PREA AUDIT REPORT ☐ INTERIM ☒ FINAL

JUVENILE FACILITIES

Date of report: 09/02/2016

Auditor Information			
Auditor name: David "Will" Weir			
Address: PO Box 1473; Raton, NM 87740			
Email: Will@preaamerica.com			
Telephone number: 405-945-1951			
Date of facility visit: August 2 and 3, 2016			
Facility Information			
Facility name: Ladies Inspired For Excellence (LIFE) & Building Responsible Adults with Values and Education (BRAVE) Residential Program			
Facility physical address: 2310 West US Highway 77, San Benito, TX 78586			
Facility mailing address: *(if different from above)* PO Box 1690; San Benito, TX 78586			
Facility telephone number: (956) 399-3075			
The facility is:	☐ Federal	☐ State	☒ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	☒ Correctional	☐ Detention	☒ Other
Name of facility's Chief Executive Officer: Laura Torres			
Number of staff assigned to the facility in the last 12 months: 19			
Designed facility capacity: 16			
Current population of facility: 8			
Facility security levels/inmate custody levels: High to medium secure			
Age range of the population: 14-17			
Name of PREA Compliance Manager: Laura Torres		**Title:** Facility Adminstrator	
Email address: lltorres@co.cameron.tx.us		**Telephone number:** (956) 399-3075	
Agency Information			
Name of agency: Cameron County Juvenile Justice Department			
Governing authority or parent agency: *(if applicable)* Cameron County Juvenile Board/Texas Juvenile Justice Department			
Physical address: 2310 West US Highway 77, San Benito, TX 78586			
Mailing address: *(if different from above)* PO Box 1690, San Benito, TX 78586			
Telephone number: (956) 399-3075			
Agency Chief Executive Officer			
Name: Tommy Ramirez, Jr.		**Title:** CEO	
Email address: tramirez@co.cameron.tx.us		**Telephone number:** (956) 399-3075	
Agency-Wide PREA Coordinator			
Name: Aminda Torres		**Title:** PREA Coordinator / Quality Assurance	
Email address: atorres@co.cameron.tx.us		**Telephone number:** (956) 399-3075	

AUDIT FINDINGS

NARRATIVE

PREAmerica LLC was retained on 08-13-2015 by the Texas Juvenile Justice Department (TJJD) to perform the PREA Juvenile Facilities Audits for Cameron County. Notices of the on-site audit went up by 06/14/2016 and the Pre-Audit Questionnaire was received by July 14, 2016. The on-site audit was conducted August 2nd and 3rd. PREAmerica Auditor Will Weir and Project Manager Tom Kovach met with Agency Quality Assurance Manager and PREA Coordinator Aminda Torres, Facility Director and Founder Laura Torres, and Operations Manager Erica Moreno who conducted an in depth tour and introduced the audit team to nearly every staff member and administrator. They provided current rosters of residents and staff and the audit team conducted random interviews with residents and staff, document reviews, and an exit conference at the conclusion of the on-site audit. The audit team interviewed a total of 14 staff and administrators. All facility residents were interviewed. There were two male residents in the BRAVE pod and 6 female residents in the LIFE pod. The auditor team was impressed by the professionalism of the staff, the organizational skills of the administration, and the positive morale of the residents who generally felt fortunate to be at LIFE and BRAVE. Interviews of residents and line staff generally indicated compliance with all the PREA standards they were interviewed about, and an unwavering belief that those in charge expected them to understand and follow PREA. The pods were bright and clean, providing a positive and supportive learning atmostphere. Facility Director Laura Torres helped design the program and is preparing for duties as the agency PREA Coordinator. Her deep and continual commitment to the program is evident in the specific ideas she has for continual improvments in resident outcomes. Chief Tommy Ramirez keeps in touch with all the staff and residents, being proud of this program and its accomplishments. When he took over as Chief, he doubled as JSO to get the line staff perspective. He delagates responsibilities but verifies and maintains relationships and encourages open communication and dialogue.

As discussed in the exit conference, the training for residents is excellent and they remember a lot of it and even realize that they can get help from outside agencies if they need it. It is commendable that the residents know they have been screened for risk of victimization and abusiveness and see this as part of the big picture relating to their safety. The facility seems very transparent and upfront with their residents and employees. The residents trust staff and have no complaints about searches and report no cross gender viewing issues. They report never having a cross-gender search at the facility. The residents believe staff will help residents who need help, such as those with disabilities or those in danger. Since the facility staff and administration indicated an interest in continuing to increase the level of education and awareness, the auditors pointed out that making residents and staff better understand the difference between adcovacy and the other kinds of help available to them could be an example of a topic to include in future trainings. The agency has produced excellent videos and educational materials, but for refresher training, guest speakers from advocacy organizations might provide additional variety for residents bored with the video, as well as alternative and community perspectives. Based on comments made and attitudes displayed in resident interviews, continual vigilance is certainly in order regarding the way homophobia and racism can play out in abusive ways in juvenile correctional settings, especially if the facility gets an admission that does not seem to meet their typical demographic. Staff already seem very aware and vigilent of the various dynamics that can quickly arise when there are incidents or population changes. Something the audit team considered to be particularly noteworthy, having audited a number of juvenile facilities across the country, was the number of unsolicited comments from residents about the staff being fair, consistent, and reliable, not showing favoritism. The GED program was mentioned by the residents, as much as the various other vocational and educational opportunities, as being particularly helpful to get them back on their feet and ready to move on with their lives. Residents are eager to explain the various ways their lives are enriched by the programing offered, saying that upon completion of the program, they will leave the facility "dedicated, educated, and motivated."

Partial list of documentation reviewed: Pre-Audit Questionnaire (PAQ), with attachmented documents, memorandums, updates and supplements (some answers on the PAQ were corrected during the audit process); PREA Cross Gender and Transgender Pat Down Training Sign In Sheets; Safeguarding Your Sexual Safety videos for residents (English and Spanish); Contract with Amy J. Hermansen Sign Language Services; Age Appropriate Training handouts; Sexual Harassment, Sexual Abuse and Voyeurism Training Acknowledgement (Residents and Staff); PREA Pamphlets (English and Spanish); Employee Training Curriculum; Comprehensive and Supplemental PREA Trainings for Staff Sign In Sheets; Volunteers and Contractors Training Acknowledgements; posted notices for interns, employee and volunteers; A Guide for Prevention, Reporting of Sexual Abuse with Residents for Interns, Volunteers and Contractors; Conducting Quality Investigations Training Curriculum; Interview and Interrogation Internal/Administartive Investigations Training Curriculum; Report Writing Training; Sexual Abuse Investigations Training Powerpoint; Specialized Training for PREA Investigators Sign In Sheets; PREA Specialized Training for Medical and Mental Health Professionals Training Sign In Sheet; MOU with Cameron County Children's Advocacy Centers Inc. (Monica and Maggie's House); 3rd party reporting notices and posters (English and Spanish); A Teen's Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities (English and Spanish); Notice to Clients (English and Spanish); A Guide to Resident's Rights and Reporting Under PREA (English and Spanish); facility layout; Organizational Chart; Staffing Plan; Unannounced Rounds Log; PREA Screening; PREA Operationg Policies and Procedures; daily population rosters; Mission Statement; various other forms and logs; Informed Consent – Counseling Services; PREA Sexual Victimization Referral Form; MAYSI-2; contracts with other agencies; orientation forms for residents; Orientation Checklist; Resident/Cadet Handbooks; Statistical Reports by Year; Employment Application, Addendum, and Affirmative Duty to Report Form; Pre-Employment Packet Checklist; Background checks from random personnel files; Agencywide Investigations/Allegations; Annual Reports; Coordinated Response; PREA Audit Notices (English and Spanish); emails with PREA Coordinator; First Responder Card.

DESCRIPTION OF FACILITY CHARACTERISTICS

Ladies Inspired For Excellence (LIFE) & Building Responsible Adults with Values and Education (BRAVE) Residential Program is contained in one building with 2 single cell housing units and no multiple occupany or open dorm housing. LIFE is in one housing unit and BRAVE is in the other, LIFE being for females and BRAVE being for males. There are 8 single cells in each. The programs are housed in the Darrell B. Hester Juvenile Justice Center with the Cameron County Juvenile Detention Facility. There is an administrative wing which houses the chief, his two deputies, several support staff as well as the facility administrators for the detention center and the LIFE and BRAVE programs which are pods in Section II of the detention center but are separate facilities from the detention center. There is a conference room and restrooms all of which are accessed off the Lobby/Reception area for the public. The Lobby area is the also the entrance and waiting area for the Juvenile Justice Court Room and offices for the Judge and judge's staff.

The Detention facility has a police entrance into the intake area. It has two holding cells if needed for overflow while booking. There is a room with lockers and shower for newly arriving residents. One hall has a laundry, two offices and a lounge for staff. There is a medical room, kitchen and dining area, a wet cell on the right behind Control, just before entering the Activity Room. The other hall past the lockers and holding cells accesses two restrooms and a visitor area with outside entrance and its own restrooms. There is a short hall with classrooms that terminates by Control and another wet cell before going into the Activity room from the other side.

Control is positioned to view all 4 Pods and the Activity room which opens to each of them and an outdoor recreation area. The pods have individual cells, three on each side and two on the ends as well as the restroom and shower area. These open off the day room area. There are maintenance access doors, which are locked, by each cell. A passage way leads to Section II also providing access to a classroom in between sections.

Section II houses 3 detention and the LIFE and BRAVE Pods. The pods and activity room layout is identical to Section I, with the exception of the offices located along the wall behind Control and the LIFE Pod which has a separation in the Day Area and Living Area. The detention residents are separated at all times from LIFE (female) and BRAVE (male) residents. Colorful posters on windows not only decorate but visually separate these pods from the Detention Center. Control manages resident traffic to avoid interaction between LIFE and BRAVE residents and the Pre Adjudication Detention Residents. These programs were built from the ground up to help youth redirect their lives post adjudication. Uniforms are unique for LIFE and BRAVE. There are unique and expanded programs for these post adjudication residents. They have a separate class room located in the Armory building in the Boot camp program. Access to the school room is through a dedicated door and outside walkway, to separate contact with Detention residents.

This incentive program is a part of the basic philosophy of the entire Cameron County Juvenile Justice System: encouraging good behavior by earning more privileges and expanded programing. This is coupled with the idea of keeping the youth engaged with schooling, programming and activities that avoid idle time which often leads to behavior issues. Cameras are located to eliminate blind spots while meeting the PREA standards concerning the viewing of resident's by opposite gender staff. They record for two weeks and audio upgrades are being requested. Control monitors cameras but no other detention staff are shared with this facility.

Schooling is supplemented by Outreach through local institutions. This has lead to such programing as GED classes, Career Tech programs, and an award winning Robotics program. All of this is capped off by the Home Construction program in which these youth are trained to build homes donated to deserving families in the community. This innovative program helps local families and was used to build a training center across the street. The team and self-esteem building that comes from this program is reflected in the bright and engaged youth who are learning not only skills but how to propel themselves into a brighter future by giving to the community, and utilizing their newly learned skills to help their own families as well.

SUMMARY OF AUDIT FINDINGS

Ladies Inspired For Excellence (LIFE) & Building Responsible Adults with Values and Education (BRAVE) Residential Program received its on-site PREA audit on August 2 and 3, 2016. PREA Auditor Will Weir has verified compliance through interviews and a review of documents and found the facility to be fully compliant with all PREA Standards based on their successful completion of the PREA Audit process. They exceed standards in two of the audited areas.

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 0

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.

The facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and it includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The facility's policy has a commitment to zero tolerance and safety. The agency employs and designates an upper-level, agency-wide PREA coordinator (Aminda Torres) who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the agency, as well as a PREA Compliance Manager for the facility (Facility Director Laura Torres).

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.

The agancy has a number of contracts for the confinement of residents from other agencies. These contracts require Cameron County to be compliant with PREA. If the agency contracts out for the confinement of its juveniles it will require PREA compliance.

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.

The facility develops, documents, and makes its best efforts to comply with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. In calculating adequate staffing levels and determining the need for video monitoring, it takes into consideration: Generally accepted juvenile detention and residential practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; 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; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors. Since August 20, 2012, the average daily number of residents has been 3. This is less than the number of residents on which the staffing plan was predicated: 16. There has been no known deviations from the ratios in the last 12 months. The facility maintains staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. This ratio is an increase from the State mandated 1:18 during sleeping hours. The increase is already codified in policy and at the board level, as well as being in practice, according to PREA Coordinator Aminda Torres. Due to the low census (average of 3 residents) counts as well as due to the requirement that a minimum level of staff is always on duty, even if there is only one resident in the pod, the auditor easily verified that the facility has exceeded this standard for more than 12 months. At least once every year the agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds on all shifts with a prohibition of staff alerting other staff of the conduct of the rounds. Documents provided, including recent staffing plan review, as well as interviews conducted, verify compliance with this standard. On page 6 and 7 of their PREA Policy, it states: "Ratios: Once a month, or on an as needed basis, the Operations Manager for each facility will create a schedule that will provide adequate levels of staffing to protect residents against sexual abuse or sexual harassment. Once the schedule is created, the PREA CM/FA will review the schedule to ensure it is completed correctly before it is posted for staff. Currently, the facilities maintain supervision staff ratios as required by TAC Chapter 343 which are currently 1:12 during program hours and 1:24 during non-program hours. Effective October 1, 2017, in order to achieve compliance, all CCJJD operated facilities will maintain the following staffing ratio: 1:8 during program hours and 1:16 during non-program hours, except during limited and discrete exigent circumstances, which will be fully documented by the PREA CM/FA. Only JSOs/RPOs shall be included in these ratios."

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.

The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. Interviews indicate this policy has not been violated, and there has not been exigent circumstances requiring cross-gender searches. The facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified if they occur. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. No such searches occurred in the past 12 months. Interviews conducted (of both staff and residents), and documentation received, indicate staff are properly trained, youth are aware of cross gendered staff, and searches are conducted by the book.

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.

The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under ß 115.364, or the investigation of the resident's allegations. In the past 12 months, there have been no instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under ß 115.364, or the investigation of the resident's allegations. Staff and residents indicate the agency will go the extra mile to assist anyone to understand what they need to understand in order to be safe and exercise their rights. Staff interviews and facility policy reviews indicate these efforts have been required and practiced in the agency culture for a number of years.

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.

The agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The Agency policy 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. The facility's policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks, consults any child abuse registry maintained by the State or locality in which the employee would work; and consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. During the past 12 months 5 staff and 3 contract persons have been hired who may have contact with residents who have had criminal background record checks. The Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. The Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Compliance with this standard was verified through a close reading of policy and other documentation provided, as well as a review of random personnel files pulled at the auditor's request, and through interviews with administrators, including HR Director. In excess of PREA Standards, the agency is able to receive almost immediate notification if employees have been found to be engaged in criminal activity. As it states on page 10 of the Cameron County PREA Operating Policy and Procedures, "DPS via the FAST system maintains an ongoing criminal background history of any applicant and alerts CCJJD of any new record or event."

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.

The agency or facility has has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. Documentation provided, as well as interviews with administrators, indicate PREA will be considered when updates occur in the future. The video monitoring system was demonstrated during the facility tour and is expandable. Agency PREA Polcy states on page 11, "Upgrades to Facilities and Technologies
CCJJD facilities will be designed to eliminate blind spots to protect residents from sexual abuse, assault, and sexual harassment. In addition, all facilities will continue to ensure that the video monitoring system is in working order and upgraded as needed.
a. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the CCJJD considers the effect of the design, acquisition, expansion, or modification upon the CCJJD's ability to protect residents from sexual abuse.
b. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the CCJJD considers how such technology may enhance its ability to protect residents from sexual abuse."

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.

The agency is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Since the agency (Cameron County Juvenile Justice Department) operates 3 facilities on the same campus, it assigns an investigator from a different facility to investigate allegations at this facility. Each facility has trained investigators on staff that can do administrative investigations. The auditor is auditing all three of these facilities and has reviewed all investigations (a total of 3) which were conducted in the past 12 months for these three facilities and found that these investigations have followed the minimum applicable agency protocols and PREA standards. CEO Tommy Ramirez, Jr. has shown himself, according to his own interview and interviews with staff and other administrators, to be fully invested in PREA. He personally follows all allegations, misconduct reports, and investigations to learn as much as possible regarding any incidents and to protect and make any changes and corrections that are needed, in addition to avoiding retaliation. Local law enforcement (Cameron County Sheriff) and TJJD have the criminal investigative responsibilities. SANE's and SAFE's are available through the Emergency Room of Valley Baptist Medical Center. When conducting a sexual abuse investigation, the investigators follow a uniform evidence protocol that is developmentally appropriate for youth and based on the most recent edition of the DOJ's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011. As verified by policy and interviews, all residents who experience sexual abuse have access to off site forensic medical examinations at the Valley Baptist Medical Center in Harlingen, TX. These examinations are offered without financial cost to the victim. When SANEs or SAFEs are not available, a qualified

medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. No forensic medical exams have been performed during the past 12 months because there were no allegations indicating an exam. The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means and these efforts are documented. This is provided through the Cameron County Children's Advocacy Center (Monica's and Maggie's House), but if they are not available to provide victim advocate services, the facility provides a qualified staff member.

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.

The facility, as well as Texas Department of Juvenile Justice, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency has a policy requiring allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

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.

As verified by interviews with staff, The facility trains all employees who may have contact with residents on the following required matters: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents' right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, and including relevant laws regarding the applicable age of consent. Such training is tailored to the gender, as well as any unique needs and attributes of residents. In the past 12 months all 19 staff employed by the facility, who may have contact with residents, were trained in PREA requirements. Between trainings, the agency provides employees with refresher information about current policies regarding sexual abuse and sexual harassment in handouts and staff meetings. The agency documents that employees understand the training they have received through employee signature. This verification was provided to the auditor and staff interviewed indicated a general understanding of the information.

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.

Volunteers and contractors who will have contact with residents have been trained on their responsibilities under the agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they will provide and level of contact they will have with residents. All volunteers and contractors who will have contact with residents will have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency maintains documentation confirming that volunteers/contractors understand the training they have received and this was reviewed by the auditor. This is the notice given to employees, interns and volunteers and posted around the facility:

NOTICE TO EMPLOYEES, INTERNS AND VOLUNTEERS

In accordance with Texas Family Code Chapter 261 and Texas Administrative Code Chapter 358, if you are an employee, intern or volunteer of a juvenile justice department, facility or program, and you have knowledge of an alleged incident of abuse, neglect or exploitation, **YOU ARE REQUIRED** to report this information to the Texas Juvenile Justice Department and local law enforcement.

Allegations of Sexual Abuse, Serious Physical Abuse and **death** must be reported to the **TJJD via the toll-free number within 4 hours** and to **law enforcement by phone within 1 hour**. Within 24 hours of the phone report, a completed Incident Report Form (IRF) must be submitted to the TJJD, preferably via e-mail (abuseneglect@tjjd.texas.gov), or if you do not have access to e-mail, via fax (512-424-6716).

All other types of alleged abuse, neglect or exploitation must be reported to the TJJD and local law enforcement **within 24 hours** of gaining knowledge of the alleged incident. The report to the TJJD must be made using the Incident Report Form, and the IRF must be submitted to the TJJD, preferably via e-mail (abuseneglect@tjjd.texas.gov), or if you do not have access to e-mail, via fax (512-424-6716).

In accordance with Texas Family Code Section 261.109, failure to report an alleged incident of abuse, neglect or exploitation is a **Class A misdemeanor**.

1-877-786-7263
(1-877-STOP ANE)

For more information, please contact an investigator at the Texas Juvenile Justice Department (512) 490-7126 or 512-490-7230.

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.

The facility's residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. In addition to providing such education, the agency ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. All residents admitted during the past 12 months have received this information in an age appropriate fashion, according to interviews and information provided. Many have received the information at previous placements as well. The agency maintains documentation of resident participation in PREA education sessions and this was provided to the auditor. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats, in both English and Spanish, as verified in interviews of staff and residents, and observed by the audit team during the facility tour. Interpretors/translators can be secured if other languages are needed. In addition to notices given about specifically reporting sexual abuse and harassment, the residents are notified of their rights to report ANY matter. Another notice posted prominently around the agency is the following:
"NOTICE TO CLIENTS: The Texas Juvenile Justice Department (TJJD) investigates complaints against county juvenile boards relating to the provision of juvenile services in every Texas county. TJJD, however, requires that the juvenile board be given the preliminary opportunity to resolve all complaints first at the local county level. In the event you have a concern or complaint regarding the provision of juvenile probation, detention or correctional services, please contact the county Chief Juvenile Probation Officer. In the event you are unable to resolve your concern or complaint with the Chief, you may ask to be placed on the juvenile board agenda to present your complaint in person at the next regularly scheduled juvenile board meeting by contacting the following juvenile board chairperson or his/her authorized designee at the following address or telephone number: Honorable Judge Janet Leal, Chairperson Cameron County Juvenile Board; 103rd District Court; 974 E. Harrison St.; Brownsville, TX 78520; Telephone #: (956) 544-0844. If the juvenile board is unable to resolve your concerns, you may file a written complaint against the juvenile board with: Texas Juvenile Justice Department; Attention: Legal Division; P. O. Box 13547; Austin, TX 78711. TJJD's investigation is limited to whether the juvenile board is in compliance with our agency's administrative standards. TJJD's investigation will not address the appropriateness of a disposition by the juvenile court. TJJD does not have the authority to override an order issued by a juvenile court. For more information, please contact the TJJD Legal Help Line at (512) 490-7130."

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.

The facility does its own adminstative but not criminal investigations, the State of Texas requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigating agencies are required to maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Documentation reviewed, and interviews with administrators, verify that the facility does investigate sexual abuse allegations at this time, and cooperates with authorities, and collects information needed to make determinations regarding resident treatment and safety.

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.

The agency has a written policy related to the training of medical and mental health practitioners who work regularly in its facilities. The training includes: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. During interviews these staff, including the PREA Coordinator, demonstrated an understanding of the processes utilized by medical and forensic professionals. The written policy states contractors must also complete PREA training. It states on page 18 and 19: "a. CCJJD ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. b. No medical care practitioner employed by CCJJD will conduct forensic examinations without first receiving appropriate training and providing documentation of such training to the CCJJD. c. CCJJD maintains documentation that medical and mental health practitioners who regularly work with CCJJD have completed the required specialized training indicated above either from CCJJD or elsewhere. d. Medical and mental health care practitioners also receive the training mandated for employees under §115.331 or for Contractors and Volunteers under §115.332, depending upon the practitioner's status at the agency."

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.

The facility has a policy that requires screening (upon admission to the facility or transfer from another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Such assessments shall be conducted using an objective screening instrument. At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Controls are in place on the dissemination within the facility of responses to questions asked pursuant to this

standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Interviews of both residents and staff, as well as documentation reviewed, indicate all residents have been screened. Also, the facilty is reassessing when a resident is high risk and when new information regarding risk factors come to their attention. These screenings are done in a private area utilizing experienced screeners.

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.

The agency/facility uses information from the risk screening required by ß115.341 to inform housing, bed, work, education, and program assignments. The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. The facility uses all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only 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. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. Since residents who are screened as being high risk are rare in this program for various reasons, the audit team inquired as to whether the staff feel that their training has been adequate to prepare them for the unusual circumstances when a resident may be high risk for victimization or abusiveness, or may be part of a group that has been targeted in confinement. The answers were very reassuring regarding the compentency of the staff as well as the ability of the structure and flexibility of the program to provide safety. For example, all residents shower separately anyway, and have single occupancy rooms.

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.

The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the facility. This is accomplished though the TJJD hotlines. There are no residents detained solely for civil immigration purposes at this time. The agency has a policy mandating that staff accept reports of sexual

abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports by the end of their shifts. The facility does provide residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency has also established procedures for staff to privately report sexual abuse and sexual harassment of residents. This is how they spell it out in their Agency PREA Policy on page 20 and 21:

"a. CCJJD provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Such methods are:

1. the resident being able to call the 24 hour toll-free hotline at 1-877-786-7263 without being heard by staff or other residents;
2. filing a written grievance;
3. by resident telling a CCJJD Shift Supervisor, who are then required to report the incident to appropriate law enforcement agency and then TJJD.

b. CCJJD provides at least one way for residents to report sexual abuse or harassment to a public or private entity, or office that is not part of the agency, and that is able to receive and immediately forward resident's reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

1. These private and public entities include TJJD Abuse, Neglect & Exploitation (ANE) hotline at 1-877-786-7263, CCSO, San Benito or Harlingen Police Department, CCCAC, and Tropical Texas Behavioral Health.

c. CCJJD accepts reports made verbally, in writing, anonymously, and from third parties including Volunteers/Interns and counselors and promptly documents any verbal reports.

1. CCJJD staff will immediately and without delay notify their Supervisor of the report and turn over any relevant documentation of the report.
2. Anonymous and third party reports may be submitted by calling TJJD's 24 hour toll-free number 1-877-786-7263.

d. CCJJD operated facilities provides residents with access to tools necessary to make a written report.

e. CCJJD staff members may also privately report sexual abuse and sexual harassment of residents by calling TJJD's 24-hour toll-free number 1-877-786-7263.

Information on how to report alleged sexual abuse and sexual harassment is posted in all of the public and secure areas of the CCJJD's operated facilities accessible to all residents, staff, and the public."

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.

The facility has an administrative procedure for dealing with resident grievances regarding sexual abuse. The facility policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. There is no time limit for a resident to submit a grievance regarding an allegation of sexual abuse, and the resident is not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The facility's policy allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The facility's procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The facility has policy that requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The facility notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. The facility policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Policy requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Policy allows legal guardians of residents to file a grievance, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. Policy limits the agency's ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. Emergency grievances require an initial response within 48 hours and that a final agency decision be issue within 5 days. Interviews conducted, and documentation received, indicate that one

allegation of sexual abuse or harassment came to the attention of the facility through the grievance system, using a grievance form. This was investigated and resolved as per agency policy and PREA Standards.

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.

The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations. The facility has a Memorandum of Understanding with the Cameron County Children's Advocacy Center/Monica's and Maggie's House (1390 W. Expressway 83; San Benito, Texas 78586; Phone: 956-361-3313). This Center is a member of the Children's Advocacy Centers of Texas (http://www.cactx.org). The auditor has a copy of this MOU and interviewed the Director of the Advocacy Center by phone. Director Anna De La Cruz verifies the working relationship the agencies have and states the facility does very well and is very appropriate and proactive in addressing any outcries. She has no concerns regarding the facility and is ready and able to provide services in the event of an incident of sexual abuse. Her staff are regularly trained, including regarding the dynamics of sexual abuse in confinement. Also posted at the facility is the number for the Family Crisis Center of Rio Grande Valley: 1-866-423-9304.

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.

The facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment by phone, email, in writing, and by personal contact. The facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. This notice is promently posted: "NOTICE TO THE PUBLIC REGARDING ABUSE, NEGLECT AND EXPLOITATION
The Texas Juvenile Justice Department (TJJD) investigates alleged incidents of abuse, neglect and exploitation in juvenile justice facilities, including public or private short-term juvenile pre-adjudication secure detention facilities (holdovers); public or private juvenile pre-adjudication secure detention facilities; public or private juvenile post-adjudication secure correctional facilities; and, public or private non-secure juvenile residential treatment facilities that are not solely licensed by the Texas Department of Family and Protective Services or Department of State Health Services. The TJJD also investigates alleged incidents of abuse, neglect and exploitation in juvenile justice departments and programs, including juvenile justice alternative education programs (JJAEPs); and, non-residential programs that serve

juvenile offenders under the jurisdiction of the juvenile court. If you are a member of the public and you have a concern or complaint regarding the health and safety of a juvenile in a juvenile justice facility or program, please contact the TJJD at the following TOLL FREE number: 1-877-786-7263; (1-877- STOP ANE). TJJD investigations are limited to whether an alleged incident of abuse, neglect or exploitation occurred based on the statutory definitions of abuse, neglect and exploitation. Investigators will not address the appropriateness of a disposition by the juvenile court and do not have the authority to override an order issued by a juvenile court. For more information, please contact an investigator at the Texas Juvenile Justice Department at (512) 490-7126 or (512) 490-7230."

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.

Interviews with staff and administrators, as well as a review of policy, verify that all staff are required to report immediately: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. They also must report any retaliation against residents or staff who reported such an incident. They must report staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health professionals are required to report sexual abuse to designated supervisors, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report is be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee will also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. The facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, for investigation. Their PREA Policy deals with it this way on Page 26 and 27: "Staff and Agency Reporting Duties

a. All CCJJD staff are required to report immediately (it is not an option) to their designated Supervisor, the appropriate government agency, and law enforcement any knowledge, suspicion, or information they receive regarding:

1. an incident of sexual abuse or sexual harassment that occurred in a CCJJD operated facility, whether or not it is part of the CCJJD:
2. retaliation against residents or staff who reported such an incident; and
3. any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
4. Upon receiving notification of an alleged case of sexual abuse or sexual harassment, the Shift Supervisor of the facility shall immediately notify the PREA CM/FA, PREA Coordinator and LVN of the alleged incident. The PREA CM/FA shall notify the CCSO. The notification to the local authorities shall occur within one (1) hour of the incident. The PREA CM/FA or PREA Coordinator must also submit a report to the TJJD within four (4) hours of the incident. Proper notification shall be given to the resident's parent/guardian/custodian and/or staff from placing county.

b. The CCJJD also requires all staff members to comply with any applicable mandatory child abuse reporting laws.

c. Apart from reporting to designated Supervisors or officials and designated State or local services agencies, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

d. Medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials as indicated above, as well as to the designated State or local services agency where required by mandatory reporting laws according to their licensing agencies. Such practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

e. Upon receiving any allegation of sexual abuse, PREA CM/FA shall promptly report the allegation to TJJD, local law enforcement, the PREA Coordinator and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents

or legal guardians should not be notified. The PREA CM/FA or PREA Coordinator will report the incident to the Deputy Director who will notify the CJPO.

1. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
2. If a juvenile court retains jurisdiction over the alleged victim, the PREA CM/FA or PREA Coordinator will report the allegation to the juvenile's attorney or other legal representative of record within fourteen (14) days of receiving the allegation.

f. The CCJJD and its operated facilities assign all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to a designated CCJJD investigator.

Staff that does not report their knowledge, suspicion, or information relating to sexual abuse may be subject to disciplinary action including suspension or termination by the CJPO."

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.

When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Interviews indicate staff take this responsibility very seriously. In the past 12 months, there were no times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse. Interviews conducted, and documentation provided, indicate the staff are trained and vigilent and can respond appropriately should they learn of such a risk.

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.

The facility's policy requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director must notify the head of the facility where sexual abuse is alleged to have occurred, as well as notifying the appropriate investigative agency. In the past 12 months, no allegations have been received that a resident was abused while confined at another facility. The agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy also requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. Facility Administrator Laura Torres understands these duties, being the PREA Compliance Manager as well as a trained investigator, ready to fulfill her obligations under this standard.

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.

The agency/facility has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: preserve and protect any crime scene until appropriate steps could be taken to collect any evidence; request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Training logs and training curriculum indicate all duties are covered. Each first responder, and other staff, has been given the following card to carry: "PREA – Immediate Response Procedure Card: Upon witnessing or receiving a report of sexual abuse or harassment, the first responder shall:

1. Advise the Shift Supervisor on Duty, who in turn will notify the CM/FA, LVN and PREA Coordinator.
2. Immediately separate the alleged perpetrator and victim
3. Escort the victim to the infirmary and the alleged perpetrator to the nearest available cell away from the crime scene
4. Instruct the victim and alleged perpetrator to not shower or otherwise clean themselves, not to eat, drink, brush their teeth, or otherwise take any action that could damage or destroy evidence.
5. Isolate any witnesses
6. Secure the crime scene
7. Place a staff at the scene to not allow anyone to enter or remove articles
8. Staff shall take the alleged victim to the in house LVN or Med-Tech for an initial evaluation and any immediate first aid treatment will be ONLY solely covered to protect any evidence. Do not clean any injury.
9. Once alleged perpetrator and victim are safe, the CM/FA or PREA Coordinator will make contact with the Cameron County Sheriff's Department and await further word from their investigators.
10. With approval of the CM/FA, the LVN or Med-Tech shall accompany the victim to Valley Baptist Medical Center – Harlingen, where he/she can be examined by a Sexual Assault Nurse Examiner (SANE).
11. Victim shall be offered immediate victim advocate services
12. ALL STAFF shall submit written reports of incidents to the CM/FA ASAP."

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.

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership, and this was provided to the auditor and covered in training. The First Responder Card, copied into the previous section, serves as an abbreviated version of a portion of the Coordinated Response Plan, and is distributed widely among staff.

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.

The facility is not part of a Collective Bargaining Contract and maintains its ability to protect it's residents and employees from abusers.

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.

The facility has a policy to protect all residents and staff or any cooperating individual who reports sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Staff member(s) or department(s) are charged with monitoring for possible retaliation. PREA Coordinator Aminda Torres and PREA Compliance Manager Laura Torres are charged with monitoring retaliation at the facility, with support from CEO Ramirez and all the supervisors. They monitor the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. They examine resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. They understand that their responsibilities require them to continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring will also include periodic status checks. The agency/facility acts promptly to remedy any such retaliation.

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.

The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. In the past 12 months no residents who have alleged sexual abuse have been placed in isolation or segregated.

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.

The facility has a policy related to criminal and administrative agency investigations. All sections of this standard have been added to the agency's written policies. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. When the quality of evidence appears to support criminal prosecution, the investigative agency will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not be determined by the person's status as resident or staff. No polygraphs are required. Administrative investigations, conducted by the agency include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. In an attempt to reduce bias and increase professionalism, the trained investigators for all programs under the umbrella of the Hester Center are assigned to investigate programs other than their own. In other words, Mr. Sanchez from the Boot Camp will investigate allegations at the Detention Center or at LIFE and BRAVE and investigators who have assigned duties in the other programs would be assigned to investigate an allegation that might arise at the Boot Camp. Criminal investigations are completed by the Sheriff and/or TJJD and will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The agency will retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. The departure of the alleged abuser or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation. They auditor reviewed the investigations conducted in the past 12 months for all the facilities in the Hester Complex and found them to follow PREA Standards and generally accepted investigative protocols and practices.

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.

Written policy and interviews with administrators verify that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

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.

Policy requires that any resident who makes an allegation that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the facility has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the resident's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The agency has a policy that all notifications to residents described under this standard are documented. The auditor reviewed all investigations conducted in the three facilities in the Cameron County Juvenile Justice Center and it appears that residents were notified appropriately.

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.

The facility's staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months no staff from the facility were alleged to have violated agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. All terminations for violations of agency sexual abuse or

sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there have been no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

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.

Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

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.

Policy review and interviews indicate: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been no findings of resident-on-resident sexual abuse that have occurred at the facility. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months no residents have been placed in isolation as a disciplinary sanction for resident-on resident sexual abuse. The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions. The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents and disciplines residents for such activity, but deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

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.

All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to ß115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. In the past 12 months, all residents regardless of disclosure for prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner. Medical and mental health staff maintain secondary materials documenting compliance with the above required services. All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to ß 115.341, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Mental health staff maintain secondary materials documenting compliance with the above required services. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

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.

Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. All residents are offerd pregnancy tests when applicable and given information about medical services. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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.

The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

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.

The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded. The facility conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepares a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager. The facility implements the recommendations for improvement, or documents its reasons for not doing so.

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.

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data at least annually. The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. TJJD obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The agency can provide the Department of Justice with data from the previous calendar year upon request.

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.

The Agency reviews data collected and aggregated pursuant to ß115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years. Annual reports provide an assessment of the agency's progress in addressing sexual abuse. The agency makes its annual report readily available to the public at least annually through the TJJD website system. The annual reports are approved by the agency head. When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

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.

The facility ensures that incident-based and aggregate data are securely retained. Agency policy requires that aggregated sexual abuse data be made readily available to the public, at least annually, through the agency. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to ß115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise. Interviews were conducted with administrators who explained their system and also verified a broad commitment to confidentiality that is reflected in their written agency policy, and indicate this standard is being followed to the best of their ability and understanding on conjunction with TJJD.

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.

D. Will Weir 09/02/2016

Auditor Signature Date