

PREA AUDIT REPORT  INTERIM  FINAL

JUVENILE FACILITIES

NATIONAL  
**PREA**  
RESOURCE  
CENTER



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

<b>Auditor Information</b>			
<b>Auditor name:</b> Lisa Hale			
<b>Address:</b> 11209 Metric Blvd, Austin, TX 78758			
<b>Email:</b> lisa.hale@tjtd.texas.gov			
<b>Telephone number:</b> 512-490-7970			
<b>Date of facility visit:</b> May 19-20, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> York House			
<b>Facility physical address:</b> 422 S. Enterprize Pkwy, Corpus Christi, TX 78405			
<b>Facility mailing address:</b> (if different from above)			
<b>Facility telephone number:</b> 361-299-6307			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> David Reilly			
<b>Number of staff assigned to the facility in the last 12 months:</b> 22			
<b>Designed facility capacity:</b> 24			
<b>Current population of facility:</b> 9			
<b>Facility security levels/inmate custody levels:</b> Medium			
<b>Age range of the population:</b> 15-19			
<b>Name of PREA Compliance Manager:</b> June Wilson (Acting)		<b>Title:</b>	Superintendent
<b>Email address:</b> june.wilson@tjtd.texas.gov		<b>Telephone number:</b>	361-299-6307
<b>Agency Information</b>			
<b>Name of agency:</b> Texas Juvenile Justice Department			
<b>Governing authority or parent agency:</b> (if applicable)			
<b>Physical address:</b> 11209 Metric Blvd. Suite A, Austin, TX 78758			
<b>Mailing address:</b> (if different from above)			
<b>Telephone number:</b> 512-490-7930			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> David Reilly		<b>Title:</b>	Executive Director
<b>Email address:</b> david.reilly@tjtd.texas.gov		<b>Telephone number:</b>	512-490-7004
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jerome Williams		<b>Title:</b>	PREA Compliance
<b>Email address:</b> jerome.williams@tjtd.texas.gov		<b>Telephone number:</b>	512-490-7671

## AUDIT FINDINGS

### NARRATIVE

The PREA Audit was conducted on May 19-20, 2015 at York House, a Texas Juvenile Justice Department (TJJD) halfway house. The audit was conducted by certified PREA Auditor Lisa Hale and assisted by Emily Childs. Prior to the on-site audit the Pre-Audit Questionnaire, pertinent agency policies, procedures, and related documentation and forms demonstrating the facility's compliance with PREA standards were reviewed. The facility uploaded policies and supporting documentation into a central file to be reviewed. Ongoing communication was held with the facility PREA Manager and PREA Coordinator in preparation for the on-site visit. Review of the Pre-Audit Questionnaire prompted several questions that were addressed prior to and during the on-site audit. The notification of the on-site audit was posted more than six weeks prior to the first date of the on-site audit. The notices were posted in the facility and pictures of the postings were sent to the auditor for verification.

A thorough tour of the facility was completed with a Juvenile Correctional Officer. During the tour auditors viewed camera placements to determine blind spots, staff presence, and zero-tolerance hotline posters. After completing the tour, documentation was reviewed for compliance and interviews with the residents and staff were conducted over the two day audit. The facility Superintendent is currently serving as the PREA Compliance Manager until the newly hired Assistant Superintendent can be trained. The Superintendent provided a list of all facility staff by shift and job assignment, and residents currently assigned to the facility. The lead auditor randomly chose staff and residents to be interviewed and the names were provided to the Superintendent. The agency head, facility superintendent, PREA Coordinator, PREA Compliance Manager, and the contracts administrator were interviewed either prior to or during the on-site audit. Specialized staff were also interviewed and were randomly chosen to include an intermediate and higher level staff, medical and mental health staff, human resources, volunteer, investigators, intake staff, staff who perform screening for risk of victimization and abusiveness, staff who monitor for retaliation, first responders, and a staff on the incident review team. Due to several job vacancies at this facility, the facility Superintendent serves many of these roles and is the only individual responsible for several roles. There is no SAFE or SANE staff at this facility and Forensic Sexual Assault Medical Exams are conducted at Driscoll Children's Hospital and Christus Spohn Memorial Hospital in Corpus Christi, TX. Review of the paperwork and interviews were conducted on both days of the audit. A short exit meeting was conducted with the facility Superintendent prior to leaving the facility.

In the Interim PREA Audit Report, the facility was informed that they did not meet Standard 115.315 Limits to cross-gender viewing and searches. The facility did not meet this standard because staff were performing cross-gender pat down searches on the youth, which is against the agency's policy, and the agency does not provide training on how to conduct these searches. Since the audit, the facility has provided documentation reflecting proper training on how to conduct cross-gender pat down searches. The agency has drafted a new policy regarding cross-gender pat down searches and only being allowed in exigent circumstances. The policy is going to be posted for public comment for 30 days and then will be presented at the January board meeting. The facility also reported that there have not been any cross-gender pat down searches since the on-site audit. The facility is now PREA compliant.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

York Halfway House is a medium restriction facility located in Corpus Christi, Texas, that serves adolescent males between the ages of ten and nineteen. York House is designated to house residents who have previously been in TJJD custody and have been re-committed. York House is one of eight medium restriction halfway house facilities under the Texas Juvenile Justice Department. The facility has a capacity of 24 and had nine residents assigned during the audit.

The facility consists of six bedrooms, six resident restrooms, dayroom, dining area, kitchen, laundry room, classroom, conference room, administrative offices, and an outside recreation yard. The facility is equipped with surveillance cameras throughout the facility and the outdoor recreational area to ensure the safety and security of the residents and staff.

Youth receive medical care at the Evins Regional Juvenile Center in Edinburg, Texas, a TJJD facility. Medical care is provided through the University of Texas Medical Branch (UTMB). Criminal and administrative investigations are conducted by TJJD's Office of Inspector General and the Administrative Investigation Division. The investigators who conduct the investigations for York House are based out of TJJD's Evins facility.

## SUMMARY OF AUDIT FINDINGS

The initial report findings reflect that the facility does not meet the standard for one (1) PREA standard. This standard is regarding the use of cross gender pat down searches. The agency policy states that this type of search is prohibited and does not state in the policy that they can be done in exigent circumstances. Due to it being prohibited, the agency does not provide training on how to conduct a proper cross gender pat down search. One female correctional staff conducted pat down searches on the male residents on several occasions. There was no documentation justifying why the searches were conducted. The Superintendent reported that this staff member was unaware that cross gender pat down searches were prohibited and it was done due to there being no male staff available. The Superintendent reported that this was addressed with the correctional officer and there have not been any more conducted since it was addressed. An interview was completed with the female correctional officer who conducted the search and she stated that she thought it was allowed due to exigent circumstances. She further stated that she is now aware that the agency prohibits these searches.

The initial assessments for youth in the Texas Juvenile Justice Department (TJJD) are completed at the Ron Jackson State Correctional Complex Intake and Orientation Unit in Brownwood, Texas. Safe Housing Assessments and re-assessments are completed at the York House facility upon transfer and throughout their stay. The facility reported that they do not have any residents who have formally identified themselves as gay, bisexual, transgender, or intersex.

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

Documentation provided by the facility indicated that the PREA standards were implemented and practiced in October 2014 or sooner. Although some of the standards have not been in practice for the full previous twelve months, they showed sufficient evidence that they have been in practice for over seven months.

The TJJD halfway houses, including York House, maintain a one to eight staffing ratio during waking hours and a one to twelve staffing ratio during sleeping hours. Throughout the visit it appeared that the youth were under direct supervision of the staff while engaging in various activities.

York House has an extensive camera system that limits blind spots. There were blind spots discovered in the youths' closets, which are large enough for individuals to walk into. Cameras were checked throughout the facility, and as required by PREA standards, the cameras do not capture the resident's showers or toilets.

Twelve (12) specialized staff and five (5) random staff interviews were conducted. The random staff interviewed were from all three shifts. Due to several staff vacancies the Superintendent serves in many specialized roles and was interviewed for these particular roles. Four (4) specialized staff interviews were conducted at the TJJD central office location prior to the on-site audit. A total of six (6) residents were interviewed. The residents interviewed appeared to be informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents. Most of the residents interviewed did not have knowledge of outside victim advocates for emotional support services related to sexual abuse. The correctional staff interviewed were knowledgeable on reporting procedures but several 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.

The facility was informed of the standard that they did not meet and the Interim PREA Audit Report was issued. Since the audit, documentation has been provided reflecting compliance with the standard. The facility is now compliant with all PREA standards.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Policy Reviewed: 380.9337

The York House facility meets this standard. TJJJ has a zero tolerance policy regarding all forms of sexual abuse and harassment. The agency has one dedicated PREA Coordinator and York House has a designated PREA Compliance Manager. Currently the PREA Compliance Manager is the Superintendent until the newly hired Assistant Superintendent starts. During the interview process the PREA Coordinator indicated that he has enough time to fulfill his PREA responsibilities. The Superintendent reported that it has been difficult to fulfill her duties as the PREA Compliance Manager but once the Assistant Superintendent takes the duties over he will be given a sufficient amount of time to do so.

**Standard 115.312 Contracting with other entities for the confinement of residents**

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

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

Policy Reviewed: 380.9337 (e)(2)

TJJJ requires that any new contract or contract renewal comply with PREA standards. One of the contracted facilities is PREA certified and a copy of the PREA Report was provided. All other contracts were provided 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: HWH.09.01 and GAP 380.9337(e)(3)

Documentation was provided regarding the staffing plan and development process. At the time of the audit the facility had not deviated from their staffing plan. Documentation reflected that frequent unannounced rounds are being conducted on all shifts by the JCO VI and Superintendent. Snapshot pictures of the unannounced rounds with the date and time were provided with the documentation. Due to new administration the unannounced rounds were not documented as occurring until October 2014. Due to this practice being in place for more than seven months the facility meets the standard.

### Standard 115.315 Limits to cross-gender viewing and searches

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

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

Policy Reviewed: 380.9337(e)(4) and 380.9709(l)(f-g)

TJJD policy prohibits cross gender viewing and searches. Several cross gender pat down searches were documented as being done and there was no documentation or justification as to why the searches were conducted. During interviews it was reported that the searches were conducted due to there being no male staff available. The JCO staff that conducted the search stated that she was unaware that she was not allowed to do a cross gender pat down search. The Superintendent reported that the staff was made aware that she is not to conduct these searches. The last documented cross gender pat down search was documented in April 2015. According to the agency policy this is not allowed, even in exigent circumstances, therefore the agency does not provide training on how to conduct these searches. During the interview process staff and residents verified that female staff announce their presence when entering the housing area.

Corrective Action: The agency should either ensure that all staff are aware that they are not to perform cross gender pat down searches even in exigent circumstances, or make changes to the policy regarding exigent circumstances and provide training on how to conduct the searches.

Since the audit: The facility provided documentation reflecting that they conducted training on how to perform cross-gender pat down searches and that they are only to be performed in exigent circumstances. The agency reported that they are in the final stages of having a new policy implemented regarding exigent circumstances where a cross gender pat down search would be necessary. The facility also reported that they have not performed a cross-gender pat down search since the on-site audit. The facility is now meeting this standard. +

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

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

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

Policy Reviewed: 380.9337(e)(5)

The facility provided English and Spanish PREA written material that is given to the residents. Contracts were provided for "Language Line Services" for limited English residents, and "San Marcos Interpreting Service for the deaf". During staff interviews many were unaware that resident interpreters, readers, or assistants could not be utilized except in limited circumstances. It is recommended that additional training be provided to the staff regarding this standard.

### **Standard 115.317 Hiring and promotion decisions**

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

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

Policy Reviewed: 380.9337(e)(6), 385.8181(d), PRS 02.07 and 02.08

TJJD policy encompasses all of the requirements of this standard. Documentation was provided showing that TJJD conducts background checks on all current employees, volunteers, and contractors on a yearly basis, which far exceeds the standard requirement of every five years.

### **Standard 115.318 Upgrades to facilities and technologies**

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

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

Policy Reviewed: 380.9337(7)(A-B)

York House reported that they have not made any expansions or modifications to the facility since August 2012.

### **Standard 115.321 Evidence protocol and forensic medical examinations**

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

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

Policy Reviewed: 380.9337(f) and 385.8183

TJJD is responsible for conducting both criminal and administrative investigations at the York House facility. A uniform evidence protocol is used that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol provided is the "National Protocol for Sexual Assault Medical Forensic Examinations, Second Edition, April 2013." There have not been any forensic medical examinations conducted during the review period, but the examinations are done at Driscoll Children's Hospital or Christus Spohn Memorial Hospital depending on the resident's age. A Memorandum of Understanding with the Womens Shelter of South Texas Hotline was provided.

### Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Policy Reviewed: 380.9337(f) & (i) 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. York House reported that there were no sexual abuse or harassment allegations made, therefore, none were referred for a criminal or administrative investigation.

### Standard 115.331 Employee training

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

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

Policy Reviewed: 380.9337(g)(1)

TJJJ policy requires the agency to provide PREA related training to all employees who may have contact with residents. Training records were provided which included sign-in sheets and e-course records. Staff interviews reflected that the staff are attending new hire orientation, annual block training, and on the job training sessions are occurring, but some of the staff lacked knowledge in certain areas and could benefit from more training.

### Standard 115.332 Volunteer and contractor training

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

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

Policy Reviewed: 380.9337(g)(2)

TJJD 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 a sample volunteer orientation signature page was provided. A facility volunteer was interviewed and verified attending the training, but may benefit from additional training due to a lack of knowledge in certain areas.

### 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)

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Policy Reviewed: 380.9337(g)(3)

During intake residents are provided a handbook, if they do not have one already, and they are read a script that is available in English and Spanish. The resident's intake date as well as the date the information was provided is documented. Documentation provided reflects that this is being completed well within the ten day time frame. During interviews the residents acknowledged receiving this information and most stated that it occurred the first day of their arrival. They also acknowledged watching a PREA video which is shown to all of the residents during the intake process. Hotline numbers for reporting incidents of sexual abuse and sexual harassment are displayed throughout the facility.

### **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)

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Policy Reviewed: 380.9337(g)(4)

Training records were provided by the Office of Inspector General and the Administrative Investigations Division. The investigators who are responsible for conducting the investigations at this facility are housed at the Evins Regional Juvenile Center, a TJJJ secure facility. Documentation provided and interviews with investigators 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(g)(5)

York 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 an interview with a medical staff verified compliance with this standard.

### Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Policy Reviewed: 380.9337(h)

The initial intake and screening are completed at the Ron Jackson State Juvenile Correctional Complex Intake and Orientation Unit, a TJJD facility. All required screenings and assessments are completed at the intake unit; however, York House conducts reassessments by utilizing the CCF-036 Safe Housing Re-assessment form upon the youth entering the facility and periodically throughout their stay. These forms were reviewed and access to this information is limited to the case managers and administrative staff.

### 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)

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Policy Reviewed: 380.9337(h), 380.9745(i)

TJJD policy covers all components of this standard. Policy prohibits the placement of youth in isolation due to the risk of sexual victimization, and this facility does not isolate youth at any time. The facility reported that they do not currently have any youth who have formally identified themselves as gay, bisexual, transgender, or intersex. Documentation provided and staff interviews verified compliance.

### Standard 115.351 Resident reporting

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

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

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 for the Office of the Independent Ombudsman, which is a separate state agency. Interviews with residents and staff verified compliance with this standard and staff acknowledged the acceptance of verbal, written, anonymous, and third party reports and proper documentation.

### 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)

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Policy Reviewed: 380.9337(i)(2), 380.9337(l)(3), YRP 05.05(c) and GAP 07.03

The agency is currently in the process of modifying and implementing new practices and procedures regarding investigation time frames and notifications. Two TJJD secure facilities are currently in the corrective action period for their PREA Audits due to non-compliance with standard 115.352 (d). York House reported that no grievances were filed during the audit period that alleged sexual abuse; therefore, York House meets this standard.

### **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)

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Policy Reviewed: 380.9337(i)

A Memorandum of Understand with the Womens Shelter of South Texas Hotline was provided and states that the information 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. Residents interviewed were not aware and could not provide information on outside support services. The facility does provide residents with reasonable and confidential access to their attorneys and 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)

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Policy Reviewed: 380.9337(i)

The agency has established methods to receive third party reports through the Office of Inspector General and Office of the Independent Ombudsman hotlines. 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)

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Policy Reviewed: 380.9337(j), GAP 07.03

The TJJD policy provided requires that all staff immediately report any allegation of abuse or retaliation to the Office of Inspector General. Policy prohibits staff from revealing any information related to sexual abuse to anyone other than to the extent necessary. Staff interviews demonstrated 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)

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Policy Reviewed: 380.9337(j)(2)

The TJJD policy provided and interviews with random and specialized staff verified compliance with this standard. York 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(j)(k)

The TJJJD policy addresses the requirements for this standard. Staff interviews demonstrated an understanding of the reporting requirements. York House reported no cases that required 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(j)(4)

The agency has established policies regarding first responder duties. Some of the staff interviewed were not able to articulate all the necessary steps that would need to be taken if they were the first responder to a sexual abuse incident. York House had no reported allegations of sexual abuse in the past 12 months, but additional staff training is recommended.

### **Standard 115.365 Coordinated response**

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

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

Policy Reviewed: 380.9337(j)(5)

York House has developed and provided a written institutional plan to coordinate actions taken in response to allegations of sexual abuse.

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

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

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

Policy Reviewed: 380.9337(j)(6)

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

Policy 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. The Superintendent is currently the only staff member who is responsible for monitoring against retaliation. York House reported no allegations of sexual abuse that would require monitoring for retaliation.

### **Standard 115.368 Post-allegation protective custody**

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

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

Policy Reviewed: 380.9337(j)(8)

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

Policy Reviewed: 380.9337(k)

TJJD policy covers all of the components of this standard. All investigations of sexual abuse and sexual harassment are conducted by the Office of Inspector General or the Administrative Investigation Division. Training records and interviews conducted with the investigators verified compliance with this 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(k)(2)

Agency policy requires that the investigators findings must be based on a preponderance of the evidence. The interview with the administrative investigator verified compliance with this policy and 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(k)

A review of agency policy and interviews with the Office of Inspector General and Administrative Investigations Division Investigators verified agency policy that the residents are notified of the outcome of investigations by the facility. York 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(l)

TJJD policy covers this standard. York House reported no staff disciplinary action during the audit period for 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(l)(2) and (j)(2)

York House reported no cases of volunteers or contractors 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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

Policy Reviewed: 380.933(m)

Initial intake and screening is completed at the Ron Jackson State Juvenile Correctional Complex, a TJJJ facility. TJJJ policy addresses this standard and the York House facility reported that they have 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(m)

There were no cases of sexual abuse requiring medical attention at York 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(m)

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

Policy Reviewed: 380.9337(n)

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

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

Policy Reviewed: 380.9337(p)

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 but the report for 2014 has not yet been completed or posted.

**Standard 115.389 Data storage, publication, and destruction**

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

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

Policy Reviewed: 380.9337(o) and (p)

TJJD policy ensures that all sexual abuse data is retained securely. Policy reviewed and the interview with the agency PREA Coordinator verified compliance with this standard.

**AUDITOR CERTIFICATION**

I certify that:

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

L. Hale

Auditor Signature

10/2/15

Date