

# PREA AUDIT: AUDITOR'S SUMMARY

## REPORT JUVENILE FACILITIES

NATIONAL  
PREA  
RESOURCE  
CENTER



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

<b>Name of Facility:</b>	Schaeffer Halfway House		
<b>Physical Address:</b>	12451 Garment Industrial Rd, El Paso, TX 79938		
<b>Date report submitted:</b>	February 27, 2015		
<b>Auditor information:</b>			
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<b>Date of facility visit:</b>	February 2-3, 2015		
<b>Facility Information:</b>			
<b>Facility Mailing Address: (if different from above)</b>	Same		
<b>Telephone Number:</b>	(915) 856-9324		
<b>The Facility is:</b>	<input type="checkbox"/> <b>Military</b> <input type="checkbox"/> <b>Private for profit</b> <input type="checkbox"/> <b>Private not for profit</b>	<input type="checkbox"/> <b>County</b> <input type="checkbox"/> <b>Municipal</b>	<input type="checkbox"/> <b>Federal</b> <input checked="" type="checkbox"/> <b>State</b>
<b>Facility Type:</b>	<input type="checkbox"/> <b>Detention</b>	<input checked="" type="checkbox"/> <b>Correction</b>	<b>Other:</b>
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<b>Agency Information</b>			
<b>Name of Agency:</b>	Texas Juvenile Justice Department		
<b>Governing Authority of Parent Agency: (if Applicable)</b>			
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# AUDIT FINDINGS

## **NARRATIVE:**

The on-site PREA audit of the Schaeffer Halfway House in El Paso, Texas was conducted February 2-3, 2015 by Certified PREA Auditors Debbie Unruh and Dwight Sadler. Prior to the audit the facility provided the policies, procedures and facility documentation related to each standard for review. Ongoing communication was held with the facility PREA Manager and PREA Coordinator in preparation for the on-site visit. The auditor was supplied with a list of youth and their dorm assignment as well as a list of facility staff with their designated responsibility related to PREA. The auditors randomly selected staff and youth to be interviewed during the visit.

The on-site audit began with an entrance meeting on Monday, February 2, 2015 in the Administrator's office. Present at the meeting were the facility administrator, the assistant facility administrator/PREA manager, the PREA Coordinator and both auditors.

Following the meeting the entire facility was toured including out buildings and outside storage. During the tour the camera placement was reviewed both by looking at the physical location and viewing monitors. The auditors reviewed blind spots, staff placement and documentation to assist in determining standard compliance.

All dorms, day rooms, work areas, class rooms and all areas accessible by youth were toured. While touring, several youth and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and youth informally interviewed during the tour acknowledged receiving training as well as the procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. A total of 16 staff members were interviewed during the course of the audit. This number includes one volunteer, an investigator, medical personnel, and a human resource specialist. A random selection of juvenile correctional officers from all shifts as well as intermediate and higher level supervisors were interviewed and affirmed compliance with the applicable standards. There is no SAFE or SANE staff at the facility; they are made available at Thomason General Hospital. Staff interviewed were well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence and monitoring for retaliation. When questioned about evidence preservation, all staff responses reflected knowledge of agency policies.

A total of 12 youth were interviewed during the on-site visit. All the youth interviewed acknowledged receiving PREA training and written materials (posters and youth handbook), outlining the facilities zero tolerance policies towards sexual abuse, sexual harassment and retaliation for reporting, as well as the procedures for reporting. During the 12 months preceding the audit the halfway house reported they had not had any allegations of sexual assault or sexual abuse.

After completing the tour all remaining documentation was reviewed and a short exit interview was conducted. During the exit the auditor explained the process that would follow the on-site visit to include corrective measures. The auditor also explained that all areas found to not meet the standards during the on-site visit must be corrected within 180 days after receiving the initial report. The auditor reported she would be working closely with the PREA team to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the facility website once compliance with all standards was achieved.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Schaeffer Halfway House is a 24 bed residential program for low to moderate-risk boys. There were 17 youth assigned to the facility on the dates of the audit. The facility is equipped with surveillance cameras throughout the facility and the outdoor recreational area to ensure the safety and security of staff and youth. The cameras are monitored on multiple computers throughout the facility including the Superintendent and Asst. Superintendent's offices. All cameras are recorded and can be stored for several days. The facility is comprised of 1 building with 6 dorm rooms, a day room, kitchen, education room, multi-purpose room and administration. Each dorm houses the

youths and has up to 4 youth per dorm. There is a multi-purpose room and day room used for youth leisure and recreation. The additional rooms include an education room, kitchen and administration offices. The youths' toilets and showers are located outside each dorm room and the entrance can be monitored from the day room.

### **SUMMARY OF AUDIT FINDINGS:**

The notification of the on-site audit was posted on December 29, 2014, at least six weeks prior to the first date of the on-site audit. The notices were posted in various locations throughout the facility including the housing unit and administrative areas. The Pre-Audit Questionnaire, policies and supporting documentation were received over a two week period by uploading into a central file.

The on-site audit was conducted February 2-3, 2015, which included a complete tour, review of camera, and review of additional documentation.

The initial assessment of the facility was that the youth were under direct supervision of the staff while engaged in various activities including outside activities. The sanitation was acceptable throughout the facility. Staff acknowledged that additional cameras had been installed a month prior to the audit once blind spots were identified in the youths' dorm area and in the kitchen. The surveillance system does not capture youth in showers or in the toilet area.

During the site visit, 13 staff including those from all three shifts were interviewed. All interviews validated staff knowledge of PREA standards and their responsibilities as first responders. Three staff were interviewed at the central office location. Twelve youth were also interviewed. Youth were well informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services provided by the community based victims' advocates programs. Youth were exceptionally aware of the PREA procedures due to participation in the orientation each time a new youth is admitted into the facility.

Memorandums of Understanding (MOUs) were provided verifying bilingual service. Meeting minutes from the SARB meeting included participants from the Thomason Hospital in which a discussion took place regarding SAFE and SANE examinations at the hospital.

Documentation provided by the facility indicated that PREA standards were implemented as far back as 2012 which allowed for a full year of documentation to verify all standards were being met during the prior 12 month period.

During the previous 12 months there had not been any documented allegation of sexual abuse or sexual harassment.

### **SINCE THE AUDIT:**

Number of standards exceeded: 6

Number of standards met: 35

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

Schaeffer House meets the requirements of 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 Schaeffer House has designated the Assistant Superintendent as their PREA Manager. Both indicated that they have time to fulfill their PREA responsibilities during the interview process. TJJD has worked diligently to implement all PREA standards.

**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: HWH.09.01 and GAP 380.9337(e)(3)

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 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)(4) and 380.9709 (I)(f-g)

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 female staff announce their presence when entering the hallways housing the bedrooms. 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)(5)

Schaeffer House identified several staff members who are fluent in Spanish and could provide interpretive services for residents if needed. Schaeffer House also has a contract with a provider who provides interpretive services for multiple languages and for residents who are hearing impaired. English and Spanish PREA written materials that are covered during orientation were reviewed on site and during the pre-audit 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)(6), 385.8181(d), PRS 02.07 and 02.08

TJJD policy requirements address all elements of this standard. Documentation has been 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 were 9 new hires at Schaeffer House during the audit period and all background checks had been completed. Schaeffer 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)

Additional cameras were added in January, after the pre audit review determined there were blind spots in the youths' dorms as well as the kitchen. Additional cameras have been ordered, and work orders were provided, to add additional viewing to closets in the administration area of the facility.

**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(f) and 385.8183

TJJJ is responsible for conducting both criminal and administrative investigations at Schaeffer 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." Emails were provided and minutes from the recent SARB meeting indicating inclusion of Thomason General Hospital (TGH) in discussions. TGH is designated to provide forensic medical exams.

**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(f) & (i) and INS 71.01

Agency policy requires all allegations of sexual abuse to be 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)(1)

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 Schaeffer 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. In the process of conducting staff interviews it was determined the staff were well versed and trained in all areas of PREA.

**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)(2)

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. A facility volunteer verified this information during an on-site interview.

**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)(3)

During intake residents are provided a handbook and they are read a script that is available in English and Spanish. Residents also watch a video titled "Safeguarding Your Sexual Safety PREA Orientation" during orientation. Documentation of this process is dated, signed, and placed in the resident's master file. During the tour of Schaeffer House, and during interviews, the residents acknowledged receiving this information during the intake process. The residents also acknowledged watching the PREA video described above upon their arrival at the facility. Youth also reported they watch the video each time a new resident is admitted in to Schaeffer House. Incident Reporting Center (IRC) numbers for reporting incidents of sexual abuse or sexual harassment are prominently displayed throughout the facility. Additionally, a sample of youth files were pulled and reviewed for documentation during the on-site portion of the audit.

**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)(4)

Training records provided by the Office of Inspector General and the Administrative Investigations Division and interviews conducted with investigators who serve Schaeffer House from Ron Jackson State Juvenile Complex verified that the required training is provided.

**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)(5)

Schaeffer House is served by medical staff from the Gainesville State School, 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 Schaeffer House. A review of files verified that residents are screened within 72 hours of arrival at Schaeffer House. Resident interviews, a review of agency policy, and a review of documentation provided during the pre-audit review 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)

A review of and discussion regarding the Dorm Census (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. This facility does not isolate youth at any time.

**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)(1)

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. In addition there is the grievance process and the IRC. 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)(2), 380.9337(l)(3), YRP 05.05(c) and GAP 07.03

The agency does meet the requirements of PREA standard 115.352(d). There is a 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 60 working days of the initial filing (memo provided). There is 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.

Schaeffer House reported no grievances were filed in the previous 12 months that alleged sexual abuse.

**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)

A Memorandum of Understanding (MOU) with STARS (Sexual Trauma and Assault Response Services) 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. A poster was observed in the housing day area with the number displayed. The residents interviewed provided information on outside support contact information and many were able to recite the phone number for STARS. 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), 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)(2)

Agency policy and interviews with staff verified compliance with this standard. Schaeffer 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-k)

Agency policy addresses the requirements for this standard. Interviews demonstrated an understanding of the reporting requirements. Schaeffer House reported no cases requiring reporting to other facilities during the audit period.

**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)(4)

The agency has established policies regarding first responder duties. All staff interviewed were able to articulate an understanding of the first responder duties and procedures. Schaeffer 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. An institutional plan was provided for Schaeffer House. The facility produced a first responder handbook used to train first responders.

**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)(6)

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)(7)

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. Schaeffer House has designated staff members responsible for monitoring against retaliation. Schaeffer 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)(8)

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 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 Ron Jackson facility and travel to Schaeffer 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)(2)

Agency policy was reviewed and an interview with an administrative investigator who serves Schaeffer House was conducted to verify 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. Schaeffer 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)

Schaeffer 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)(2) and (j)(2)

There have been no cases of volunteers or contractors at Schaeffer House reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of the residents. TJJJ 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)(3), 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 Schaeffer 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: 380.933(m)

TJJD has policy that addresses this standard. Schaeffer 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 Schaeffer 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. Schaeffer 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)

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.

  
\_\_\_\_\_  
Auditor Signature

2/27/15  
\_\_\_\_\_  
Date