

PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of Facility:	Evins Regional Juvenile Center		
Physical Address:	3801 E Monte Cristo Rd, Edinburg TX, 78541		
Date report submitted:	October 23, 2014		
Auditor information:			
Name:	Dwight Sadler		
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Telephone number:	(512) 490-7972		
Date of facility visit:	August 4-5, 2014		
Facility Information:			
Facility Mailing Address: (if different from above)	Same		
Telephone Number:	(956) 289-5500		
The Facility is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit	<input type="checkbox"/> County <input type="checkbox"/> Municipal	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	Other:
Name of PREA Compliance Manager	Felix Garza	Title:	Compliance Officer
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Agency Information			
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Governing Authority of Parent Agency: (if Applicable)			
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AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Evins Regional Juvenile Facility was conducted on August 4-5, 2014. The audit was conducted by certified PREA Auditor Dwight Sadler and assisted by Nicole Prather and Debbie Unruh. Prior to arrival the audit team had reviewed the pertinent agency policies, procedures, and related documentation and forms that had been provided to demonstrate the facility's compliance with PREA standards. A review of the Pre-Audit Questionnaire prompted several questions that were addressed by the facility's PREA Compliance Officer prior to or during the on-site audit process. The PREA Compliance Officer provided the audit team with a comprehensive list of facility residents by housing unit as well as a list of facility staff by shift and job assignment. A total of twelve (12) residents covering each of 4 housing units as well as the security unit were randomly selected for interviews. Fifteen (15) staff members were interviewed including one staff who served in two roles under the specialized staff and one volunteer. Staff interviews included correctional staff covering each of the three shifts. Interviews with specialized staff included the Superintendent, PREA Compliance Manager, the agency PREA Coordinator, First Responders, medical and mental health staff, investigators, intake staff, sexual assault review board (SARB) team member, and human resource personnel. A thorough tour of the facility was provided by the administrative staff. A sample of eight administrative and two criminal cases alleging sexual abuse were reviewed. All criminal and administrative investigations at the Evins facility are conducted by TJJD's Office of Inspector General and the Administrative Investigations Division.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Evins Regional Juvenile Facility is part of the Texas Juvenile Justice Department (TJJD), and is a high restriction facility located in Edinburg, Texas that serves adolescent males between the ages of ten and nineteen. The Evins facility has a design capacity of 177 youths. There were 136 residents assigned to Evins at the time of the audit. Entry and exit from the facility is controlled through one secure gatehouse. The perimeter of the facility is enclosed by a single fence. There are sixteen buildings within the fenced area. There are five housing units, including the facility's security unit, three education buildings, a single building that includes the cafeteria and warehouse, an infirmary, a greenhouse, a recreation building, a gymnasium, a training center, the gatehouse, and the administration building. All of the housing units are single cell in design.

SUMMARY OF AUDIT FINDINGS:

The Evins facility has an extensive camera system that limits blind spots. Two pipe chases located in the vocational building did not have camera coverage. A crawl space in the security building also did not have camera coverage. It is noted that these areas are behind locked doors. Once a person enters these closet areas they are out of camera range. Cameras were checked on the resident housing units and, as required by PREA standards, cameras do not capture the resident's showers, toilets or the inside of their rooms. Construction was underway to replace the doors on the group rooms on Dorm 4. The location of the door on each group room on Dorms 4 & 5 are being moved and the doors are being installed so they will swing out rather than in so the residents will not be able to barricade themselves in the group rooms. The view windows on each group room were also being relocated. The residents on Dorm 3 were temporarily assigned to Dorm 2 while repairs were made to the air conditioning unit on Dorm 3. Residents interviewed appeared to be well informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents. 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 Evins Regional Juvenile Facility was found to be non-compliant with 3 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 Evins Regional Juvenile Facility now being PREA compliant. Details of the changes made to achieve compliance are discussed with the individual standards.

Number of standards exceeded: 2

Number of standards met: 39

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)

The Evins facility meets the standard. TJJD has a zero tolerance policy towards all forms of sexual abuse and harassment. The agency has one dedicated PREA Coordinator and the Evins facility 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)

The Texas Juvenile Justice Department requires all existing contracting facilities meet PREA standards upon renewal. All new contracts awarded by the agency include a clause requiring the contractor to adopt and comply with applicable PREA standards. Copies of existing contracts were reviewed and verified 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9955(d) and 380.9337(e)

Documentation provided demonstrates the development process described in 115.313(a) of the standard. At the time of the audit the facility had not deviated from their staffing plan. Documentation and a review of video showed frequent unannounced rounds are made on all shifts by mid or higher lever 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 (i)(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 housing unit of the opposite gender. This practice is covered in TJJD policy and was observed during the facility tour.

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.

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. A sample of files were reviewed for new hires and promotions, and all contractor files were reviewed for compliance. 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.

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)

The facility had minor renovations for improved visibility and ease of access. The doors on eight group rooms were being changed to where they swing out rather than in so the residents would not be able to barricade themselves inside the group rooms. The viewing windows on the group rooms were also moved. Detailed documentation was provided including meeting minutes, inspection reports, drawings, and design plans.

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(I) and 385.8183

TJJD is responsible for conducting both criminal and administrative investigations at the Evins facility. 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 also provided for review.

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

Allegations of sexual abuse are reported to the TJJJ Incident Reporting Center (IRC). The allegations are reviewed by the IRC then referred to TJJJ'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)

TJJJ 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 facility provides 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)

TJJJ agency policy requires that all volunteers and contractors who have direct access to residents be trained on and understand their responsibilities regarding PREA. Records, training manuals, and interviews with volunteers and the volunteer coordinator verified compliance with this standard.

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 facility tour 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 prominently 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 along with interviews conducted with investigators for the Evins facility 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)

Medical staff at the Evins facility 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)

The screening instrument used by the Texas Juvenile Justice Department at intake is comprised of the CCF-001 Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization form and the CCF-035 Safe Housing Assessment form. The forms capture all 11 criteria listed in the PREA standard. Access to this information is limited to administrative staff and case managers.

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 documentation provided during the pre-audit stage and discussion and interviews with staff during and after the on site audit verified compliance with this standard.

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.

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 up to 70 days to respond and to notify the victim in writing of the extension along with a date on which a decision will be made. There were four grievances filed at the Evins facility during the past 12 months alleging 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 TJJJ 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 with the Women's Shelter of South Texas was provided. However, residents interviewed could not provide information on outside support contact information provided them nor could they recall being provided this information. The facility does provide the residents with reasonable and confidential access to their parents 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 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.

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 random JCO staff, the facility Superintendent, and the TJJD agency head verified compliance with this standard.

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. The Evins facility 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. The Evins facility provided an incident report detailing an incident that was initially handled as a sexual assault. All first responder steps were followed in the incident report.

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

An institutional plan specific to the Evins facility should be developed by TJJD.

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 Evins Regional Juvenile Center.

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. The Evins facility has designated staff members responsible for monitoring against retaliation. The facility provided documentation detailing a case where monitoring for retaliation was provided on a weekly basis for a period of about five months following a report of sexual abuse.

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 or the Administrative Investigation Division. 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.

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 the Evins facility 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, a sample of the investigations completed, and interviews with the Superintendent and Criminal Investigator indicated that the residents are notified of the outcome of the investigations.

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)

The Evins facility reported no staff disciplinary action during the audit period due to violating agency sexual abuse or sexual harassment policy.

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 the Evins facility reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of the residents.

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(i) 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 facility.

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: 380.933(m)

The agency has policy that addresses this standard. The Evins facility has not had any reports of prior victimization.

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)

The Evins Regional Juvenile Center had no cases of sexual assault requiring medical attention 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)

Agency policy addresses the components of this standard. Interviews with medical and mental health staff verify compliance with this standard.

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)

Agency policy addresses the requirements of this standard, however, the Evins facility had several administrative investigations that were not unfounded. A Sexual Assault Review Board (SARB) was not conducted for most of the investigations. The SARB that was conducted was reviewed and found to be thorough, organized, and well written. The SARB was held within 30 days of the conclusion of the investigation.

Corrective Action Required

Provide documentation that ensures that a SARB will be completed at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded.

SINCE THE AUDIT: The Evins Regional Juvenile Facility has provided minutes from a SARB meeting that took place on August 28, 2014 to review a case that had been closed as Not Sustained by the Office of Inspector General. The SARB minutes and accompanying emails demonstrates that the facility is now reviewing all cases that have not been ruled unfounded.

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)

Agency 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.



Auditor Signature

10/23/2014
Date