# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## REPORT JUVENILE FACILITIES

### Name of Facility:
Edna Tamayo House

### Physical Address:
1438 N 77th Sunshine Strip, Harlingen TX 78550

### Date report submitted:
October 23, 2014

### Auditor information:

<table>
<thead>
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<th>Dwight Sadler</th>
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<tbody>
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<tr>
<td>Date of facility visit</td>
<td>August 6, 2014</td>
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### Facility Information:

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<td>Telephone Number:</td>
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<td>The Facility is:</td>
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<td>Military</td>
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### Agency Information:

| Name of Agency: | Texas Juvenile Justice Department |
| Governing Authority of Parent Agency: | |
| (if Applicable) | |
| Physical Address: | 11209 Metric Blvd, Bldg H, Austin TX 78758 |
| Mailing Address: | |
| (if different from above) | PO Box 12751, Austin TX 78711-2757 |
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AUDIT FINDINGS

NARRATIVE:

The PREA Audit was conducted on August 6, 2014 at Edna Tamayo House (Tamayo House), a Texas Juvenile Justice Department (TJJD) halfway house. The audit was conducted by certified PREA Auditor Dwight Sadler and assisted by Nicole Prather and Debbie Unruh.

Following the entrance meeting a thorough tour of the facility was provided by the facility’s administrative staff. A comprehensive list of residents and staff was requested and provided. A random selection of residents covering each of the halfway house’s 6 bedrooms as well as correctional staff covering all three shifts were interviewed. Interviews with specialized staff included the Superintendent, Assistant Superintendent who is also the PREA Compliance Manager, the agency PREA Coordinator, staff designated as First Responders, intake staff, SARB team member, staff who screen for risk of victimization and abusiveness, and higher level staff who conduct unannounced rounds. Criminal and administrative investigations at the Tamayo Halfway House are conducted by investigators from the Evins Regional Juvenile Facility, also a TJJD facility, located in Edinburg, about 45 miles west of Harlingen. Interviews with investigators were conducted at the Evins facility.

The Edna Tamayo House had no allegations of sexual abuse or sexual harassment made during the 12 month period preceding the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Edna Tamayo House is a medium restriction facility located in Edinburg, Texas. The facility has a design capacity of 24 youth and houses only male offenders. There are six bedrooms in the house with four residents assigned to each room. There were 16 residents assigned to Tamayo House the day of the audit. This facility provides moderate level drug and alcohol treatment to residents who stay a reported 3 to 4 months on average.

SUMMARY OF AUDIT FINDINGS:

Tamayo House has an extensive camera system which greatly reduces the possibility of blind spots existing in this facility. As required by PREA standards, cameras do not capture the resident’s showers, toilets or the inside of their rooms. Residents interviewed were well informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents. Residents were able to recollect being informed of their PREA rights upon arrival at Tamayo. Residents interviewed were not able to recollect or discuss having knowledge of outside victim advocates for emotional support services related to sexual abuse. Correctional staff members interviewed were knowledgeable regarding reporting procedures but many could not articulate the agency’s protocol for collecting evidence or procedures to follow in a situation where they may be the first person notified of a sexual abuse allegation.

SINCE THE AUDIT: The Edna Tamayo House was found to be non-compliant with 2 standards at the time the initial report of findings was issued. Since that time the Texas Juvenile Justice Department has provided additional documentation, drafted new procedures, and clarified practices in these areas that has resulted in the Edna Tamayo House now being PREA complaint. Details of the changes made to achieve compliance are discussed with the individual standards.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(a), (b) and (d)
Tamayo House meets the standard. The Texas Juvenile Justice Department (TJJD) has a zero tolerance policy towards all forms of sexual abuse and harassment. The agency has one dedicated PREA Coordinator and Tamayo House has a designated PREA Manager. Both indicated that they have time to fulfill their PREA responsibilities during the interview process.

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)
☐ Non-Applicable Standard

Auditor comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(e)(2)
TJJD requires all existing contracting facilities meet PREA standards upon renewal. Sample contracts were provided for review.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9955(d) and 380.9337(e)
The documentation provided demonstrates the development process described in 115.313(a) of the standard. At the time of the audit the facility reported no deviations from their staffing plan. Documentation provided and a review of video showed frequent unannounced rounds are made on all shifts by mid or higher level supervisors.
**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 comments, including corrective actions needed if does not meet standard**

Policy Reviewed: 380.9337(e),(c),(d) and 380.9709 (l)(f)

TJJD policy prohibits cross gender viewing and searches. All staff and residents interviewed verified that this practice does not happen under any circumstances. The residents and staff verified during the interview process that all staff announce their presence when entering a the house. This practice is covered in TJJD policy and was observed during the facility tour.

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**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 comments, including corrective actions needed if does not meet standard**

Policy Reviewed: 380.9337(e)

Contracts between TJJD and Interpreters Unlimited and South Texas Interpreters for the Deaf were provided for review. English and Spanish PREA written material that is covered during orientation was reviewed as well. English and Spanish PREA orientation scripts were also provided for review.

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**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 comments, including corrective actions needed if does not meet standard**

Policy Reviewed: 380.9337(e), 385.8181(d), PRS 02.07 and 02.08

TJJD policy requirements addresses all elements of this standard. Documentation was provided showing that TJJD conducts background checks on all current employees on a yearly basis, which far exceeds the standard requirement of every five years. There had been only one new hire at Tamayo House during the audit period and all background checks had been completed. Tamayo House does not contract with any service providers.
STANDARD §115.318 – Upgrades to Facilities and Technology

☐ 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(7)(a)(b)

Tamayo House had 3 cameras installed in June of 2014 to address blind spots that were identified outside the house.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(1) and 385.8183

TJJD is responsible for conducting both criminal and administrative investigations at the Edna Tamayo House. A uniform evidence protocol is used that would maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol provided is titled "A National Protocol for Sexual Assault Medical Forensic Examinations, Second Edition, April 2013." A Memorandum of Understanding with the Women's Shelter of South Texas was provided. There have been no forensic medical exams conducted in the past 12 months.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(i), (f) and INS 71.01

Agency policy requires all allegations of sexual abuse are reported to the TJJD Incident Reporting Center (IRC). The allegations are reviewed by the IRC then referred to TJJD's Office of Inspector General or the Administrative Investigation Division.
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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(g)

TJJD policy requires the agency to provide PREA-related training to all employees who may have contact with residents. Training records, training curriculum, and staff interviews verified that the Tamayo House employees receive the required training for this standard through new hire orientation, annual block training, e-courses, and on the job training sessions. Sign-in sheets which include the course title and description are kept for each training class.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337 (g)

TJJD agency policy requires that all volunteers and contractors who have direct access to residents be trained on and understand their responsibilities regarding PREA. The TJJD Volunteer Training Manual and volunteer orientation signature pages from trainings were provided for review. The required PREA information is covered in the trainings.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(g)

During intake residents are provided a handbook, and they are read a script that is available in English and Spanish. The date and time of the resident's intake as well as the date and time the information is provided is documented. During the tour of Tamayo House, and during interviews, the residents acknowledged receiving this information during the intake process. The residents also acknowledged watching the PREA video that the facility shows to all residents during the intake process. Hotline numbers for reporting incidents of sexual abuse or sexual harassment are
prominately displayed throughout the facility. Additionally, youth files were pulled and reviewed for documentation.

**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 comments, including corrective actions needed if does not meet standard**

Policy Reviewed: 380.9337(g)

Training records provided by the Office of Inspector General and the Administrative Investigations Division and interviews conducted with investigators for the Evins facility, who also serve Tamayo House, verified that all requirements of this standard have been met.

**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 comments, including corrective actions needed if does not meet standard**

Policy Reviewed: 380.9337(g)

Tamayo House is served by medical staff from the Evins Regional Juvenile Center, who do not conduct forensic medical exams. All medical and mental health staff do receive the training mandated by this standard. Training records and interviews with staff verified compliance.

**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 comments, including corrective actions needed if does not meet standard**

Policy Reviewed: 380.9337(h)

Intake screening is conducted at the TJJD's Ron Jackson orientation and assessment facility; however, reassessments are conducted at Tamayo House. A review of files verified that residents are screened within 72 hours of arrival at Tamayo house. Resident interviews and a review of agency policy also verified compliance with this standard.
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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(h), 380.9745(i) and INS 75.13
A review of and discussion regarding the INS-400 form, provided prior to the on-site audit, along with staff interviews verified compliance with this standard. TJJD policy prohibits the placement of youth in isolation due to the risk sexual victimization.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(i) and (d)
TJJD policy provides multiple internal ways for residents to privately report allegations. One of the numbers provided is a toll free number maintained by the Office of the Independent Ombudsman which is a separate state agency. Interviews with staff and residents demonstrated compliance with this standard including staff acceptance of verbal reports and staff discussing ways to report allegations privately. All components of this standard are also covered in TJJD policy.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(i), (d), YRP 05.05(c) and GAP 07.03
The agency does not meet the requirements of PREA standard 115.352(d). There is no policy or practice in place requiring a final decision be made by the agency on the merits of any portion of a grievance or administrative investigation alleging sexual abuse within 90 days of the initial filing. There is no policy or practice in place for the agency to claim an extension of time to respond and to notify the victim in writing of the extension along with a date on which a decision will be made. Tamayo House reported no grievances were filed in the previous 12 months that alleged sexual abuse.
Corrective Action Required
Policy revisions should be made to bring the agency into compliance with this standard.

SINCE THE AUDIT: 1. Operations procedures have been provided from the Office of Inspector General stating that their investigations are conducted and a completed investigative report is submitted to a supervisor within sixty days.
2. The Administrative Investigations Division of TJJD provided a memo stating that their department recently revised their operating procedures to allow 60 business days from the receipt of the allegation to final disposition of the investigation. The AID procedures allow for the investigator to request an extension up to 70 calendar days to complete the investigation.

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 comments, including corrective actions needed if does not meet standard
Policy Reviewed: 380.9337(i), 380.9301(I) and 380.9311

A Memorandum of Understanding (MOU) with the Women’s Shelter of South Texas was provided. The MOU indicates the telephone number will be distributed to youth after it has been determined that the youth in question is the victim of sexual abuse and has refused the on-site counseling services offered by TJJD. The residents interviewed could not provide information on outside support contact information nor could they recall being provided this information. The facility does provide the residents with reasonable and confidential access to their parents and/or legal guardians.

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 comments, including corrective actions needed if does not meet standard
Policy Reviewed: 380.9337(i)

The agency has established a method, outlined in agency policy, to receive third party reporting and this information is available on the TJJD website.
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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j), 380.9333(II)(g) and GAP 07.03

TJJD policy requires all staff to immediately report to the Office of Inspector General any allegation of abuse or retaliation. Policy also prohibits staff from revealing any information related to sexual abuse to anyone other than to the extent necessary. Staff interviews demonstrated good knowledge of their reporting responsibilities, including notification of the alleged victim's parents or legal guardians.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

Agency policy and interviews with staff verified compliance with this standard. Tamayo House reported having no residents subject to a substantial risk of imminent sexual abuse in the past 12 months.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

Agency policy addresses the requirements for this standard. Interviews demonstrated an understanding of the reporting requirements. Tamayo House reported no cases requiring reporting to other facilities.
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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

The agency has established policies regarding first responder duties. Most staff interviewed were able to articulate an understanding of the first responder duties and procedures. Tamayo House had no reported allegations of sexual abuse in the past 12 months.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)(5)

This standard requires a written institutional plan for each facility. The agency has developed a blanket policy that covers all facilities.

Corrective Action Required

A written institutional plan to coordinate responses should be developed specifically for Tamayo House.

SINCE THE AUDIT: The agency has provided a written institutional plan to coordinate actions in response to allegations of sexual abuse that is specific to the Tamayo House.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

The Texas Juvenile Justice Department does not enter into collective bargaining agreements.
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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

The agency has a retaliation policy that protects all residents and staff members who report sexual abuse or sexual harassment or who cooperate with an investigation. Tamayo House has designated staff members responsible for monitoring against retaliation. Tamayo House reported no allegations of sexual abuse or cases where protection measures were needed against 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

TJJD's policy prohibits the use of segregated housing to protect residents who have alleged sexual abuse.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(k)

TJJD policy covers all components of this standard. All investigations of sexual abuse or harassment are conducted by the Office of Inspector General (OIG) or the Administrative Investigation Division (AID). Training records and sample cases provided verified compliance with the standard. Interviews conducted with investigators for both offices verified compliance with the requirements of the standard. OIG and AID investigators office out of the Evins facility and travel to Tamayo House as necessary.
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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(k)
Agency policy was reviewed, and an interview with the administrative investigator for Tamayo House verified compliance with the standard.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(k)
A review of agency policy and interviews with the Superintendent and Administrative Investigations Division Investigator verified agency policy that the residents are notified of the outcome of investigations. Tamayo House has had no allegations of sexual abuse within the past 12 months.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(l)
Tamayo House reported no staff disciplinary action during this period due to violating agency sexual abuse or sexual harassment policy. Agency policy contains all components of this standard.

STANDARD §115.377 – Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)
Auditor comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(l) and (j)

There have been no cases of volunteers or contractors at Tamayo House reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of the residents. TJJD policy contains all components of the standard.

**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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(l), 380.9503(l) and INS 75.13

There were no substantiated cases, either administrative or criminal, regarding resident on resident sexual abuse in the past 12 months at the halfway house.

**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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9333(m)

TJJD has policy that addresses this standard. Tamayo House has not had any reports of prior sexual victimization or previously perpetrated sexual abuse in the past 12 months.

**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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(m)

There were no cases of sexual assault requiring medical attention at Tamayo House to review.
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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(m)
TJJD policy addresses the components of this standard. There are no female residents at this facility, and no allegations of sexual abuse were made in the past 12 months.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(n)
TJJD policy addresses the requirements of this standard. Tamayo House had no administrative or criminal investigations requiring a Sexual Assault Review Board (SARB) to be conducted.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(o)
TJJD collects uniform data on all allegations of sexual abuse using a standardized instrument. This allows the agency to submit the annual DOJ Survey of Sexual Violence. This was confirmed through an interview with the agency PREA Coordinator.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(p) (1)

TJJD policy mandates the review of aggregate sexual abuse data to assess and improve the effectiveness of the agencies policies, practices and training. Documentation provided verified the agency's preparation and review of the data with corrective action plans. The annual report is posted on the agency website.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(o) and (p)

TJJD policy ensures that all sexual abuse data is retained securely. This policy was verified through an interview with the agency PREA Coordinator.

AUDITOR CERTIFICATION:
The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

[Signature]
Auditor Signature

10/23/2014
Date