regarding extension of timeframes.

Subsection (e): Facility policy does allow third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to be permitted to assist residents in filing requests for administrative remedies as required by this subsection.

Subsection (f): Facility policy provides for an emergency grievance procedure for residents to report situations involving imminent sexual abuse of a resident. The policy timelines are compliant for resolution under the standard

Subsection (g): Facility policy states that that it may enforce disciplinary action for a resident filing a grievance related to alleged sexual abuse only where the resident is demonstrated to have filed the grievance in bad faith.

Corrective Action: None.

Standard 115.353 Resident access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 2.2.1 Residents Rights (Detention: Orientation) 3 pages
 - c. 2.2.2 Resident Grievance Procedure (Detention: Orientation) 3 pages
3. Olen Underwood Juvenile Justice Center Resident Handbook (form 0230) 6 page extract
4. The Montgomery County Children's Advocacy Center Inc. Children's Safe Harbor- Multi-Disciplinary Team Working Protocols for Montgomery, San Jacinto and Walker Counties 17 pages
5. Contract Facility Incident Summary & Log
6. Interviews with the following:
 - a. Random Residents
 - b. Residents who Reported a Sexual Abuse
 - c. Facility Administrator/Interim Director
 - d. PREA Coordinator
 - e. Clinical Director, Forensic Nursing Services
7. Observations of facility programs during tour of physical plant noting PREA posters, signage, and educational materials on display or readily accessible

Findings (By Subsection):

Subsection (a): Facility policy ensures residents in the facility have access to outside victim advocates for emotional support services related to sexual abuse as required by this subsection. Residents are told about these services and are given a listing with contact information in the resident handbook received at orientation. Interviews with residents indicate that the juveniles appeared to understand that services were available even if they could not fully articulate the particular service offered by the provider.

Subsection (b): Facility policy requires staff to inform residents prior to giving access to an advocate that conversations and written correspondence may be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The resident handbook provides a listing of agencies and their contact information. The handbook is received at orientation following intake.

Subsection (c): Facility policy requires the facility to have agreements with a community service providers for confidential emotional support for residents related to sexual abuse. OUJJC has an agreement with The Montgomery County Children's Advocacy Center, Inc.- Children's Safe Harbor. The Auditor spoke to the Children's Safe Harbor and confirmed the agreement to provide the services required by this standard.

Subsection (d): Facility policy requires the facility to provide juvenile residents with reasonable and confidential contact with attorneys and their representatives through telephone, uncensored letters, and personal visits; and residents are given the right to receive visitors and to communicate and correspond, subject only to the limitations necessary to maintain facility security and control.

Corrective Action: None.

Standard 115.354 Third-party reporting

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

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 2.2.2 Resident Grievance Procedure (Detention: Orientation) 3 pages
3. Montgomery Co. Juvenile Detention Center Grievance Form (form 0233) (English version) (Spanish version)
4. Client Grievance Procedure plus form (form 0425) English version) (Spanish version)
5. Texas Juvenile Justice Department- Notice To The Public Regarding Abuse, Neglect and Exploitation (aid-07-15) (English version) (Spanish version)

Findings (By Subsection):

Subsection (a): Facility policy requires the facility to receive third-party reports of sexual abuse and sexual harassment on behalf of a resident. Thirs parties can file a grievance on behalf ofa resident alleging sexual abuse or sexual harassment. The Montgomery County Juvenile Probation Department website contains a grievance form and instructions for filing a grievance.

Corrective Action: None.

Technical Assistance:

Subsection (a): The policy contains language that read, "If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, MCJPD (OUJJC) may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process." This point was discussed with the administration. The Auditor felt the wording was ambiguous and lent itself to the interpretation that a truthful and legitimate report of an allegation be made and is taken to the alleged victim who may act in a manner that does not allow the incident to be investigated- out of fear, shame, etc. The administration said they would reconsider the wording, that that was not the intent.

Standard 115.361 Staff and agency reporting duties

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Expoitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 2.4.2 Health Service Plan (Detention: Medical And Health Care) 10 pages
 - c. 2.4.6 Medical Services (Detention: Mediical And Health Care) 3 pages
 - d. 3.2.10 Placement Outside the Home by MCJPD (Casework: Field) 3 pages
 - e. 5.1.4 Reporting Abuse And Neglect (Counseling Services: Administration) 3 pages
3. Interviews with the following:

- a. Random Staff
- b. Medical and Mental Health Staff
- c. PREA Compliance Coordinator
- d. Facility Administrator/Interim Director

Findings (By Subsection):

Subsection (a): OUJJC facility policy requires any person to report any knowledge of information of anyone who witnesses, learns of, receives an oral or written statement, or who has a reasonable belief as to the occurrence of alleged abuse, neglect or exploitation (including death) or harassment, any retaliation against a juvenile resident or staff, or any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation in compliance with this standard. Interviews with staff demonstrated their knowledge of their reporting responsibilities under the law, PREA regulations, and facility policy.

Subsection (b): OUJJC facility policy requires all staff to comply with mandatory reporting laws in Texas contained in the Texas Family Code 261.101. Interviews with staff indicated that they were aware and understood the mandatory reporting laws in the Family Code and those stated in TJJD standards.

Subsection (c): OUJJC facility policy requires staff to ensure confidentiality of information related to a sexual abuse report related to a resident. Interviews with staff demonstrated that they understood both the necessity and sensitivity with regard to confidentiality requirements of juvenile residents. OUJJC utilizes the (JCMS) Juvenile Case Management System as their automated records system. JCMS has the capability to enable security protocols that allow the facility administration to limit access by individuals with a need to know basis and appropriate authorization.

Subsection (d): OUJJC facility policy requires medical and mental health staff to report abuse as required by law and to inform the juvenile residents of their limitations of confidentiality. Interviews with medical and mental health staff confirm compliance with this standard relating to protection of confidential information and any required disclosures.

Subsection (e): OUJJC facility policy addresses the requirements for provision (3), addressing notification to the attorney if the juvenile court retains jurisdiction over the alleged victim. There was some ambiguity in the policy wording ("a diligent effort shall be made to notify parents/guardians/custodians/attorneys"). The standard provisions (1) requires additional language addressing whether to notify the victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. There is a similar nuance missing for provision (2) whether the notification should be made to the child welfare system instead of the parents or legal guardians. This standard is not in full compliance. However, this policy does exceed the standard reporting requirement for notification to the attorney. The standard lists within 14 calendar days of receiving the allegation but the facility is exceeding that mark by making notification within 24 hours.

Subsection (f): OUJJC facility policy requires the facility to report all allegations of abuse whereas the Director will assign the internal investigation to one of the four designated investigators. Interviews with the Facility Administrator/Interim Director (who is one of the four investigators) confirmed this is the practice.

Corrective Action: With regard to subsection (e) the facility should separate and specifically address each provision element. From that point the facility will be in consideration for substantially exceeds requirements of standard on future audits.

POST Corrective Action: OUJJC has redrafted its policy to specifically address each provision element required. Further the facility has published the policy and distributed the policy to all staff. A copy of the policy has been provided the Auditor.

Standard 115.362 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
3. Interviews with the following:
 - a. Facility Administrator/Interim Director
 - b. Random Staff

Findings (By Subsection):

Subsection (a): Facility policy requires that the Director or Designee, upon gaining knowledge of alleged abuse, shall immediately take steps to protect the juvenile. In the PAQ, the facility reported that there had been no instances of this issue in the facility in the past 12 months. Interviews with agency administration and staff indicated that compliance with the policy would occur and all necessary actions to protect the juvenile as well as staff would be taken. Each staff listed several methods of protecting the juvenile resident.

Corrective Action: None.

Standard 115.363 Reporting to other confinement facilities

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 3.2.10 Placement Outside the Home by MCJPD (Casework: Field) 3 pages
3. Interviews with the following:
 - a. Facility Administrator/Interim Director

Findings (By Subsection):

Subsection (a): OUJJC facility policy requires that when the facility receives an allegation that a resident was sexually abused while confined at another the facility the Placement Coordinator will ensure that the Director/Administrator, will notify the placement facility staff of any allegations of abuse against placement facility staff by either a resident or a third party on behalf of a resident in placement. The facility's PAQ reports that there have been no allegations of this type received in the past 12 months. Additionally, the facility has received no notifications from other facilities in the past 12 months. The Auditor's interview with the Facility Administrator/Interim Director confirmed knowledge of this requirement and affirmation that this policy would be followed if the situation occurred.

Subsection (b): Facility policy requires notification to be provided within 72 hours after receiving the allegation.

Subsection (c): OUJJC facility policy requires the facility to document in JCMS the provision of the required notice withing the required timeframes.

Subsection (d): Facility policy does not address allegations received from other facilities/agencies are investigated in accordance with the PREA standards. Interviews with the Facility Administrator/Interim Director and the PREA Coordinator acknowledged that point and indicated the policy would be adjusted to relect this subsection.

Corrective Action: Recommend the facility adjust their policy and address the provision in subsection (d) stated above.

Technical Assistance:

(subsection (a)): The Auditor would suggest that the facility in addition to notification of the appropriate investigative agency (i.e.: TJJD) also consider making notification to local law enforcement as well as law enforcement in the placement area. This will enhance the reporting system of the facility and show that the facility substantially exceeds requirement of the standard.

(subsection (b)): The Auditor would suggest that the facility further take steps to improve the notification process by reducing the notification window from 72 hours to 24 for the reporting party which is consistant with reporting timeframes in TAC Chapter 358 Identifying, Reporting, and Investigating Abuse, Neglect, Exploitation, Death, and Serious Incidents.

(subsection (d)): The Administration stated that they would also include the language provision of subsection (d) in all contracts with other counties as contracts came for renewal.

POST Corrective Action: OUJJC has modified it's policy to specifically address allegations received from other facilities or agencies in accordance with PREA. The policy has been published and distributed to all staff. A copy of the policy has been retained by the Auditor.

Standard 115.364 Staff first responder duties

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.23 Internal Investigation (Administration: Personnel) 6 pages
3. First Responder Checklist
4. Interviews with the following:
 - a. Staff First Responders <<verify the position reference>>>
 - b. Residents Who Reported a Sexual Abuse
 - c. Random Staff

Findings (By Subsection):

Subsection (a): OUJJC facility policy explains the duties of the First Responder Staff upon receiving an allegation that a resident was sexually abused. In the PAQ, the facility reported that during the past 12 months there have been no allegations of sexual abuse in the facility. Interviews with staff demonstrated their knowledge of the first responder protocol. Interviews with staff indicate an understanding of their First Responder duties and an ability to articulate and explain the duties to the Auditor.

Subsection (b): OUJJC facility policy lists the definition of a First Responder Staff as well as their corresponding reporting, and victim safety duties. The policy does not distinguish security staff and first staff responder duties.

Corrective Action: None

Standard 115.365 Coordinated response

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 1.2.23 Internal Investigation (Administration: Personnel) 6 pages
 - c. 1.2.24 Sexual Abuse Incident Review (Administration: Administration) 1 page
3. First Responder Checklist
4. Interviews with the following:
 - a. Facility Administrator/Interim Director
 - b. PREA Coordinator

Findings (By Subsection):

Subsection (a): OUJJC facility policy details in the Internal Investigation and Sexual Abuse Incident Review procedures to be followed with regard to each applicable party under this standard.

Corrective Action: None.

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

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

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

corrective actions taken by the facility.

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
3. Interviews with the following:
 - a. Facility Administrator/Interim Director

Findings (By Subsection):

Subsection (a): This policy was deemed to be Not Applicable as the facility, as well as the County, do not engage in any form of collective bargaining agreements and has a standing practice of removing an individual from a situation that either may allow contact with a juvenile or family member pending the outcome of an investigation or of a determination of whether and to what extent disciplinary action is warranted.

Corrective Action: None.

Standard 115.367 Agency protection against retaliation

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 2.1.7 Facility Classification Plan (Detention: Admission) 3 pages
3. Interviews with the following:
 - a. Facility Administrator/Interim Director

Findings (By Subsection):

Subsection (a): OUJJC facility policy establishes facility policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other residents or staff. However, the policy goes on to add a distinction by stating, "Except in cases where the allegations are unfounded." The standard does not provide for any exception and requires that any reporting or cooperating party be protected regardless of finding. The Facility PREA Coordinator is the designated staff charged with monitoring retaliation. The policy does not meet compliance for this subsection.

Subsection (b): Facility policy details the multiple protection measures that the agency will take (as deemed appropriate) in situations of retaliation against a resident or staff. Interviews with staff indicate awareness of this policy and practice. Staff were able to articulate to the auditor the ways they could uncover retaliation and monitor retaliation.

Subsection (c): OUJJC facility policy requires the Facility PREA Coordinator to monitor for at least 90 days, following any investigation for PREA Audit Report

abuse/harassment, for any sign of retaliation or harassment through conduct or treatment of residents or staff and act promptly to remedy any such situation. However, the policy again goes on to add a distinction by stating, "Additionally, except for allegations which are determined to be unfounded." The standard does not provide for any exception and requires that any reporting or cooperating party be protected regardless of finding. The policy does not meet compliance for this subsection.

Subsection (d): Facility policy requires periodic resident status checks by the Deputy Director or Designee.

Subsection (e): OUJJC facility policy does provide that the facility extends protections to all residents and staff who cooperates with an investigation or could express a fear of retaliation. The policy states an exception, "... in cases where the allegations are unfounded." The standard does not provide for any exception and requires that all residents and staff be protected from any measure of retaliation.

Subsection (f): N/A

Corrective Action: With regards to subsections (a),(c), and (e), the facility should remove the "exception" language from the policy. As written the policy gives the perception that a resident or staff could be retaliated against if the finding of the allegation was deemed unfounded.

POST Corrective Action: OUJJC has redrafted its policy and taken the "exception" language out and reworded. The policy clearly states that residents or staff will not be retaliated against or allowed to be retaliated regardless of the finding. The policy has been published and distributed to all staff. A copy of the policy has been retained by the Auditor.

Standard 115.368 Post-allegation protective custody

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
3. Interviews with the following:
 - a. Facility Administrator/Interim Director
 - b. Medical and Mental Health Staff
 - c. Random Staff (Staff who Supervise Residents in Seclusion)

Findings (By Subsection):

Subsection (a): OUJJC facility policy provides that the use of segregated housing to protect a resident who is alleged to have been the victim of abuse/harassment shall be subject to the requirements of MCJPD (Montgomery County Juvenile Probation Department) Facility Classification Plan (Policy 2.1.7). In the PAQ, the facility reports that in the past 12 months there have been no residents who have alleged sexual abuse who were placed in isolation. Staff interviews indicate that if segregation were ever used, that the protections required by Standard 115.342 would be followed.

Corrective Action: None

Standard 115.371 Criminal and administrative agency investigations

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 1.2.23 Internal Investigation (Administration: Personnel) 6 pages
3. First Responder Checklist
4. Interviews with the following:
 - a. Investigative Staff

Findings (by Subsection):

Subsection (a): OUJJC conducted administrative investigations into allegations of sexual abuse and sexual harassment. The facility policy requires the investigation to be prompt, objective, thorough, and accurate. The policy does not however specifically address other forms of disclosure such as third-party and anonymous reports. The facility has not conducted any administrative investigations or had any referrals of sexual abuse (occurring in the facility) made to law enforcement for criminal investigation. Any administrative investigations must also follow the administrative rules promulgated by the Texas Juvenile Justice Department contained in Title 37 Texas Administrative Code Chapter 358. OUJJC has four principal investigators; the Facility Administrator/Interim Director and PREA Coordinator are two individuals. Interviews with facility staff noted that everyone knew at least these two administrators were investigators for the facility/department. The Auditor interviewed both the Facility Administrator and the PREA Coordinator and confirmed their knowledge of the requirements of this standard and all of its subsections. They further acknowledged that any investigations are conducted in accordance with these requirements.

Subsection (b): OUJJC facility policy requires the facility's investigators to have received specialized investigative training. The policy does not clarify specifically what that training involves and does not specifically address special training in sexual abuse investigations involving juvenile victims pursuant to 115.334. A review of each investigator's file showed that they had collectively attended training presented by TJJD. The Facility Administrator gave the Auditor a brief overview of the training and confirmed that any investigation would follow the requirements of this standard.

Subsection (c): OUJJC facility policy requires investigators to gather and preserve evidence, interview appropriate persons. The policy does not specifically address also reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator. Interviews with investigative staff complimented the requirements of the OUJJC policy but did not address reviewing prior complaints and reports.

Subsection (d): OUJJC facility policy prohibits the agency from terminating the investigation solely because the source recants the allegation or because the alleged abuser resigns employment.

Subsection (e): OUJJC facility policy prohibits investigators from conducting compelled interviews in certain situations.

Subsection (f): OUJJC facility policy requires investigators to assess the credibility of an alleged victim, suspect, or witness on an individual basis and shall not be determined by the person's status as a resident or staff. The facility may offer, but does not require a resident to submit to a polygraph or other truth telling device as a condition for the proceeding with the investigation of an allegation.

Subsection (g): OUJJC facility policy requires administrative investigations to include an effort to determine whether staff actions or failures to act contributed to the abuse. In addition, policy requires that the investigation shall document in written reports that include a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. However, the facility policy only states that the summary report should also include the personnel actions taken. This is insufficient and does not address the requirements of the standard.

Subsection (h): OUJJC facility policy requires the criminal investigations to be documented; all evidence shall be gathered quickly as feasible while preserving its integrity and without overlooking any source of relevant information. Any conclusions must be logical, fair and well-supported by the evidence. Every person named in the allegation shall be treated with respect and not be threatened, insulted or coerced. In addition, all evidence will be fully and accurately presented in reports.

Subsection (i): OUJJC facility policy requires investigators to refer all substantiated allegations of conduct that appear to be criminal in nature to law enforcement.

Subsection (j): OUJJC facility policy requires the facility/department to retain all written reports as per PREA 115.371 (g) (h) of this section for as long as the alleged abuser is incarcerated or employed by the department, plus five (5) years, unless the abuse was committed by a resident in which case the retention will be three (3) years.

Subsection (k): OUJJC facility policy states that the departure of the alleged abuser resigns employment from the facility shall not provide a basis for terminating an investigation. The policy does not address the departure of the victim from the control of the facility also shall not provide a basis for terminating an investigation.

Subsection (l): OUJJC facility policy does not currently address requiring any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements of this standard. This standard N/A.

Subsection (m): OUJJC facility policy does endeavor to direct that the Juvenile Board, all staff members, volunteers, and interns shall fully cooperate with an investigation as well as an investigation conducted by TJJD of alleged abuse, neglect, exploitation or death in the Department or Program. The policy is not compliant in that it does not direct the facility to remain informed about the progress of the investigation.

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

(subsection (a)): Facility shall modify its policy and procedure and include language regarding third-party and anonymous reports.

(subsection (b)): Although the Auditor was able to find documentation of special training in sexual abuse investigations involving juvenile victims pursuant to 115.334; the facility shall place that specific language in its policy for more descriptive labeling.

(subsection (c)): Facility shall modify its policy and procedure and include language regarding the investigator shall also review any prior complaints and reports of sexual abuse involving the suspected perpetrator.

(subsection (g)): Facility shall modify its policy and procedure and include language that specifically addresses language that requires investigators to document the investigation with detail including descriptions of the evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(subsection (k)): Facility shall modify its policy to include language regarding the departure of an alleged victim from control of the facility shall not provide a basis for terminating an investigation.

(subsection (m)): Facility shall modify its policy to include language regarding the facility remaining informed about the progress of any investigation.

Technical Assistance:

(subsection (h)): The Auditor would go on to suggest a clarification of finding requirements between internal and criminal investigations.

(subsection (l)): The Auditor would recommend the facility address subsection (l) as there is State oversight and investigation capacity through TJJD. As it is TJJD follows the PREA standards.

POST Corrective Action: OUJJC has redrafted its policy and specifically addressed those subsection elements (a), (b), (c), (g), (k), and (m) found to be in non-compliance. The policy has been published and distributed to all staff. A copy of the new policy has been retained by the Auditor.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.23 Internal Investigation (Administration: Personnel) 6 pages
3. Interviews with the following:
 - a. Investigative Staff

Findings (By Subsection):

Subsection (a): OUJJC facility policy clearly states that the department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.

Corrective Action: None.

Standard 115.373 Reporting to residents

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.23 Internal Investigation (Administration: Personnel) 6 pages
3. Interviews with the following:
 - a. Facility Administrator/Interim Director
 - b. Investigative Staff

Findings (By Subsection):

Subsection (a): Facility policy requires the facility to inform the juvenile resident who made the allegation regarding whether the allegation has been substantiated, unsubstantiated, or unfounded. Interviews with Investigative Staff corroborated this is the practice. The PAQ reported that in the past 12 months, there were no criminal and/or administrative investigations completed. As a result there were no notifications necessary. The facility Investigative Staff confirmed that the notifications required under this section would be provided as a part of all investigations.

Subsection (b): Facility policy requires the facility to request the relevant information from an external investigative agency if OUJJC did not conduct the investigation in order to notify the resident. The PAQ documented that the agency did not have any external investigations conducted in the past 12 months by law enforcement or TJJD on PREA related conduct.

Subsection (c): Facility policy requires notification to the juvenile resident the status of the staff member alleged in the investigation. The policy requires notification when the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the staff member has been indicted; or the staff member has been convicted on a charge related to sexual abuse within the facility.

Subsection (d): Facility policy requires notification to the juvenile resident when there has been abuse by another resident informing when there has been an indictment or conviction of the alleged resident abuser.

Subsection (e): Facility policy requires OUJJC Deputy Director to fully document these notifications under the standard.

Corrective Action:

Standard 115.376 Disciplinary sanctions for staff

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages

Findings (By Subsection):

Subsection (a): OUJJC facility policy provides that staff who violate facility sexual abuse or sexual harassment policies are subject to disciplinary sanctions up to and including termination as required by this standard. In the past 12 months, the facility reported that no staff had violated the facility's policy on sexual abuse or sexual harassment. There have been no staff terminated, disciplined or resigned for PREA related conduct and no reports of staff misconduct/criminal behavior have been made to law enforcement.

Subsection (b): OUJJC facility policy provides that the agency shall terminate staff members found to have engaged in sexual abuse.

Subsection (c): OUJJC facility policy requires disciplinary sanctions to be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Subsection (d): OUJJC facility policy requires that all terminations for violations of the Department's (facility) policy on sexual abuse and harassment or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and any licensing body unless the activity was clearly not criminal.

Corrective Action: None.

Standard 115.377 Corrective action for contractors and volunteers

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.1.8 Roles of Consultants, Contract Employees and Employees of Other Agencies
 - b. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
3. Interviews with the following:
 - a. Facility Administrator/Interim Director

Findings (By Subsection):

Subsection (a): Facility policy prohibits any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The interview with the Facility Administrator confirmed his knowledge of this requirement and indicated this would be the practice in the event of a situation occurring that would trigger this action.

Subsection (b): Facility policy requires the facility to take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any contractor who violates agency policies related to sexual abuse or sexual harassment.

Corrective Action: None.

Standard 115.378 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 2.5.1 Resident Discipline Plan (Detention: Programs) 13 pages
3. Interviews with the following:
 - a. Facility Administrator/Interim Director

Findings (By Subsection):

Subsection (a): OUJJC facility policy provides that a resident may be 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. In the PAQ, the facility reports there have been no administrative or criminal findings regarding resident-on-resident sexual abuse that have occurred in the facility in the past 12 months. Interviews with the Facility Administrator confirmed his knowledge of the requirements of this standard related to resident discipline and he acknowledged their practice would adhere to this standard when a situation comes up.

Subsection (b): OUJJC facility policy was not in compliance with the standard and did not contain all of the provisions addressed in element (b). The policy should address that any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. The OUJJC policy does state that residents in isolation shall receive daily visits from a medical or mental health care clinician. The policy also loosely refers that residents shall also have access to programming as long as it does not jeopardize Safety and Security. As written the policy is not compliant.

Subsection (c): OUJJC facility policy requires the disciplinary process to consider whether a resident's mental disabilities or mental illness contributed to his or her behavior. The interview with the Facility Administrator confirmed this is the practice.

Subsection (d): OUJJC facility policy provides that the facility offers therapy and counseling for the resident abuser. Participation in this is not required to access general programming or education services.

Subsection (e): OUJJC facility policy prohibits the facility from disciplining a resident for sexual contact with staff unless the staff member did not consent to such contact.

Subsection (f): OUJJC facility policy provides that a report of sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred shall not constitute a false report for disciplinary purposes.

Subsection (g): OUJJC facility policy prohibits all sexual activity between residents and discipline residents accordingly. The policy does explicitly state that sexual activity between residents can be deemed as sexual abuse only if the department determines that the activity is coerced.

Corrective Action: As stated in subsection (b) the facility needs to modify the policy language to address all portions of the standard's elements.

POST Corrective Action: OUJJC has redrafted its policy and modified the language to address all aspects of subsection (b). The policy has been published and copies distributed to all staff. A copy of the policy has been retained by the Auditor.

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

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.1.4 Confidentiality (Organization: Management) 1 page
 - b. 2.4.2 Health Services Plan (Detention: Medical And Health Care) 10 pages
3. PREA-Sexual Abuse Reporting Log
4. Interviews with the following:
 - a. Residents who Disclose Sexual Victimization at Risk Screening
 - b. Staff Responsible for Risk Screening
 - c. Medical/Mental Health

Findings (By Subsection):

Subsection (a) & (b): As per facility policy, any resident who answered "yes" on the health appraisal regarding being the victim or perpetrator shall be assessed by medical staff regarding medical/mental health follow up and offered such follow up meeting with the appropriate medical or mental health personnel within 14 days of the nursing health assessment which is conducted within 7 days after arrival.

Subsection (c): Facility policy requires staff to keep information related to sexual victimization or abuseiveness confidential and is strictly limited to medical and mental health practitioners, facility staff for security, housing and program management decisions, and other staff only as required by law as required by this standard. The facility uses the JCMS system and ensures confidentiality through role-based security.

Subsection (d): The facility does not accept residents 18 years old or older. Interviews with the Facility Administrator and Medical staff confirmed this is the practice. This subsection was deemed N/A.

Corrective Action: None.

Standard 115.382 Access to emergency medical and mental health services

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 2.4.2 Health Service Plan (Detention: Medical And Health Care) 10 pages

3. First Responder Checklist
4. Interviews with the following:
 - a. Medical and Mental Health staff
 - b. Residents who Reported a Sexual Abuse
 - c. First Responders

Findings (By Subsection):

Subsection (a): OUJJC facility policy provides that juvenile resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention, the nature and scope which will be determined by either facility medical or mental health personnel or emergency personnel/first responders in their absence who will immediately notify appropriate medical and mental health personnel. Interviews with medical and mental health staff confirm this is the facility's practice.

Subsection (b): OUJJC facility provides collectively through the policy that if no qualified medical or mental health practitioners are on duty at the time of a report of recent abuse is made, staff first responders shall take preliminary and immediate steps to protect the victim pursuant to Standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners as well as administration. The facility reported in the PAQ that there have been no allegations of sexual abuse in the previous 12 months that would require emergency medical treatment or crisis intervention services. Interviews with staff demonstrated their knowledge of first responder protocols and procedures for cases of sexual abuse.

Subsection (c): OUJJC facility policy requires juvenile resident victims of sexual abuse while incarcerated to be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interviews with medical staff and the Safe Harbor confirm that this would occur at the local hospital where the juvenile resident would be transported for the SANE exam.

Subsection (d): OUJJC facility policy states that all emergency treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews corroborated that victims are not charged for these treatment services.

Corrective Action: None.

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

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
3. PREA-Sexual Abuse Reporting Log
4. Interviews with the following:
 - a. Medical and Mental Health staff
 - b. Residents who Reported a Sexual Abuse
 - c. First Responders

Findings (By Subsection):

Subsection (a): Facility policy provides that medical evaluations shall be offered to all residents who have been victimized by sexual abuse in a juvenile facility. Interviews with medical and mental health staff indicated this is the practice and that the requirements of this standard are met with policy and the actual practice would be compliant with this standard if an incident of sexual abuse occurred in the facility.

Subsection (b): Facility policy provides that all medical and mental health evaluation and treatment shall include follow up services, treatment plans, testing and referral for continued care after release, or transferred to another facility.

Subsection (c): Facility policy provides that the facility shall provide such victims with medical and mental health services consistent with the community level of care.

Subsection (d): Facility policy provides that the facility shall offer pregnancy tests to resident victims of sexually abusive vaginal penetration that occurs while they are a resident of any facility.

Subsection (e): Facility policy provides that if pregnancy results from a sexual assault, resident victims shall receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Subsection (f): Facility policy requires that testing for sexually transmitted infections, as medically appropriate, shall be made available to the juvenile resident victims of sexual abuse that occurs while they are residents of any facility.

Subsection (g): Facility policy requires that all emergency treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Subsection (h): The standard requires that the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident "abusers" within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. However, the facility policy requires the facility to only offer this to the juvenile resident who "is found to have been the victim of a sexual assault." As required by the standard this subsection is not compliant.

Corrective Action: The facility shall address the requirement of subsection (h) and either add or modify the existing language to include abuser in the evaluation. If the facility addresses both the victim and abuser with the evaluation and holds to the time requirement then it will substantially exceed the requirement on future audits.

POST Corrective Action: OUJJC has redrafted its policy to specifically address subsection (h) to include the abuser in evaluations. The policy was published and distributed to all staff. A copy of the policy has been retained by the Auditor.

Standard 115.386 Sexual abuse incident reviews

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 1.2.24 Sexual Abuse Incident Review (Administration: Administration) 1 page
3. Interviews with the following:

- a. Facility Administrator/Interim Director
- b. PREA Coordinator
- c. Incident Review Team Member

Findings (By Subsection):

Subsection (a): Facility policy requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including incidents where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PAQ reported that there have been no sexual abuse investigations in the past 12 months, there have been no sexual abuse incident reviews conducted. Interviews with facility administration indicate their knowledge and understanding of the sexual abuse incident review process as required by this standard and they corroborated this will be the practice for all incidents of sexual abuse in the facility.

Subsection (b): Facility policy requires the review to be conducted within 30 days of the conclusion of a substantiated or unsubstantiated sexual abuse investigation.

Subsection (c): Facility policy provides that the review team shall be appointed by the Deputy Director or designee and at a minimum shall consist of a unit Assistant Deputy Director, a section Supervisor, an investigator, and a member from the medical and counseling units.

Subsection (d): Facility policy delineates the six required sub-elements the review team must address to be in compliance with this subsection. Interviews with facility staff indicate the considerations in this subsection would be a part of the team review.

Subsection (e): Facility policy requires the facility to implement the recommendations for improvement by the review team or document the reasons for not doing so.

Corrective Action: None

Technical Assistance:

Subsection (a): It is recommended that the facility develop a review form to document the process. It is recommended that the review team meet periodically even if there are no allegations to discuss facility culture, the PREA compliance, and any thoughts for improvement.

Subsection (c): It is recommended that the facility consider a broader participative group to include Children's Safe Harbor and Law Enforcement for additional perspective.

Standard 115.387 Data collection

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 1.2.25 Data Collection (Administration: Administration) 2 pages
3. Interviews with the following:
 - a. Facility Administrator/Interim Director
 - b. PREA Compliance Manager

Findings (By Subsection):

Subsection (a) and (c): OUJJC facility policy provides that it shall securely collect accurate and uniform data related to sexual abuse allegations in the facility under its direct control using a standardized instrument and set of definitions. The data collected shall, at a minimum, be the data necessary and sufficient to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ). The Auditor did not review any specific data as the information had not been fully assembled for reporting by the end of the month. The facility was deemed compliant based on the policy and interviews with the Facility Administrator and PREA Coordinator.

Subsection (b): OUJJC facility policy requires that the facility aggregates all data (including incident-based sexual abuse data) annually.

Subsection (d): OUJJC facility policy requires the facility to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

Subsection (e): OUJJC facility policy requires the facility shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Subsection (f): OUJJC facility policy requires the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year. As of the time of this audit the facility had not been contacted regarding sending DOJ any data previously requested.

Corrective Action: None.

Standard 115.388 Data review for corrective action

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 1.2.25 Data Collection (Administration: Administration) 2 pages
3. Interviews with the following:
 - a. Facility Administrator
 - b. PREA Coordinator
 - c. Third Shift Supervisor

Findings (By Subsection):

Subsection (a): Facility policy requires that the facility review data collected and aggregated pursuant to Standard 115.387 annually to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training including: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Interviews with agency administration indicate their knowledge of the data review required by this standard and they were able to articulate appropriately and effectively how they will use this process to improve their overall

PREA compliance and the sexual safety of the facility.

Subsection (b): Facility policy requires the report to include a comparison of the current year's data and corrective actions with those from the previous year's data and shall provide an assessment of the agency's progress in addressing sexual abuse/sexual harassment.

Subsection (c): Facility policy requires the Director to approve the report and make it readily available to the public through the Montgomery County Juvenile Probation website.

Subsection (d): Facility policy requires the facility to take appropriate action to ensure the safety and security of the facility as well as the confidentiality of the juvenile residents by redacting any posted data that may pose a clear and present threat. The policy further states that all posted data shall have all personal identifiers removed.

Corrective Action: None.

Standard 115.389 Data storage, publication, and destruction

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

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

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

1. Montgomery County Olen Underwood Juvenile Justice Center (OUJJC) Completed Pre-Audit Questionnaire (PAQ)
2. OJJC Policy:
 - a. 1.2.2 Reporting Abuse, Neglect Exploitation and/or Harassment Involving Personnel and Youth-on-Youth Sexual Conduct (Administration: Personnel) 12 pages
 - b. 1.2.25 Data Collection (Administration: Administration) 2 pages
3. Interviews with the following:
 - a. PREA Coordinator

Findings (By Subsection):

Subsection (a): OUJJC facility policy requires that the facility ensure that all data collected pursuant to Standard 115.387 is securely retained. The PREA Coordinator confirmed compliance with this standard noting that the information is securely stored by the Deputy Director.

Subsection (b): OUJJC facility policy requires the facility to make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through the county website. The Auditor reviewed the data on the website for compliance.

Subsection (c): OUJJC facility policy requires the facility to remove all personal identifiers prior to making the aggregated sexual abuse data publicly available. The Auditor reviewed the aggregated data and no personal identifiers were present.

Subsection (d): OUJJC facility policy requires the facility to maintain sexual abuse data collected pursuant to PREA Standard 115.387 for at least 10 years after the date of its initial collection, unless Federal, State, or local law requires otherwise.

Corrective Action: None.

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AUDITOR CERTIFICATION

I certify that:

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

Click here to enter text.

Auditor Signature

Click here to enter text.

Date