**Prison Rape Elimination Act (PREA) Audit Report**

**Juvenile Facilities**

☐ Interim  ☒ Final

**Date of Report**  January 22, 2019

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Allen M. Hall</th>
<th>Email</th>
<th><a href="mailto:allen.hall@tjjd.texas.gov">allen.hall@tjjd.texas.gov</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Office of the Independent Ombudsman for Texas Juvenile Justice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>11209 Metric Blvd., Bldg H, Ste. A</td>
<td>City, State, Zip: Austin, Texas 78758</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>512-490-7929</td>
<td>Date of Facility Visit: 07/17/2018 thru 07/18/2018</td>
<td></td>
</tr>
</tbody>
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### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Texas Juvenile Justice Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
<td>11209 Metric Blvd Building H</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>P.O. Box 12757</td>
</tr>
<tr>
<td>Telephone</td>
<td>512-490-7130</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Agency accredited by any organization?</th>
<th>☐ Yes  ☒ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The Agency Is:</th>
<th>☐ Military</th>
<th>☐ Private for Profit</th>
<th>☐ Private not for Profit</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Municipal</td>
<td>☐ County</td>
<td>☒ State</td>
<td>☐ Federal</td>
</tr>
</tbody>
</table>

Agency mission: Transforming young lives and creating safer communities.

Agency Website with PREA Information:  [http://www.tjjd.texas.gov](http://www.tjjd.texas.gov)

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Camille Cain</th>
<th>Title</th>
<th>Agency Chief Executive Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:camille.cain@tjjd.texas.gov">camille.cain@tjjd.texas.gov</a></td>
<td>Telephone:</td>
<td>512-490-7004</td>
</tr>
</tbody>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Carla Bennett-Well</th>
<th>Title</th>
<th>Interim PREA Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:carla.bennett.wells@tjjd.texas.gov">carla.bennett.wells@tjjd.texas.gov</a></td>
<td>Telephone:</td>
<td>512-490-7671</td>
</tr>
</tbody>
</table>
Facility Information

Name of Facility: Schaeffer Halfway House

Physical Address: 12451 Inter Garment Rd. El Paso, Texas 79938

Mailing Address (if different than above): N/A

Telephone Number: 915-856-9324

The Facility Is:
☐ Military
☐ Private for Profit
☐ Private not for Profit
☐ Municipal
☐ County
☒ State
☐ Federal

Facility Type:
☒ Detention
☑ Correction
☐ Intake
☐ Other

Facility Mission: The mission of the Texas Juvenile Justice Department halfway houses is to ensure public protection by providing TJJD youth with community-based services that:

1) Emphasizes positive development, discipline training, and accountability.
2) Retrain youth to become productive and responsible citizens through education, vocational training, and work opportunities with intensive family and community collaboration; and
3) Rehabilitate and reestablish youth in society through a competency-based program founded on evidence-based practices and measurable outcomes.

Facility Website with PREA Information: www.tjjd.texas.gov

Is this facility accredited by any other organization? ☒ No

Name: Daniel Marin
Title: Facility Superintendent
Email: daniel.marin@tjjd.texas.gov
Telephone: 915-859-9324 ext. 12

Facility PREA Compliance Manager

Name: Willie Brown
Title: Assistant Superintendent
Email: willie.brown@tjjd.texas.gov
Telephone: 915-856-9324 ext. 14

Facility Health Service Administrator

Name: Lajju Patel
Title: HWH Nurse Administrator
Email: lajju.patel@tjjd.texas.gov
Telephone: 512-490-7954

Facility Characteristics

Designated Facility Capacity: 24
Current Population of Facility: 13
| Number of residents admitted to facility during the past 12 months | 62 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more: | 60 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 61 |
| Number of residents on date of audit who were admitted to facility prior to August 20, 2012: | 0 |
| Age Range of Population: | 14-19 years old |
| Average length of stay or time under supervision: | 67 days |
| Facility Security Level: | Medium |
| Resident Custody Levels: | Low-Medium |
| Number of staff currently employed by the facility who may have contact with residents: | 24 |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | 3 |
| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | 2 |

### Physical Plant

| Number of Buildings: | 1 |
| Number of Single Cell Housing Units: | 0 |
| Number of Multiple Occupancy Cell Housing Units: | 0 |
| Number of Open Bay/Dorm Housing Units: | 6 Dorm style rooms |
| Number of Segregation Cells (Administrative and Disciplinary): | 0 |

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

The Schaeffer Halfway House has an indoor/outdoor video monitoring system that records all areas throughout the house and the immediate outside perimeter.

### Medical

| Type of Medical Facility: | N/A |
| Forensic sexual assault medical exams are conducted at: | University Medical Center, 4815 Alameda Ave. El Paso, Texas 79905 |

### Other

| Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: | 13 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 19 |
Audit Findings

Audit Narrative

Introduction

The onsite phase of the Prison Rape Elimination Act (PREA) audit was conducted on 07/17/18 thru 07/18/18 at the Schaeffer Halfway House in El Paso, Texas. The Schaeffer House is a medium security facility operated by the Texas Juvenile Justice Department (TJJD). The audit team consisted of two Department of Justice certified PREA auditors. Allen Hall was the lead auditor and was assisted by Lisa Hale.

This was the second PREA audit conducted at the Schaeffer House. The first audit occurred 02/02/15 thru 02/03/15, at which time the Schaeffer House was identified as being fully compliant by meeting or exceeding all of the PREA standards.

For the 2018 audit, the auditor team consisted of ombudsmen employed by the Office of the Independent Ombudsman (OIO) for TJJD. A memorandum of understanding (MOU) between the OIO and the TJJD was executed on May 21, 2018 and became effective on June 1, 2018. The MOU stipulates that the OIO will conduct audits of TJJD-operated facilities in accordance with the PREA and requires that TJJD shall reimburse the OIO for travel expenses, including lodging, meals, and mileage, incurred by the OIO in the course of conducting the audits. Once the MOU was effective, the OIO and the TJJD began discussions regarding potential dates for the audits during this audit cycle. Once the dates for each audit were determined, the lead auditor began preliminary discussions. No third-party entity was involved in the audit process.

There were no barriers that hindered the process during this audit. Documentation and information were securely uploaded and made available to the auditor for review. The auditors were allowed access to all requested documents prior to the onsite visit as well as while they were onsite at the Schaeffer House. The auditors were allowed unimpeded contact with the staff and the youth to conduct formal and informal interviews throughout the visit. Additionally, access to all areas of the facility including offices, closets, bedrooms, bathrooms, kitchen, conference rooms, laundry room and outside storage sheds was provided.

Audit Methodology

1) Pre-Onsite Phase

The pre-audit notification was sent to the facility PREA Compliance Manager with the posting requirements on 06/01/18. On 06/05/18, this auditor received an email with dated photos of the posted notifications of the upcoming PREA audit at the Schaeffer House. The notices were written in English and Spanish, printed on bright orange paper, and posted throughout the house. They provided contact information of the lead auditor and informed that all communication would remain confidential. The auditor received no correspondence from staff or youth at the Schaeffer House.

An initial phone call with the Schaeffer Halfway House PREA Compliance Manager, the Juvenile Correctional Officer V (JCO) of the Schaeffer House and the PREA Coordinator for the TJJD was conducted on 06/13/18. Mr. Willie Brown, PREA Compliance Manager, was identified as the point of
contact at the Schaeffer House and would be responsible for fielding questions and submitting documentation as requested. The PRE Audit Questionnaire (PAQ) was discussed and its date of completion was agreed upon to be 06/27/18. Other topics discussed were:

1. Logistics regarding the team’s arrival at the facility, the size of the audit team, space needed to review documentation, and number of offices needed to interview youth and staff.
2. Audit process including entrance meeting, report requirements, facility tour, informal interviews with youth and staff.
3. Goals of becoming fully compliant with PREA standards and expectation of unimpeded access to staff, youth and all areas of the facility.
4. Purpose of Corrective action such as becoming PREA compliant and ensuring the sexual safety of youth.
5. Schedule of future communication including the pre-audit questionnaire, follow-up phone calls, issues log, and the lists of staff and youth to be interviewed.
6. Timeline including pre-audit questionnaire, issues log, interim report and corrective action.

On 06/27/18, an upload to a secure agency drive was completed and included the Schaeffer House completed PAQ, TJJD policies, TJJD and facility procedures, and documentation supporting compliance with PREA standards. The PAQ, policies and other documents such as training curricula, contracts, staffing plans, assessments, intake procedures, organizational charts, shift logs, and any documentation pertaining to each standard was reviewed by the auditor. After review, the auditor created an Issues Log that identified missing information needed to ensure compliance with each standard. The auditor sent the issues log to the PREA Compliance Manager and the PREA Compliance Coordinator on 07/07/18. Responses were sent back to the auditor on 07/16/18.

On 07/03/18, two documents were sent to the PREA Compliance Manager and the PREA Compliance Coordinator requesting they identify staff in specialized roles and targeted youth. These documents contained tables with titles for each category. On 07/05/18, the completed documents were returned and from these lists the auditor identified the staff and youth to be interviewed during the on-site stage of the audit. Methodology for selecting staff and youth for interviews is discussed below.

The categories of designated staff are as follow:

- Superintendent
- Compliance Manager/Coordinator
- Intermediate-or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Medical Staff
- Mental Health Staff
- Non-Medical staff involved in cross-gender strip or visual searches
- Administrative (Human Resources) staff
- Volunteers who have contact with residents
- Contractors who have contact with residents
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff on the sexual abuse incident report team
- Designated staff member charged with monitoring retaliation
First responders—both security and non-security staff
Intake staff

The youth lists were organized into each of the National PREA Resource Center’s prescribed targeted population as follows:

Youth with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
Youth who are Limited English Proficient (LEP)
Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) youth
Youth who reported sexual abuse
Youth who reported sexual victimization during risk screening
Youth in isolation

On July 12, 2018, the auditor spoke with the Schaeffer House PREA Compliance Manager to discuss the staff and youth that would be interviewed during the on-site audit. Due to the Schaeffer House being a small facility and the number of youth (nine) assigned there, it was determined that all of the youth would be interviewed. The Compliance Manager stated that all staff from the Schaeffer House would be working and available during the on-site visit.

The auditor was given access to the agency database to review various documents such as:

Incident reports
Youth grievances
Safe Housing Assessments
Abuse hotline calls regarding sexual abuse and sexual harassment

The Office of the Inspector General (OIG) and the Administrative Investigation Division (AID) reported no allegations of sexual abuse or sexual harassment from youth at the Schaeffer House in the preceding 12 months.

External Contacts and Research

The Center Against Sexual and Family Violence (CASFV) is a community-based organization that entered into a Memorandum Of Understanding (MOU) with TJJD to provide services to the youth at Schaeffer House. Services, in part, include the youth having access to a toll free crisis hotline number they can call when needed. CASFV services and partnership with the Schaeffer House is discussed in detail in the standards below.

The Office of the Inspector General was previously viewed as an internal investigative entity of TJJD. Recently, TJJD and the OIG reported that although TJJD and OIG are administratively associated, the OIG is a separate investigative entity. The Human Resources Code states that the OIG “is established at the department [TJJD] under the direction of the board for the purpose of investigating” crimes committed by TJJD employees and youth, and that “the inspector general shall have all the powers and duties given to peace officers.” The OIG website contains similar information as well as information on reporting to the Incident Reporting Center (IRC), quarterly and annual reports, and the special prosecution unit which was established to “assist District and County Attorney offices in the prosecution of criminal investigations conducted” by the OIG.
Just Detention International (JDI) is a national health and human rights organization that seeks to end sexual abuse in all forms of detention. The auditor contacted JDI to inquire whether any allegations of sexual abuse have been received from youth at the Schaeffer House. JDI indicated that their records did not reflect having received allegations of sexual abuse from the Schaeffer House in the preceding 12 months of this audit.

The University Medical Center in El Paso, Texas (UMCEP) was identified by the agency as the medical facility that would be utilized to treat victims of sexual abuse. The auditor reviewed the website of and contacted UMCEP to inquire about SAFE/SANE services and spoke with the information desk and was informed that SAFE/SANE examinations are conducted at UMCEP. The auditor was informed that UMCEP is a level 1 trauma care hospital and they also have a SANE program.

An internet search regarding the Schaeffer House was conducted by the auditor. The auditor found no relevant information related to news articles, litigation, DOJ involvement, federal consent decrees, or local oversight bodies.

The TJJD website was reviewed by the auditor and contains the following PREA information:

- Policy governing sexual abuse and sexual harassment
- How to report sexual abuse and sexual harassment on behalf of a youth in TJJD-operated and contracted facilities.
- Toll free hotline number
- Aggregated sexual abuse data from TJJD-operated and contracted facilities.
- Historical sexual abuse data

The auditor conducted an internet search pertaining to the mandatory reporting laws of child abuse in the state of Texas. Section 261.101 of the Texas Family Code mandates that "any person suspecting that a child has been abused or neglected must immediately make a report." It also states that "a professional may not delegate to or rely on another person to make the report." TJJD policy requires all staff to comply with mandatory child abuse reporting laws as stated in the Texas Family Code and meet applicable professional licensure requirements.

2) Onsite Audit Phase

Site Review: The audit team arrived at the Schaeffer House on 07/17/2018 to conduct the onsite phase of the audit. Upon arriving, the auditors met with the Facility Superintendent, the Assistant Superintendent/PREA Compliance Manager, the TJJD PREA Compliance Coordinator, and the Program Supervisor in order to discuss the audit process and facility inspection. The audit team conducted the site review with the assistance of the PREA Compliance Manager. During the tour, the auditor observed that the facility consisted of one building (the house) and three small storage sheds located outside behind the house. Areas and items observed on the tour included:

- The entrance into the halfway house. The check-in process, which consisted of the staff electronically searching the auditors, searching bags, and securing cell phones and car keys prior to entering the day area of the house.
- Administrative offices
- Front conference room
- Case manager offices
Day area. PREA Posters for the TJJD abuse hotline and the CASFV were observed posted throughout the house. Both contained contact information.

Six bedrooms consisting of four personal areas, which included a bed, closet and desk, for each resident. There were no barriers between each residents' personal space and there was sufficient space for each resident. Two cameras were observed in each room, positioned to capture all areas of the room.

- Kitchen and pantry
- Laundry room/Eye wash center
- Rear conference room
- Closets/storage rooms
- Grievance forms and drop box
- Bathrooms. Single occupancy for privacy.
- Camera placement inside/outside of house
- Storage sheds
- Outside grounds

**Interviews**

On July 12, 2018, the auditor spoke with the Schaeffer House PREA Compliance Manager to discuss the staff and youth that would be interviewed during the on-site audit. Due to the Schaeffer House being a small facility and the number of youth (nine) assigned there, it was determined that all of the youth would be interviewed. A total of 23 staff were assigned to the Schaeffer House and a list identifying their name, title, work schedule, and role as a designated staff to a specific category was provided to the auditor. The Compliance Manager stated that all staff from the Schaeffer House would be working and available during the on-site visit. Formal interviews began the first day of the onsite audit. The interviews were conducted with the nine youth assigned to the Schaeffer House as well as eighteen staff. The aforementioned interviews were conducted in the two conference rooms located in the front and back of the house, allowing for the interviews to be conducted in a confidential setting. Additionally, administrative staff were interviewed in their respective offices.

The categories of designated staff are as follow:

- Superintendent
- Compliance Manager/Coordinator
- Intermediate-or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Medical Staff
- Mental Health Staff
- Non-Medical staff involved in cross-gender strip or visual searches
- Administrative (Human Resources) staff
- Volunteers who have contact with residents
- Contractors who have contact with residents
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff on the sexual abuse incident report team
- Designated staff member charged with monitoring retaliation
- First responders—both security and non-security staff
- Intake staff

The youth lists were organized into each of the National PREA Resource Center’s prescribed targeted population as follows:

- Youth with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
- Youth who are Limited English Proficient (LEP)
- Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) youth
- Youth who reported sexual abuse
- Youth who reported sexual victimization during risk screening
- Youth in isolation

Staff: Interview protocols were conducted in accordance with the “PREA Compliance Instrument – Interview Guide for Staff. Juvenile Facilities.”

Due to the small size of the facility, many staff were interviewed more than once using different protocols identified with the designated categorized staff role they are assigned. The following is a breakdown of the types and number of interviews conducted:

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<thead>
<tr>
<th>General Category of Staff</th>
<th>Number of Interviews Conducted</th>
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</thead>
<tbody>
<tr>
<td>Random Staff</td>
<td>9</td>
</tr>
<tr>
<td>Specialized Staff</td>
<td>10</td>
</tr>
<tr>
<td>Volunteers</td>
<td>2</td>
</tr>
<tr>
<td>Contractors</td>
<td>0</td>
</tr>
<tr>
<td>Total Staff, Volunteers and Contractors Interviewed</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Categories of Specialized Staff, Volunteer, Contractors, Etc.</th>
<th>Number of Interviews Conducted</th>
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<tr>
<td>Superintendent</td>
<td>1</td>
</tr>
<tr>
<td>PREA Compliance Manager</td>
<td>1</td>
</tr>
<tr>
<td>PREA Coordinator</td>
<td>1</td>
</tr>
<tr>
<td>Intermediate or higher level staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</td>
<td>2</td>
</tr>
<tr>
<td>Medical Staff</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health Staff</td>
<td>1</td>
</tr>
<tr>
<td>Non-medical staff involved in cross-gender strip or visual searches</td>
<td>0</td>
</tr>
<tr>
<td>Administrative (Human Resources) Staff</td>
<td>1</td>
</tr>
<tr>
<td>Volunteers who have contact with residents</td>
<td>2</td>
</tr>
<tr>
<td>Contractors who have contact with residents</td>
<td>0</td>
</tr>
<tr>
<td>Investigative Staff (Administrative)</td>
<td>1</td>
</tr>
<tr>
<td>Staff who perform screening for risk of victimization and abusiveness</td>
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</tbody>
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Residents: Interview protocols were used in accordance with the “PREA Compliance Instrument – Interview Guide for Residents - Juvenile Facilities.

- Nine residents were assigned to the Schaeffer Halfway House and all nine residents were interviewed.
- There were no targeted interviews conducted as no youth were identified that met the following criteria:
  - Residents with Physical Disabilities
  - Residents who are blind, deaf, or hard of hearing
  - Residents who are LEP
  - Residents with a Cognitive Disability
  - Residents that identify as Lesbian, Gay, Bisexual
  - Residents that identify as Transgender or Intersex
  - Residents in segregated housing for high risk of sexual victimization
  - Residents who reported sexual abuse
  - Residents who reported sexual victimization during risk screening

<table>
<thead>
<tr>
<th>General Categories of Youth</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Youth Total</td>
<td>9</td>
</tr>
<tr>
<td>Targeted Youth: Residents Who Disclosed Victimization</td>
<td>0</td>
</tr>
<tr>
<td>Cognitively Disabled/Mentally Ill Residents</td>
<td>0</td>
</tr>
</tbody>
</table>

Outside of agency interviews

- Investigator (Office of the Inspector General)
- CASFV Director
- UMCEP Staff

Interview Selection Methodology: The random staff and resident interviews were selected using the following methodology:
Juvenile Correctional Officers (JCO)

- The Schaeffer Halfway House operates three schedule patterns, consisting of 6:00am to 2:00pm; 2:00pm to 10:00pm; and 10:00pm to 6:00am. Due to the size of the facility, all staff from each schedule pattern were interviewed, with exception of three staff that were on approved leave.

Volunteers:

- Two were selected out of 5 based on their availability.

Contractors (Medical and Mental Health):

- The Schaeffer House contracts with an independent sexual behavioral therapist for treatment services; however, this therapist was not interviewed.

Teacher:

- At the time of the on-site visit, the Schaeffer House was not offering on-site educational programming.

Facility Files Review: The facility’s files were selected as follows:

Intake/Risk Screening File Review Methodology:

- The records of 6 youth corresponding to those who were interviewed were reviewed to determine compliance with intake procedures, safe housing determinations, PREA comprehensive education, and disclosures of prior victimization.

Human Resource File Reviews Methodology:

- Three new hires; three staff; one contractor; and two volunteer files were reviewed to determine compliance with criminal background checks, disclosure of PREA Standards violations, reference checks, Child Abuse Registry checks, and acknowledgment forms from PREA annual and refresher trainings. Personnel files are discussed below in Standard 115.317

Training Files Review Methodology:

- Seventeen staff files, consisting of higher level administrative staff, JCO’s, kitchen personnel, and support staff, as well as thirteen volunteer files were reviewed to determine compliance with criminal background checks, disclosure of PREA Standards violations, reference checks, Child Abuse Registry checks, and acknowledgment forms from PREA annual and refresher trainings.

Investigation Files Review Methodology: The Schaeffer House, OIG, and AID, reported that there had been no allegations of sexual abuse or sexual harassment in the preceding twelve months of this audit. Therefore, there were no investigation files to review.
In order to support this review, copies of the PREA training curricula (staff training, specialized training for investigators, and specialized training for medical/mental health staff) were obtained, as well as investigation files, listing of all allegations of sexual abuse and sexual harassment, blank and completed incident reports, referral forms to outside law enforcement and other relevant documentation.

Additional documentation reviewed prior to and during the audit included the following. Each item is discussed below within the relevant standards.

- Organization charts
- Contracts for the confinement and care of youth
- Staffing Plans
- Unannounced Visit forms
- Shift logs
- Safe housing assessments and reassessments
- PREA education materials
- TJJD Youth Handbook
- TJJD Employee Handbook
- Notifications made to youth following an investigation
- Sexual Abuse Incident Review Form
- Facility map with buildings and camera numbers
- Training curricula and sign-in sheets
- Medical and mental health case notes
- Youth grievances
- Data collection instrument
- Retaliation Monitoring forms
- On-duty supervisor reports
- Campus vulnerability assessments
- DVR quality assurance forms
- Ratio reports
- PREA training curricula (Staff training, specialized training for investigators, specialized training for medical/mental health staff)

**Facility debriefing on the last day of the onsite audit:**

At the close of the onsite audit phase, the Facility Superintendent and the PREA Coordinator participated in a debrief session with the audit team in which a brief overview of the on-site visit was discussed. Additionally, the next steps in the audit process were discussed, which would include the issuance of the interim report with any identified corrective action needed from the Schaeffer House, continuing communication for any additional documentation needed to ensure compliance with PREA standards, and the corresponding timeline for the submission of the interim report.

**Post-Onsite Audit**

This interim report includes the input and findings of the auditors. Following the onsite audit phase, the auditor maintained communication with the Schaeffer House administration and the TJJD PREA Coordinator for follow up information and additional documentation requests.
Summary of Audit Findings

This report provides an explanation of findings on each PREA-related standard and a summary of the methodology used in determining compliance with said standards. Interviews, observations, and review of documentation provided during each phase of the audit were utilized in determining each standards compliance.

Number of Standards Exceeded: 0

Number of Standards Met: 43


Number of Standards Not Met: 0

Summary of Corrective Action (if any): The contract language needs to be revised to reflect that all contracted facilities are required to comply with all PREA standards including the 1:8 staff-to-youth ratio during waking hours.

Corrective Action Taken to Achieve Full Compliance
The Interim Audit Report identified one standard (312) that was not in compliance at the Texas Juvenile Justice Department agency and required corrective action. The corrective action period, which was required to not exceed 180 days, began August 27, 2018 upon issuance of the interim report to the PREA Coordinator for TJJD. The auditor recommended that the language in the contracts with two facilities be revised to reflect that those facilities are required to comply with all PREA standards including the 1:8 staff-to-youth ratio. The PREA Coordinator for TJJD maintained contact with the auditor throughout the corrective action period providing updates on progress and requesting review of the contract language and interpretation. On December 18, 2018 the PREA Coordinator for TJJD provided the corrective action to the auditor via email. Included were new signed and dated copies of the contracts between TJJD and the contract facilities requiring full compliance with all PREA standards. The auditor reviewed the submitted documentation and determined that full compliance was achieved. As a result of the corrective action taken, the auditor has determined that the Texas Juvenile Justice Department Schaeffer Halfway House has achieved full compliance with all PREA standards.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

**115.311 (b)**

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

**115.311 (c)**

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*

1. Documents:
   a. TJJD General Administrative Policy (GAP) 380.9337 titled Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment (A), (B), (C), (D), (E), (F), (G), (H).
   b. TJJD Policy INS.71.01 titled Response to Allegations of Sexual Abuse (p.p. 1-3)
   c. Completed PREA Audit Questionnaire (PAQ)
   d. TJJD and Schaeffer House Organizational Chart

2. Interviews:
   a. PREA Compliance Manager
   b. PREA Coordinator
   c. Random Staff
Findings (by provisions):

115.311 (a). TJJD’s General Administrative Policy 380.9337 (p.p 1-16) titled; *Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment*, outlines the facilities policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. These policies also outline the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy 380.9337 (p.p. 1-2 [c]) contains the PREA related definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Policy 380.9337 (p.p.13-14[i]) includes sanctions for youth, staff, volunteers and contractors found to have participated in these prohibited behaviors. Schaeffer House Staff interviewed during the on-site phase of the audit reported that they have been trained on and understand the facility/agency policy on Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment. A review of staff training records indicated that staff had received training on this policy.

115.311 (b). The position of the agency PREA Coordinator reports to the Director of the Monitoring and Inspections Division of TJJD as indicated by the agency’s organizational chart. Currently this position is vacant and an interim PREA Coordinator has been assigned until this position is filled. The interim PREA coordinator reported during her interview that she has sufficient time to manage all of her PREA related responsibilities. The interim PREA Coordinator reported that there are 13 PREA compliance managers throughout the agency and she maintains frequent contact with them through email, telephone conversations, and teleconferencing.

115.311 (c). The completed Pre Audit Questionnaire (PAQ) provided by the Schaeffer Halfway House identified the Assistant Superintendent of the facility as the PREA Compliance Manager. The facility organizational chart shows that the assistant superintendent reports to the Superintendent of the facility but the position of “PREA Compliance Manager” is not identified on the organizational chart. During interviews with the Facility Superintendent, the Assistant Superintendent, and the agency’s PREA Coordinator it was confirmed that the assistant superintendent is the designated PREA compliance manager for the Schaeffer Halfway House. The PREA compliance Manager reported that he has sufficient time and the authority to coordinate the facility’s compliance with the PREA standards.

Corrective action: There is no corrective action required for this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA
115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337 (e)
3. Contracts the agency has entered into for the confinement and care of youth
5. Multiple Contract Residential Site Visit Forms

Interviews:
1. TJJD Manager of Youth Services Contracts
2. Director of Halfway Houses and Contract Facilities

Observations: None. Schaeffer House is not a contracted facility.

Findings (by provision):

115.312 (a). TJJD renewed contracts with nine service providers (six residential/correctional facilities and three foster home programs) in September/October of 2017. These contracts are set to expire on August 31, 2019. The three foster homes are not required to complete a Department of Justice PREA audit, however, TJJD requires in their contract that they "provide PREA education to both staff and youth as well as post TJJD Zero Tolerance posters in common areas of the facility/foster home." For the six residential/correctional facilities, the TJJD contract with the service Provider specifically states that "Service provider shall comply with the Final Rule of the Prison Rape Elimination Act of 2003 (PREA) dated June 20, 2012, effective August 20, 2012 (42 U.S.C. 15601 et seq.), and with all applicable PREA standards and TJJD policies related to PREA. Service Provider shall make itself
familiar with and at all times shall observe and comply with all PREA regulations which in any manner affect performance under this contract. Failure to comply with PREA standards, rules, regulations, and TJJD policies may result in termination of this contract.” Though these requirements are stated in each service provider contract, there are two contracts that do not meet the requirements of sub section (a) of this standard. In the contract with TruCore Behavioral Solutions, on page 22 section (2) titled Youth To Staff Ratios and Training & Professional Development, subtitled Direct Care Ratios, the contract states “1 direct care staff to 12 youth during waking and 1:16 during sleeping hours as indicated in Service Provider’s contract documents. TJJD has granted the contractor a waiver from the PREA-required ratios that go into effect October 1, 2017.” In TJJD’s contract with Cornerstone Programs Corp. on page 22 section (2) titled Youth To Staff Ratios and Training & Professional Development, subtitled Direct Care Ratios, the contract states “1 direct care staff to 12 youth during waking and 1:16 during sleeping hours as indicated in Service Provider’s Program Components and Narrative.” This negates the 1 to 8 ratio required by PREA, therefore, they are not in compliance with this standard.

115.312 (b). The agency contract administrator reported that TJJD has entered into (or renewed) 9 contracts for the confinement of residents since August 20, 2012. Only six of these facilities/programs are required to complete a PREA audit. In the contract for these facilities, on page 28 section 10 titled Monitoring, Evaluations, Audits, And Records it states in part, “Service Provider must allow the TJJD/Designee to perform monitoring, performance evaluations, investigations, and audits.” The TJJD Contract Residential Site Visit forms were reviewed and indicate that monitoring to ensure that contractors are complying with PREA standards is occurring.

Corrective Action:

1. Revise the contract language to reflect that all contracted facilities are required to comply with all PREA standards including the 1:8 staff-to-youth ratio during waking hours.

Corrective Action Taken:

1. The Interim Audit Report identified that standard (312) was not in compliance with PREA standards and required corrective action. The corrective action period began August 27, 2018 upon issuance of the interim report to the PREA Coordinator for TJJD. The auditor recommended that the language in the contracts with two facilities be revised to reflect that those facilities are required to comply with all PREA standards including the 1:8 staff-to-youth ratio. The PREA Coordinator for TJJD maintained contact with the auditor throughout the corrective action period providing updates on progress and requesting review of the contract language and interpretation. On December 18, 2018 the PREA Coordinator for TJJD provided the corrective action to the auditor via email. Included were new signed and dated copies of the contracts between TJJD and the contract facilities requiring full compliance with all PREA standards. The auditor reviewed the submitted documentation and determined that full compliance for PREA standard (312) was achieved.
Standard 115.313: Supervision and monitoring

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? ☒ Yes ☐ No
Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring:
Institution programs occurring on a particular shift? ☒ Yes ☐ No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No

In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.313 (c)

Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☒ NA

Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☒ NA

Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) ☐ Yes ☐ No ☒ NA

Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☐ Yes ☐ No ☒ NA

Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

115.313 (d)

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
• In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No

• In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

• In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.313 (e)

• Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

• Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

• Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337 (e)
3. GAP 380.9955 (d)
4. Staffing plans
5. Time-stamped evidence of unannounced rounds
6. Unannounced visit forms that include the staff member’s name, shift, and observation notes
7. Facility ratio reports
Interviews:
1. Facility Superintendent
2. Compliance Manager
3. Compliance Coordinator
4. Staff responsible for conducting unannounced rounds

Observations:
1. Camera placement
2. Video surveillance system
3. Staffing levels during facility inspection

Findings (by provisions):

115.313 (a). TJJD policy 380.9337(pp.3,[3][Aii]) titled *Youth Supervision and Monitoring* requires all residential facilities operated by TJJD to develop and implement a written staffing plan that provides adequate levels of staff and video monitoring to protect youth against sexual abuse. The Superintendent and the PREA Compliance Manager stated that the Schaeffer House regularly develops a staffing plan and each item in provision (a) of this standard is considered when this plan is developed or reviewed. The Superintendent reported that video monitoring is utilized throughout the house and the outside grounds to ensure the safety of the youth at all times. He stated that unannounced visits are conducted, a review and sign off on schedules is completed, and day to day monitoring of staff to youth ratios are observed in order to ensure compliance with the staffing plan. The auditor reviewed shift logs documenting unannounced rounds as well as video and ratio reports that documented the appropriate staff to youth ratio. The current and previous three annual staffing plans were reviewed. Each contains supervisory signatures indicating the approval of each plan. A memo from the TJJD Director of State Programs and Facilities provided a memo in March of 2017 describing the development process of staffing plans which included conference calls and meetings with facility superintendents, consultation with finance leadership and the Director of PREA Compliance, and a review by the Senior Director of Finance, the Compliance and Accountability Officer, and the Director of State Programs and Facilities.

The Safe Housing Staffing plans for the previous three years indicates the Schaeffer House and the agency’s compliance with reviewing the plans annually.

115.313 (b). TJJD policy 380.9337(pp.3,[3][A-ii]) titled *Youth Supervision and Monitoring* states that deviation from the staffing plan is only allowed under limited and discrete circumstances and must be documented by the facility. The Schaeffer House Superintendent stated that there had not been any circumstances of the facility being noncompliant with the staffing plan. He reported that administrators fill in when needed to ensure appropriate staff to youth ratios. The auditor reviewed the facility ratio reports dated 09-15-2016 thru 08-28-17 and 09-04-17 thru 08-27-2018 and found that these reports indicated that the facility was in compliance with the staffing plan during these times. There was no documentation of deviations from the staffing plan available due to the facility staying in compliance with the plan.

115.313 (c): The Schaeffer Halfway House is not a secured facility and therefore is not required to maintain the ratios defined in this provision. However, TJJD policy HWH.09.01(pp.1[a,1-3] titled *Direct-Care Staff Coverage* requires that each halfway house operated by TJJD is staffed at the staff-to-youth ratios of 1) 1:8 during youth waking hours, 2) 1:12 during youth sleeping hours, and 3) 1:8 (minimum)
during community outings. The Schaeffer House facility reports were reviewed and indicate that the facility maintains the staff-to-youth ratios required.

**115.313 (d).** TJJD policy 380.9337 (pp.3,[A][iii], titled *Staffing Plans* requires the TJJD Division Director for Residential Services and the PREA Coordinator to review and document any adjustments need to each TJJD facility’s 1) staffing plan, 2) prevailing staffing patterns, 3) deployment of video monitoring systems and other monitoring technologies, and 4) resources available to ensure adherence to the staffing plan. Three consecutive-year safe housing staffing plans were reviewed, and each includes staffing plan procedures, provisions, revisions to the campus schedules and current population, procedures regarding room and dorm assignments, reassessing for safe housing, PREA supervision requirements, and facility floor plans and camera totals. TJJD policy requires the assessment, determination, and documentation of the consideration of adjustments needed to the staffing plan, staffing patterns, video monitoring, and resources committed to ensure adherence to the staffing plan. The memo provided by the Director of State Programs and Facilities describes the development process, which includes three phases and the actions taken during each phase. According to the document, the Senior Director of Finance, the Compliance and Accountability Officer, and the Director of State Programs and Facilities review the plan. The Superintendent, Director of Secure Facility Operations, Senior Director of State Programs and Facilities, and the Compliance Coordinator approved the plan, which is indicated by their signatures. The Compliance Coordinator stated she was consulted regarding any assessments of or adjustments to the staffing plan and that staffing plan assessments occurred at least annually.

**115.313 (e).** TJJD policy 380.9337 (pp.3,[a]-[iii]) titled *Unannounced Rounds* requires management staff at TJJD-operated medium security facilities to conduct and document 2 unannounced rounds each month, on each shift, to ensure safety of the youth and deter sexual abuse and sexual harassment. During interviews, the management staff reported that they conduct unannounced rounds on each shift and document these rounds in the unannounced visits binder, through emails, and on the daily shift log. The auditor reviewed shift logs, employee sign in sheets, halfway house unannounced visit forms and randomly selected video of staff conducting rounds to confirm compliance with this provision.

**Corrective Action:** There is no corrective action required for this standard.

**Standard 115.315: Limits to cross-gender viewing and searches**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.315 (a)**

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☒ Yes ☐ No

**115.315 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?
  ☒ Yes ☐ No ☐ NA
115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes □ No
- Does the facility document all cross-gender pat-down searches? ☒ Yes □ No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes □ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes □ No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes □ No □ NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status? ☒ Yes □ No
- If a resident’s genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes □ No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes □ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes □ No

**Auditor Overall Compliance Determination**

□ ☒ Exceeds Standard (*Substantially exceeds requirement of standards*)
Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337 (e)
3. GAP 380.9709 (g)
4. TJJD Professional Development Lesson Plan including a narrative with Key Points
5. Shift and search logs
6. Training curricula
7. Staff training logs

Interviews:
1. Compliance Manager
2. Facility Superintendent
3. Correctional staff
4. Random youth

Observations:
1. Bedrooms
2. Showers and bathrooms
3. Shower routine

Findings (by provision):

115.315 (a). TJJD policy 380.9709 titled; Youth Search, outlines the agency’s policy on cross-gender pat searches (p.p. 1 [E], [C]; cross-gender strip searches (p.p.1, (f) 1, 2[B] [C]; and cross-gender physical body cavity searches (p.p.1) (G). This policy requires that two trained staff, of the same gender of the youth, conduct pat down searches and strip searches of youth except for in exigent circumstances where an opposite gender staff may be obligated to conduct the search. TJJD policy 380.9709 prohibits all TJJD staff from conducting physical cavity body searches. All physical cavity body searches are required to be conducted by offsite medical personnel that are not a part of the facilities health care staff. According to the PAQ provided by the Schaeffer House administration, the facility staff do not conduct cross-gender pat down searches or cross-gender strip searches.

115.315 (b). TJJD policy 380.9709 (p.1 (e) 2 C-D) requires that two trained staff members must be in attendance during a pat down search and that the staff conducting the search must be the same gender as the youth being searched, except in exigent circumstances. TJJD Policy 380.9337 (p.1 C (1)) defines an exigent circumstance as “Any set of temporary and unforeseen circumstances that
require immediate action to combat a threat to the security or institutional order of a facility.” The completed PAQ indicates that there has not been any cross-gender pat down searches conducted in the last 12 months prior to this audit. Residents interviewed during the on-site visit reported that they had not participated in, or observed any cross-gender pat down searches since their arrival at the Schaeffer House. All staff interviewed stated that cross-gender pat down searches are not allowed. The majority of the staff reported that only under exigent circumstances could a cross gender search be conducted. The staff reported that there had been no cross-gender pat down searches within the 12 months prior to this audit.

115.315 (c). TJJD policy 380.9709 (pp. 1-2) states the agency’s requirement that all pat down searches, strip searches, and cavity searches be documented. Schaeffer House search logs, titled Contraband/Unauthorized Item Log Disposition of Contraband, from 04-03-18 thru 06-13-18 were reviewed. These logs document the specific search being conducted, the youth being searched, the staff conducting the search, the reason for the search and any contraband that is found. According to staff and youth interviews, as well as search log documentation, there have been no cross-gender searches conducted at the Schaeffer House.

115.315 (d). The audit team determined that the Schaeffer Halfway House implements TJJD policy 380.9337 (pp. 4(C)) titled Limits to Cross-Gender Viewing and Searches which meets the requirements of this standard by stating in part that “staffing patterns and physical barriers are implemented to enable youth to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks.” During the facility tour of the on-site visit, the layout of the house was observed. There are 6 bedrooms which can house a maximum of 4 youth each. Each bedroom had a bathroom/shower room separate from the sleeping quarters where youth shower, perform bodily functions and change clothes. Policy 380.9337 (pp.4(D)) meets this standard by requiring that staff of the opposite gender announce their presence when entering the sleeping room at a medium facility such as the Schaeffer House. Youth and staff interviewed reported youth are never naked in view of the staff or other residents and that female staff announce themselves when they come into the house and when they approach a sleeping area. A review of house shift logs showed documentation of opposite gender announcements being made.

115.315 (e). TJJD policy 380.9337 (pp.3 sec 4(B) titled Limits to Cross-Gender Viewing and Searches states that “TJJD does not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth’s genital status. The status may be determined during conversations with the youth, by reviewing medical records, or as part of a broader medical examination conducted in private by a medical practitioner.” During the audit, there were no youth at Schaeffer House identified as transgender or intersex. The staff were able to communicate their understanding of the policy during interviews.

115.315 (f). TJJD policy 380.9709 (pp.1-2 (e) 1-2(A-G) outlines the procedures for staff conducting cross-gender, transgender, and intersex pat down and room searches. Subsection (F) states that “Room and pat-down searches must be conducted in a professional manner. Staff must not make jokes, conversation, or comments while conducting searches.” Nine random staff were interviewed. There was a mix of information received during staff interviews at the Schaeffer House in regards to staff receiving training on cross-gender, pat-down searches and searches of transgender and intersex youth. All staff reported cross-gender searches were not conducted at Schaeffer House. Seven staff stated that they had not received training on cross-gender, transgender, and intersex pat down searches. Two staff reported that they had received training. The audit team was provided a copy of
the training curriculum for “Search Procedures” from the TJJD Juvenile Justice Training Academy. This curriculum reviews the procedures for conducting pat-down searches for male youth and female youth. It also re-iterates that cross-gender pat down searches are prohibited except in exigent circumstances. This curriculum also outlines the rights of transgender and intersex youth to express a preference for which gender of staff the youth prefers to be searched by and that general pat down search procedures will be utilized when pat searching transgender and intersex youth. Staff training records were reviewed and documented the staff participation in PREA training.

Corrective Action: There is no corrective action required for this standard.

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (e)
3. List of staff translators
4. PREA script in English and Spanish
5. Contract sign language interpreting service
6. PREA Orientation Training and Acknowledgement Form

Interviews:
1. Staff members who provide PREA training to youth

Observations:
1. Interactions between staff members and residents

Findings (by provisions):

115.316 (a). TJJD policy 380.9337 (pp.4 sec 5 (A-C) titled Youth with Disabilities and Youth who are Limited English Proficient outlines appropriate steps TJJD takes to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. TJJD has entered into a contract with the San Marcos Interpreting Service for the Deaf to ensure effective communication for youth who may need this service to communicate effectively. The Intake Staff interviewed at the Schaeffer house reported that youth receive PREA information within a couple hours of their arrival. In addition to the written materials discussed, intake staff provide youth with a PREA video that informs the youth on the agency’s zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment. A review of TJJD’s public website was conducted and a link to the PREA video is provided in both English and Spanish. A review of the videos revealed that there are not sub titles that would be beneficial for non-hearing youth.

115.316 (b). The Schaeffer House provided a written memo that identifies a designated staff as the “house interpreter” (English/Spanish) in the event that an official interpreter is not immediately available to assist youth who are limited English proficiency. The Schaeffer House also provided copies of written PREA material such as the PREA Orientation Training and Acknowledgement Form, the staff PREA Script, and the TJJD Youth Handbook, all of which were written in English and Spanish.

115.316 (c). TJJD policy prohibits the use of youth to interpret, read, or otherwise assist except in limited circumstances. The Schaeffer House reports no occurrences of the use of youth interpreters in the last 12 months. Staff members stated that the majority of the staff are fluent in English and Spanish and that they would not use youth interpreters except in exigent circumstances.

Corrective Action: There is no corrective action required for this standard.

Standard 115.317: Hiring and promotion decisions

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes □ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes □ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.17 (e)
• Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.317 (f)

• Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

• Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

• Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

• Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

• Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

The following evidence was analyzed in making the compliance determination:

1. Documentation and Policy Reviewed:
   
   1. Completed PAQ
   2. GAP 380.9337
3. Personnel files
4. Human resources electronic records
5. Snapshot provided by the TJJD Human Resources Administrator showing hire date, initial and annual criminal background checks, and fingerprint dates

Interviews:
1. Agency central office human resources administrative staff

Observations: No observations relative to this Standard were required

Findings (by provisions):

115.317 (a). TJJD policy 380.9337 (pp.4, Sec 6A (i-ii)) titled Hiring and Promotions Decisions prohibits hiring or promoting anyone or using the contracted services of anyone who may have contact with youth if the person 1) has engaged in sexual abuse in a prison, lockup, community confinement facility, juvenile facility, or other institution or 2) has been convicted or civilly or administratively adjudicated of engaging or attempting to engage in such activities. The TJJD Human Resources Department provided this auditor an excel spreadsheet with the dates of the initial NCIC/TCIC/PREA background check and the status of each staff and two volunteers at the Schaeffer House. This form also documents that staff complete background checks on an annual basis. The auditor reviewed six personnel records that included three recently hired staff. The Schaeffer House reported that there had not been any staff promoted in the prior 12 months. Documentation in the personnel files indicated compliance with criminal back checks, disclosure of PREA standards violations, reference checks, Child Abuse Registry Checks, and acknowledgement forms from PREA refresher trainings.

115.317 (b). TJJD policy 380.9337 (pp.4, Sec 6B) titled Hiring and Promotions Decisions requires TJJD to take into consideration any incidents of sexual harassment before hiring, promoting, or contracting for services with any person who may have contact with youth. The Human Resources administrative staff reported that the agency does consider prior incidents of sexual harassment before hiring, promoting, or contracting with anyone that may have contact with children. She reported that the Human Resources System is reviewed for internal promotions, and reference and background checks are completed for new hires and contractors.

115.317 (c). TJJD policy 380.9337 (pp.4-5, Sec 6C (i-iii)) titled Hiring and Promotions Decisions requires that before hiring a new employee who may have contact with youth, TJJD 1) conducts a criminal background check, 2) completes a child abuse registry check, and 3) contacts prior institutional employers to determine any substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The auditor reviewed six Schaeffer House personnel files. Each file contained a Background Reference Check, Internal Background Review, Disclosure of PREA Employment Standards Violation, and Child Abuse Registry Check Consent Form. The PAQ submitted by the Schaeffer House indicated that there had been 3 staff hired within the prior 12 months that have contact with youth. All 3 staff have had background checks completed. Interviews with Human Resources administrative staff verified the practice of conducting such checks for all employees as described in provision (a) of this standard.

115.317 (d). TJJD policy 380.9337 (pp.4-5), Sec 6D(i-ii)) titled Hiring and Promotions Decisions requires TJJD to 1) perform a criminal background records check, and 2) consult the DFPS child abuse
registry prior to enlisting the services of a contractor that may have contact with youth. The PAQ submitted by the Schaeffer House indicated 2 contracts for services background checks were completed for all staff covered in the contract. During the on-site visit, the PREA Compliance Manager explained that the school district will begin conducting education classes at the Schaeffer House in the coming session. Currently, no teachers have been hired or assigned to the Schaeffer House. Therefore, no background checks can be either conducted, or confirmed. The only contractor associated with the Schaeffer House at the time of this audit was the Sexual Behavior Treatment Therapist. The TJJD Human Resources Administrator provided documentation that illustrates a background check on the contractor at Schaeffer was conducted prior to the contractor having contact with youth. The Schaeffer House reported that in the past 12 months, criminal background checks were conducted for one contract for services for all staff covered in the contract who may have contact with youth.

115.317 (e). TJJD policy 380.9337 (pp.5, Sec 6E) titled Hiring and Promotions Decisions requires that criminal background checks be conducted annually. The Human Resources Administrator reported that background checks are completed annually for staff, volunteers and contractors. The auditor reviewed TJJD Human Resources Department documentation indicating that a background check is conducted on each staff, volunteer and contractor at the Schaeffer House annually. Six random staff personnel records reviewed by the auditor also support compliance with this standard.

115.317 (f). TJJD policy 380.9337 (pp.5, Sec 6F) titled Hiring and Promotions Decisions requires that applicants and employees who may have contact with youth have an affirmative duty to disclose misconduct described in Subsection (a). The Disclosure of PREA Employment Standards Violations form placed in each personnel file supports compliance with this subsection. The agency Human Resources Administrators stated staff must disclose any misconduct.

115.317 (g). TJJD policy 380.9337 (pp.5, Sec 6F) titled Hiring and Promotions Decisions requires that TJJD ask applicants and employees who may have contact with youth directly about previous misconduct described in provision (a) of this standard. Policy further states that material omissions regarding such misconduct or the provision of materially false information is grounds for termination. The Human Resources Administrative staff reported that the employment application for TJJD asks the applicant of any misconduct as described in provision (a). She also reported that staff complete the PREA form as a part of their annual evaluation.

115.317 (h). TJJD policy 380.9337 (pp.5, Sec 6F) titled Hiring and Promotions Decisions requires that unless prohibited by law, TJJD provides information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request from an institutional employer for whom the former employee has applied to work. Interviews with Human Resources Administrators support compliance with this practice.

Corrective Action: There is no corrective action required for this standard.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard ( Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. Facility map with buildings and camera numbers

Interviews:
1. Superintendent
2. Executive Director

Observations:
1. Camera placement

Findings (by provisions):

115.318 (a). This subsection is not applicable since the Schaeffer house has not made any substantial modifications or expansions to their video monitoring system.

115.318 (b). The Superintendent and the PREA Compliance Manager stated that only two cameras have been added (in closet areas) since their last PREA audit. There has been no substantial expansion or modifications made at the Schaeffer House. The placement of cameras throughout the facility and outside of the facility, was observed during the tour when auditors were onsite.

Corrective Action: There is no corrective action required for this standard

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFE or SANE cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFE or SANE? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) ☒ Yes ☐ No ☒ NA
Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337
3. INS 71.01
4. Mental health care training documentation
5. MOU with the CASFV
6. Website for UMCEP

Interviews:
1. Staff members
2. Information staff at UMCEP
3. Compliance Manager
4. Random youth

Observations: No observations relative to this standard were required.

Findings (by provisions):

115.321 (a). TJJD Policy 380.9337 (pp.5, Sec (f), 1A) titled *Evidence Protocol and Forensic Medical Examinations* states “TJJD follows a uniform evidence protocol when responding to allegations of sexual abuse. The evidence protocol must be developmentally appropriate for youth.” The TJJD Office of the Inspector General (OIG) is responsible for conducting all criminal investigations. The Administrative Investigations Division (AID), of the OIG, conducts all other sexual abuse and harassment allegations involving staff members. When sexual abuse allegations are made, the facility procedures are outlined in policy and the Schaeffer Halfway House Written Plan of Coordinated Response to Allegations of Sexual Abuse. Discrepancies in first responder duties and staff understanding of agency responsible for conducting investigations are discussed in Standard 115.365.

115.321 (b). TJJD Policy 380.9337 (pp.5, Sec (f), 1A) requires that the protocol be developmentally appropriate for the youth. OIG investigators follow a uniform evidence protocol, *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition, April 2013.*
115.321 (c). TJJD policy requires that when appropriate, TJJD transports youth who experience sexual abuse to a hospital, clinic, or emergency room that can provide a medical examination by a Sexual Abuse Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE) or any other qualified medical practitioner. This policy further states that such exams will be provided at no financial cost to the youth. The completed PAQ states that youth would be taken to the University Medical Center in El Paso, Tx if such circumstances should arise. There has not been any forensic medical exams conducted for youth from the Schaeffer house in the past 12 months prior to the start of this audit. The website for the University Medical Center of El Paso Texas was reviewed and contains information on services provided for victims of violent crimes. The auditor contacted the information desk at the University Medical Center of El Paso, Texas and was informed that SAFE and SANE medical staff are available. Information was given that all University Medical Centers have SANE Program.

115.321 (d). A Memorandum Of Understanding (MOU) between TJJD and the Center Against Sexual and Family Violence (CASFV) was signed on January 10, 2018 granting youth access to the CASFV crisis hotline and emotional support/crisis counseling services. A copy of an email dialogue between the two agencies was reviewed, and discusses how a youth will have unimpeded access to contacting CASFV when needed. During informal interviews with staff, it was learned that there is staff from the Schaeffer House that volunteer and/or work at CASFV. The youth participate in community service projects as well as other activities with the CASFV organization. The PREA Compliance Manager reiterated this information during his interview. During the tour of the house, posters and brochures with CASFV telephone number and contact information was observed on the walls and tables. Youth interviewed reported that they know all about CASFV and how to contact them if they were to ever need their services. No youth at Schaeffer House were identified as having reported any sexual abuse.

115.321 (e). TJJD policy 380.9337 (pp.5, Sec (f), (1) D)) requires a victim advocate to accompany and support a youth that has suffered sexual abuse through the forensic medical examination if the youth requests. The Mental Health Professional and the Schaeffer House staff that volunteer at CASFV were identified as potential advocates that could accompany a victim through the forensic medical exam if requested by the victim. In addition, the contact information to CASFV is provided throughout the house and can be used by the victim if they refuse in-house services.

115.321 (f). TJJD policy addresses each requirement of this standard as indicated above in provisions (a) – (e). Although the OIG is considered an outside investigating entity, TJJD policy outlines the responsibilities of the OIG.

115.321 (g). The auditor is not required to audit this provision.

115.321 (h). The auditor is not required to audit this provision.

Corrective Action: There is no corrective action required for this standard.

**Standard 115.322: Policies to ensure referrals of allegations for investigations**

115.322 (a)
Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]

☐ Yes ☐ No ☒ NA

115.22 (d)

Auditor is not required to audit this provision.

115.22 (e)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:

1. Completed PAQs
2. GAP 380.9337 (f), (k)
3. Administrative investigative reports
Interviews:

1. TJJD Executive Director
2. Investigative staff members
3. TJJD website: http://www.tjjd.texas.gov/
4. Human Resources Code Chapter 242:
   https://statutes.capitol.texas.gov/Docs/HR/htm/HR.242.htm

Observations: No observations relative to this Standard were required.

The following evidence was analyzed in making the compliance determination:

Findings (by provisions):

115.322 (a). TJJD policy 380.9337(pp.11,[K]) titled *Criminal and Administrative Agency investigations* requires that all allegations of sexual abuse and sexual harassment are investigated by investigators trained in conducting sexual abuse investigations. The OIG is responsible for conducting criminal investigations for TJJD, and AID is responsible for conducting administrative investigations. The TJJD Executive Director stated that the agency investigations are conducted for all allegations of sexual abuse and sexual harassment. She stated that policy requires all staff to report all allegations to the Incident Reporting Center (IRC) which is reviewed by a licensed experienced peace officer and then forwarded to the appropriate department for investigation. Once the investigation is complete, the findings are forwarded to the local facility and the PREA coordinator. The completed PAQ’s provided by the Schaeffer House, OIG, and AID, indicated that there has not been any allegations of sexual abuse or sexual harassment in the preceding 12 months of this audit.

115.322 (b). TJJD policy 380.9337(pp.6 sec. 2[A-B] titled *Policies to Ensure Referrals of Allegations for Investigations* requires that all allegations of sexual abuse or harassment are reported to the OIG, which reviews, assigns, and documents each allegation. Policy governs both administrative and criminal investigations and is posted on the TJJD website. During interviews, investigative staff supported compliant investigative practices.

115.322 (c). This subsection does not apply; the agency is responsible for conducting administrative and criminal investigations.

115.322 (d). This subsection does not apply; the agency is responsible for conducting administrative and criminal investigations.

115.322 (e). This subsection does not apply; the agency is responsible for conducting administrative and criminal investigations.

Corrective Action: There is no corrective action required for this standard.
Standard 115.331: Employee training

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? ☒ Yes ☐ No
- Is such training tailored to the gender of the residents at the employee’s facility? ☒ Yes ☐ No
Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes  ☐ No

115.331 (c)

Have all current employees who may have contact with residents received such training? ☒ Yes  ☐ No

Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes  ☐ No

In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes  ☐ No

115.331 (d)

Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

The following evidence was analyzed in making the compliance determination:

**Documentation and Policy Reviewed:**

1. Completed PAQ
2. GAP 380.9337
3. PREA and Preventing Sexual Misconduct staff development lesson plan with course description, performance objectives, and materials
4. Direct Care Staff New Hire Development: Juvenile Health lesson plan
5. OJT Juvenile Health lesson plans
6. PREA Training and Acknowledgment Form and Sign-In Sheet for Annual Training of medical and mental care staff
7. Meeting the Needs of Gender-Diverse Youth training PowerPoint
8. Relational Language Handout

**Interviews:**

1. Mental health care staff members
2. Random staff members
3. Youth case managers

Observations:
1. Interactions between staff members and youth

Findings (by provisions):

115.331 (a). TJJD policy titled Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment states that PREA related training, that addresses the eleven elements of this provision, is provided to all employees who may have contact with youth. During interviews, case managers, mental health care staff and random staff members reported they had been trained on each element during new-hire and received PREA-specific trainings during staff meetings, which training sign-in sheets confirmed. Examples of training curriculums reviewed include: Meeting the Needs of Gender Diverse Youth; PREA and Preventing Sexual Misconduct; and Trauma in LGBTQ youth. These curriculums, along with the PREA Training and Acknowledgement form, and staff training transcripts, revealed that the Schaeffer House staff have received PREA related training that addresses the required elements within provision (a) of this standard.

115.331 (b). TJJD policy 380.9337 titled Zero Tolerance for Sexual Abuse, Sexual Harassment, and Sexual Activity (p.6 G 1(A)) states that PREA related training for staff is “tailored to the unique needs and attributes of youth in juvenile facilities and to the specific gender(s) represented at the facility.” A review of curriculums show that training material is tailored to the unique attributes and needs of the youth. TJJD policy 380.9337 (p.6 G 1(B)) titled Zero Tolerance for Sexual Abuse, Sexual Harassment, and Sexual Activity states in part that TJJD requires that “an employee must receive additional training if he/she is reassigned from a male-only facility to a female-only facility or vice versa.”

115.331 (c). TJJD policy 380.9337 titled Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual harassment (p.6 g(1A,B,C)) provides PREA related training for all staff who may have contact with youth, as well as provides additional training for staff that have been reassigned to a facility that house the opposite gender from where the staff previously worked. The Schaeffer House reported on the PAQ that there are currently 24 employees who may have contact with youth. It was reported that 100% of the 24 employees have received PREA-related training. A review of staff training records, and the PREA Training and Acknowledgement forms signed by the staff, indicate that the staff attend PREA training annually and refresher classes throughout the year.

115.331 (d). TJJD policy 380.9337 (p.6 g(1C)) titled Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment, states “TJJD documents employees written verification that they understand the training they have received. The PREA Training and Acknowledgement form was reviewed and specifically states in part: “Participant Instructions: By signing this PREA Training Acknowledgement form below, I acknowledge that I have received and understand the PREA-related training presented by the trainer(s). I have had the opportunity to ask any questions I may have and I know who to contact should I have additional questions in the future.” A sample of training records were reviewed and showed that the Schaeffer House is in compliance with the TJJD policy and this subsection of this standard.

Corrective Action: There is no corrective action required for this standard.
Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documentation and Policy Reviewed:
   1. Completed PAQ
   2. GAP 380.9337
   3. Training records

Interviews:

1. Volunteers who have contact with youth
2. 
Observations: No observations relative to this Standard were required.

Findings (by provisions):

115.332 (a). TJJD policy titled Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment (p.6 (2)) states that “TJJD ensures and documents that all volunteers and contractors who have direct access to youth have been trained on and understand their responsibilities under this rule and any other related TJJD policies and procedures.” The PAQ reflects that there are 13 volunteers/contractors who may have contact with youth throughout the agency and that all 13 have received training on the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The Schaeffer House reported having five volunteers/contractors that may have contact with the youth. A review of the volunteer training files show that the Schaeffer House has maintained compliance with this TJJD policy and the sub section (a) of this standard.

115.332 (b). The facility reports that the level and type of training the volunteers and contractors receive is based on the services they provide and level of contact with youth. The 2011 Edition of the Volunteer Training Manual includes a comprehensive list of PREA-related topics. Two volunteers were interviewed during the onsite stage of the audit. They reported that they received training in their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, per agency policy and procedure that included the ways that youth and staff can make a report, what should be reported, and signs of sexual abuse and sexual harassment.

115.332 (c). A sample of the PREA Training Acknowledgement Form and Sign-In Sheet for Volunteers was reviewed and includes documentation of receipt and acknowledgment of understanding the training.

Corrective Action: There is no corrective action required for this standard.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)
Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

Have all residents received such education? ☒ Yes ☐ No

Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident’s new facility differ from those of the previous facility? ☒ Yes ☐ No

115.333 (d)

Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No

Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No

Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No

Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No

Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.333 (f)

In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination
☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337
3. Intake records including youth education
4. PREA Orientation and Acknowledgement Form
5. Youth handbook
6. Hotline posters in the house

Interviews:
1. Intake staff
2. Random youth

Observations:
1. Posters containing PREA-related information
2. Posters/brochures containing CASFV information

Findings (by provisions):

115.333 (a). Each youth committed to TJJD is first assigned to the Orientation and Assessment Unit in Brownwood, Texas. TJJD policy 380.9337 (pp.7, (3) A-D) titled Youth Education requires that youth receive age appropriate information regarding the agency’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. TJJD requires that a youth be re-educated on this topic each time he transfers to a different TJJD facility. The Schaeffer House reported that 62 youth were admitted in the previous 12 months prior to this audit and all youth received this information during their intake. The Schaeffer House intake staff reported that every youth receives information on TJJD’s zero tolerance policy and how to report sexual abuse and sexual harassment upon their arrival. A portion of the intake process includes the PREA script being reviewed, the youth receiving a handbook that obtains the zero tolerance policy and reporting information, and a PREA video that is shown to all youth each time a new resident arrives. The youth interviewed reported that they were informed of the agency’s zero tolerance policy and how to make reports the same day they
arrived at the Schaeffer house. Youth reported the staff reviewed an intake packet with them that includes PREA information. The auditors reviewed 20 intake records provided by the Schaeffer House prior to the audit and 6 intake files that were randomly selected and requested by the auditors on site. Each file included PREA Orientation Training and Acknowledgment Form, Receipt of Youth Handbook Form, and PREA Script signed by youth. Zero Tolerance posters in Spanish and English were present throughout the Schaeffer House.

115.333 (b). TJJD policy 380.9337(pp.7,3(B) requires that within 10 calendar days after admission, TJJD provides comprehensive, age-appropriate education to youth about 1) their right to be free from sexual abuse or harassment and retaliation for reporting such incidents and 2) TJJD policy and procedures for responding to such incidents. During interviews, intake staff stated that on the first day of admission, intake staff members read the English or Spanish version of the PREA Orientation Script to youth, provide the youth with a handbook, and show the PREA video, Safeguarding Youth Sexual Safety PREA Orientation. The staff stated that each time a new youth arrives, all youth assigned to the Schaeffer House are required to watch the PREA video. The staff reported that the facility ensures that youth are educated not only through watching the PREA video, but also by providing youth contact information and phones to make reports to the abuse hotline or contact CASFV for assistance. Youth corroborated this practice during interviews and said they received the education when they first arrived and watch the PREA video every time a new youth arrives at Schaeffer House.

115.333 (c). TJJD policy 380.9337(pp.7, Sec 3) titled Youth Education requires that TJJD provide the PREA education each time a youth transfers to a different TJJD-operated facility. Staff and youth interviews supported compliance with this practice. The youth interviewed at the Schaeffer House reported that they received the PREA education when admitted to the Orientation and Assessment Unit as well as upon their arrival at the Schaeffer House. A review of youth intake records at the Schaeffer House confirmed that youth are receiving PREA education as required by this standard.

115.333 (d). TJJD policy 380.9337(pp.7, Sec 3(D)) requires that the agency provide PREA information in formats accessible to all youth including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills. The PREA Script and Youth Handbook contain PREA-related information but are not accessible to all youth. These documents are discussed in Standard 115.316.

115.333 (e). TJJD requires that each youth’s participation in PREA education be documented on the PREA Orientation Acknowledgement Form. The auditors reviewed 20 youth intake files provided by the Schaeffer House prior to the onsite visit and 6 randomly selected files while there. Each file included the PREA Orientation Training and Acknowledgement form, the Schaeffer House Alleged Mistreatment form which defines abuse, neglect and exploitation and educates the youth on the toll free child abuse hotline number, and the PREA Orientation Script. All of these forms were signed by youth acknowledging that they have received the information. During interviews, staff and youth said they participate in PREA-related training and groups and watch the PREA video in the day area of the house when new youth arrive.

115.333 (f). PREA information is available and visible to youth through posters and Youth Handbooks in English and Spanish. During the tour of the Schaeffer House, the auditors noted that PREA posters were placed throughout the house. Youth reported that they receive PREA education throughout their stay. Staff and youth reported that all youth are required to watch the PREA video each time a new resident arrives.
Corrective Action: There is no corrective action required for this standard.

Standard 115.334: Specialized training: Investigations

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a.)] ☒ Yes ☐ No ☐ NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a.)] ☒ Yes ☐ No ☐ NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a.)] ☒ Yes ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (Requires Corrective Action)

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337

Interviews:

1. Investigative staff
2. TJJD AID training agenda and lesson plan
3. Certificates of Completion of NIC Training

Observations: No observations relative to this standard were required.

Findings (by provisions):

115.334 (a). In addition to the general PREA training, TJJD policy 380.9337 (pp.7, Sec 4A-iii) requires that TJJD staff members who investigate allegations of sexual abuse receive specialized training that includes sexual abuse evidence collection in confinement settings. The auditors verified the two AID and two OIG facility investigators' certificates of completion of PREA: Investigating Sexual Abuse in a Confinement Setting by the National Institute of Corrections (NIC). The investigators stated they received this training, which included interviewing techniques, evidence collection, and use of Miranda and Garrity warnings.

115.334 (b). TJJD policy 380.9337 (pp.7, Sec 4(A)-iv) requires investigators to complete specialized training that includes techniques for interviewing juvenile sexual abuse victims, proper use of Garrity and Miranda warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The NIC training includes each element. The two investigators interviewed said they received training regarding Miranda and Garrity warnings. The AID investigator said she would use the Garrity warning for any staff members under administrative investigation, and the OIG investigator stated OIG would use Miranda when a staff member is the suspect.

115.334 (c). The auditors reviewed the Certificate of Completion for the PREA: Investigating Sexual Abuse in a Confinement Setting training, presented by the National Institute of Corrections, verifying the AID and the OIG facility investigators had completed the required specialized training.

115.334 (d): This subsection does not apply; the agency is responsible for conducting administrative and criminal investigations.
Corrective Action: There is no corrective action required for this standard.

Standard 115.335: Specialized training: Medical and mental health care

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
Does Not Meet Standard *(Requires Corrective Action)*

The following evidence was analyzed in making this compliance determination:

**Documentation and Policy Reviewed:**

1. Completed PAQ
2. GAP 380.9337
3. Certificates of completion of PREA training
4. Training records in personnel files

**Interviews:**

1. Mental health care staff

**Observations:** No observations relative to this Standard were required.

**Findings (by provisions):**

115.335 (a). TJJD policy 380.9337(pp.7, Sec(5,A-D) titled *Specialized Training: Medical and Mental Health Care* requires that full and part-time medical and mental health staff are trained in how to detect and assess signs of sexual abuse, preserve physical evidence, respond to victims of sexual abuse, and report allegations or suspicions of sexual abuse. The Schaeffer House identified one Mental Health Professional who works regularly in the facility. Certificates of Completion of the online course *PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*; and *PREA:201 for Medical and Mental Health Practitioners* presented by the NIC were reviewed and verified. The MHP stated that she has received training regarding detecting signs of sexual abuse and/or sexual harassment, how to report allegations of sexual abuse and sexual harassment, how to preserve physical evidence, and how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.

115.335 (b). This subsection is not applicable; TJJD policy requires that an off-site Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner conduct forensic medical exams.

115.335 (c). Certificates of Completion of the online course *PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*; and *PREA: 201 for Medical and Mental Health Practitioners presented* by the NIC for the MHP that works with youth at the Schaeffer House. Additionally, Training records and Sign-Sheets were reviewed and verified the MHP participates in annual training on PREA and PREA related topics.

115.335 (d). TJJD policy requires that full- and part-time medical and mental health staff are trained in each of the 11 required elements outlined in Standard 115.331 (a). Lesson plans address each item and provide an overview of the PREA as well as TJJD policy and practices related to sexual abuse. Certificates of Completion of the online course *PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting* by the NIC were reviewed for Schaeffer House mental and medical health care staff members. During interviews, the mental health care staff reported she had been trained on each of the 11 PREA related elements identified under 115.331.
Corrective Action: There is no corrective action required for this standard.

### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

**Standard 115.341: Screening for risk of victimization and abusiveness**

#### 115.341 (a)
- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident? ☒ Yes ☐ No
- Does the agency also obtain this information periodically throughout a resident’s confinement? ☒ Yes ☐ No

#### 115.341 (b)
- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

#### 115.341 (c)
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability? ☒ Yes ☐ No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No

Is this information ascertained: During classification assessments? ☒ Yes ☐ No

Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files? ☒ Yes ☐ No

115.341 (e)

Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. PAQ
2. GAP 380.9337
3. Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization form
4. Exit staffing overview form
5. Safe Housing Assessment/Reassessments in the Correctional Care System (TJJD online database)

Interviews:
1. Random youth
2. Staff responsible for risk screening
3. Compliance Manager
4. Compliance Coordinator

Observations:
1. Area where resident files are stored

Findings (by provisions):

115.341(a). TJJD policy 380.9337(pp.7,(h),1A) titled Screen for risk of Sexual Victimization and Abusiveness requires that within 72 hours after a youth’s intake and periodically throughout their confinement, an objective screening instrument is used to obtain information about each youth’s history and behavior to reduce the risk of sexual abuse by or upon another youth. This policy also requires that periodically throughout the youth’s stay, information from the screening instrument is used to reassess housing and supervision assignments. Additionally, TJJD policy CMS.01.75 requires that a Safe Housing Assessment be completed during the youth’s initial intake at TJJD, prior to being assigned to a room and that the youth be reassessed at least once every 90 days, upon transfer to another facility, automatically within one day of a major rule violation proven true in a hearing, turning age 17, or following a serious suicide attempt. The auditor reviewed the Safe Housing Assessment of six youth. All assessments showed that the youth received a Safe Housing Assessment when admitted to TJJD and were reassessed periodically throughout their stay, including when transferred to the Schaeffer House. There were no intakes conducted at the Schaeffer House during the onsite visit. Two case managers at the Schaeffer House are responsible for conducting the Safe Housing Reassessment of the youth. They reported that information is ascertained during the intake with the youth, speaking with the youth’s parents, and review of the youth’s history through the Correctional Care System database and/or the youth’s master file. Both case managers were able to identify TJJD policy of when a youth is required to receive an updated assessment.

115.341(b). TJJD policy 380.9337(pp.7,(h),1A) titled Screen for risk of Sexual Victimization and Abusiveness requires that an objective screening instrument be utilized when conducting assessments regarding a youth’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The auditor reviewed TJJD’s Safe Housing Assessment, Safe Housing Reassessment, and the intake assessment titled Intake Screening For Potential Sexual Aggressive Behavior and/or Sexual Victimization and determined their they are object screening instruments as they include the elements required in provision 115.341(c) of this standard.

115.341(c). The intake assessment and reassessment forms are used to obtain the 11 items per this standard. The case managers responsible for the screening stated that the initial screening in part considers the youth’s mental health and physical needs, gang related issues, previous incidents, level hearings, and previous behavioral history. They reported the safe housing assessment is utilized to determine a youth risk of being a victim or perpetrator of sexual abuse.
115.341(d). The case managers who conduct the screenings reported that information is ascertained during the intake with the youth, speaking with the youth’s parents, and review of the youth’s history through the Correctional Care System data base and/or the youth’s master file. Intakes and interviews are conducted privately with the youth in the case manager’s office.

115.341(e). TJJD policy establishes appropriate controls to prevent sensitive information obtained from these screenings from being exploited to the youth’s detriment by staff or other youth. During interviews the case managers reported that information from the screenings is password protected and only medical and mental health care staff, case managers, and supervisory staff would have access to this information.

Corrective Action: There is no corrective action required for this standard.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? ☐ Yes ☒ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☒ No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents’ safe, and then only until an alternative means of keeping all residents’ safe can be arranged? ☒ Yes ☐ No

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No

- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No

- Do residents also have access to other programs and work opportunities to the extent possible? ☒ Yes ☒ No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? ☒ Yes ☐ No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? ☒ Yes ☐ No

115.342 (f)
Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility’s concern for the resident’s safety? (N/A for h and i if facility doesn’t use isolation?) ☐ Yes ☐ No ☒ NA

If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn’t use isolation?) ☐ Yes ☐ No ☒ NA

115.342 (i)

In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents’ safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☒ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:

1. GAP 380.9337
2. GAP 380.9745
3. GAP 380.9739
4. Exit Staffing Overview

**Interviews:**

1. Compliance Manager
2. Staff responsible for risk screening

**Observations:**

1. Youth Bedroom layout

**Findings (by provisions):**

**115.342(a):** TJJD policy 380.9337(2,A) titled *Placement of Youth in Housing, Bed, Program, Education, and Work Assignments* requires that information obtained using the screening instrument is used to make housing, bed, program, education and work assignments for the youth. The PREA compliance manager and the youths’ case manager at the Schaeffer House stated that the information provided by the intake assessment and the safe housing reassessment is used to determine room assignments, keep youth separated, and to implement a safety plan when needed.

**115.342(b):** The Schaeffer Halfway House is a non-secured facility and does not have any single occupancy rooms that would allow for isolation of a youth under any circumstance for any amount of time. This provision is not applicable to the Schaeffer Halfway House.

**115.342(c):** TJJD policy 380.9337(2,C) titled *Placement of Youth in Housing, Bed, Program, Education, and Work Assignments* requires that LGBT youth are not placed in particular housing, beds, or other assignments on the basis of their identification or status. During interviews, the PREA Coordinator and the PREA Compliance Manager stated that LGBTI youth would not be placed in designated housing due to their identification, nor would their status be considered an indication of being sexually abused. There were no youth at the Schaeffer House that Identified as LGBTI.

**115.342(d):** TJJD policy 380.9337(2,D) titled *Placement of Youth in Housing, Bed, Program, Education, and Work Assignments* requires that for each transgender or intersex youth, TJJD makes a case-by-case determination when assigning the youth to a male or female facility. During his interview, the PREA Compliance Manager stated that there has not been any youth that identified as transgender or intersex assigned to the Schaeffer halfway house in the last 12 months. He indicated that transgender or intersex youth that are assigned to the Schaeffer House would be assessed and assigned a room on a case by case basis by reviewing the youths’ safe housing reassessment, taking into consideration the age of the youth, and bed placement in each room.

**115.342 (e):** TJJD policy 380.9337(2,D) titled *Placement of Youth in Housing, Bed, Program, Education, and Work Assignments* requires that placement and programming assignments are assessed at least twice per year. The Compliance Manager and staff responsible for risk screening said that youths’ safety and security was considered when making dorm and room assignments.
115.342 (f). TJJD policy 380.9337(2,D) titled Placement of Youth in Housing, Bed, Program, Education, and Work Assignments requires TJJD to consider the youth’s own views concerning his or her own safety when making placement and programming assignments. The Superintendent, PREA Compliance Coordinator, and Compliance Manager corroborated this practice during interviews. There has been no transgender or intersex youth identified by the Schaeffer House in the last 12 months.

115.342 (g). TJJD policy 380.9337(2,D) titled Placement of Youth in Housing, Bed, Program, Education, and Work Assignments requires that transgender or intersex youth are provided the opportunity to shower separately from other youth. Interviews with staff verified compliance with this practice, and the questioning youth said he and all youth showered separately. There has been no transgender or intersex youth identified by the Schaeffer House in the last 12 months.

115.342(h). The Schaeffer Halfway House is a non-secured facility and does not have any single occupancy rooms that would allow for isolation of a youth under any circumstance for any amount of time. This provision is not applicable to the Schaeffer Halfway House.

115.342(i). The Schaeffer Halfway House is a non-secured facility and does not have any single occupancy rooms that would allow for isolation of a youth under any circumstance for any amount of time. This provision is not applicable to the Schaeffer Halfway House.

Corrective Action: There is no corrective action required for this standard.

REPORTING

Standard 115.351: Resident reporting

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes □ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes □ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes □ No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes □ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? ☒ Yes ☐ No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337
3. TJJD Youth Handbook
4. TJJD Employee Handbook
5. Youth grievances alleging sexual abuse or harassment that staff reported to the IRC
6. Investigative reports containing evidence that verbal reports are documented and reported

Interviews:
1. Random staff members
2. Youth
3. Compliance Manager

Observations:
1. Posted hotline numbers in dorms

Findings (by provisions):

115.351 (a). TJJD policy 380.9337(pp.8 Sec (i) 1(A)) titled *Reporting* identifies ways that youth may report sexual abuse, sexual harassment, and staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or harassment. This includes filing a grievance, calling the 24-hour hotline, telling a staff, volunteer or contract employee, or contacting the Office of the Independent Ombudsman. All the youth interviewed at the Schaeffer House reported the various ways that they could make a report. This includes calling the hotline, telling staff, contacting CASFV, or writing a grievance. During the tour, the secured grievance box was observed at the staff desk. Staff explained the process of how youth can complete a grievance and drop it in the grievance box without the staff being involved or knowing the content of the grievance. Posters and brochures with contact information for the Office of the Independent Ombudsman, CASFV, and Abuse hotline were observed in the day area along with telephones available for youth to utilize when needed. This information was also observed in the TJJD Youth Handbook (pp.64-68).

115.351 (b). TJJD provides youth access to the Office of the Independent Ombudsman (OIO) as a way to report abuse or harassment to an entity outside of the agency. The contact information for the OIO is posted in the day area of the Schaeffer House and provided in the youth’s handbook (pp.68). Additionally, contact information for the CASFV is posted as well for the youth. CASFV’s MOU with TJJD is discussed under standard 115.321(d).

115.351 (c). TJJD policy 380.9337(pp.8, (i)1A-B) titled *Reporting* requires that TJJD accept verbal or written reports made anonymously or by third parties and promptly documents verbal reports. During interviews staff articulated their understanding and requirement to accept and promptly document all written and verbal reports made in person, anonymously or by a third party. The majority of the youth interviewed reported understanding of their right to make reports of sexual abuse and/or sexual harassment anonymously, in person, in writing or through a third party. A few of the youth were unsure about reporting anonymously or through a third party. Interview with the PREA coordinator indicates that staff have the responsibility to accept reports in any manner provided by the youth who is an alleged victim and from any third parties who have knowledge about the incident. It is expected that staff will promptly document any and all reports of sexual abuse or sexual harassment. Interview with the Superintendent indicates that there is a defined process for third party reporting, and that staff are required to document any such reports and forward to a supervisor and the PREA Coordinator. A review of incident reports through the IRC indicate that there had been no reports of sexual abuse or sexual harassment made at the Schaeffer House in the preceding twelve months of this audit.

115.351 (d). The auditors determined that the Schaeffer House provides residents with the necessary tools to make a written report. TJJD policy 380.9337(pp.8, sec (i-C)) titled *Reports from Youth and Third Parties* requires that TJJD facilities provide youth access to grievance forms to complete written reports and/or complaints. At the Schaeffer House, the auditors observed that the grievance forms and
the locked drop box are located in the day area by the staff desk. During the tour, staff explained that the youth can get a grievance form, complete it, and drop it in the grievance drop box without staff reading the content of the grievance. The youth grievance clerk described this process to the auditors as well. There were no youth at the Schaeffer House identified as having reported a sexual abuse.

115.351 (e). TJJD policy 380.9337(pp.8,sec (i)1-C) titled Reports from Youth and Third Parties states that staff are provided telephones to make private calls to the OIG hotline immediately when a staff believes that a youth has been a victim of sexual abuse or sexual harassment. During the tour, the staff work area was observed and a telephone was placed on the staff’s desk. Posters for the Abuse hotline were observed on the walls in the day area of the house where staff could easily find the contact information. Nine staff were randomly chosen for interviews. Of these nine staff, Seven articulated that they could call the IRC (OIG hotline) to make a private report. Two of the staff were not sure how to make a private report.

Corrective Action: There is no corrective action required for this standard.

Standard 115.352: Exhaustion of administrative remedies

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
× Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Standard 115.353: Resident access to outside confidential support services and legal representation

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes  ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes  ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes  ☐ No
### 115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No

- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

**Documentation and Policy Reviewed:**

1. GAP 380.9337
2. MOU for the CASFV
3. Youth handbook

**Interviews:**

1. Facility Superintendent
2. Director of the CASFV
3. Random youth

**Observations:**
1. Posters/brochures throughout the house with CASFV contact information
2. Youth phones in the house

Findings (by provisions):

**115.353 (a).** TJJD policy 380.9337(pp.9,sec (3)(A)) titled *Youth Access to Outside Support Services and Legal Representation* requires that youth have access to outside victim advocates for emotional support services related to sexual abuse by making available mailing addresses and telephone numbers of local, state or national victim advocacy or rape crisis organizations. An MOU to provide services for Schaeffer House youth was last completed on 01/10/18 between TJJD and CASFV. During the tour, posters and brochures with the contact information for CASFV were observed throughout the house. Nine youth were interviewed during this audit. All of the nine youth were able to identify CASFV as an outside organization that they could contact for services dealing with sexual abuse. Eight of the youth were able to articulate that they could contact CASFV at any time and that their conversation would remain private. One youth was not sure about when youth had permission to make a call to CASFV and whether or not it would remain private. The auditors learned during informal interviews with staff that the Schaeffer House youth participate in various activities with the CASFV. They complete community service with them and staff from CASFV come and speak with the youth regularly. There are staff at Schaeffer House that volunteer and/or work at CASFV. The youth were very well educated on the CASFV and what services are provided. There were no youth identified at Schaeffer House that had reported a sexual abuse.

**115.353 (b).** TJJD policy 380.9337(pp.9,sec (3)(A)) titled *Youth Access to Outside Support Services and Legal Representation* requires that youth are informed, prior to giving them access, of the extent to which communications with outside services related to sexual abuse will be monitored and mandatorily reported. Eight of the nine youth interviewed reported that their conversations with CASFV staff would not be told to or listened to by anyone else.

**115.353 (c).** An MOU with CASFV dated 01/10/18 was reviewed and indicated an agreement was established to provide services. The MOU states that youth will be given access to the CASFV crisis hotline number after it has been determined that the youth in question is the victim of sexual abuse and has refused the on-site counseling services offered by TJJD. The Schaeffer House youth have unimpeded access to the CASFV crisis hotline number as it is distributed throughout the house on posters and brochures. The youth also have access to the “Blue Phone”, which is in the day area, and can place a call to the CASFV without the knowledge of the staff or other youth. During the tour, staff stated that the youth would also be allowed to use a phone in the case manager’s office for more privacy if needed. The auditor spoke with the Director of the CASFV and she stated that the CASFV has an MOU with TJJD to provide services to youth at the Schaeffer House. She stated that services include a crisis hotline number that the youth can call if needed for support and information. She also stated that a qualified staff from CASFV would also be made available to accompany a victim of sexual abuse to the medical center to provide support to the victim through the medical process. Additionally, the director of CASFV confirmed that the youth from the Schaeffer House are often in contact with CASFV staff as they conduct community service at the CASFV. She also confirmed that staff from the Schaeffer House volunteer and/or work at the CASFV.
115.353 (d). TJJD policy 380.9337(pp.9,sec (3)(C)i-ii)) titled Youth Access to Outside Support Services and Legal Representation requires that youth be allowed reasonable and confidential access to their attorneys and parents or legal guardians. Nine youth were interviewed during the audit and all reported that the Schaeffer House allows reasonable access to their parents. All youth reported that they have not tried to contact an attorney and therefore do not know if they would have reasonable and confidential access to one. The Schaeffer House superintendent stated that youth would be granted access to contact their attorney immediately if requested. The PREA compliance manager stated that the youth rights policy requires a private phone call or a meeting be provided for the youth to meet or speak with his attorney if requested. He stated that youth at the Schaeffer House are encouraged to stay in contact with their parents or legal guardians. Youth are provided twenty dollars a month to make phone calls on the “blue phone”. Additionally, youth can earn the privilege of extra phone calls and virtual contacts with family in the case manager’s office through appropriate behavior and positive progression in the program.

Corrective Action: There is no corrective action required for this standard.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:

1. GAP 380.9337
2. Memo from the PREA Compliance Manager regarding third party reporting to the OIO
3. TJJD website

Interviews: No interviews relative to this standard were required.

Observations: No observations relative to this standard were required.

Findings (by provisions):

115.354 (a): A memorandum from the PREA compliance officer at the Schaeffer House titled Third Party Reporting, identifies the information of third party reporting of sexual abuse or sexual harassment and the contact information of the OIO. The TJJD website informs readers about reporting options. The primary referral option is through the IRC maintained by the OIG, but reports may also be made to law enforcement agencies, Children’s Protective Services, and to the facility directly.

Corrective Action: There is no corrective action required for this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No
115.361 (b)  
- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)  
- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)  
- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)  
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)  
- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination
☐ Exceeds Standard (Substantially exceeds requirement of standards)
☑ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. Employee handbook
3. Memo from Superintendent regarding staff and agency reporting duties
4. GAP 380.9337
5. Incident reports

Interviews:
1. Superintendent
2. Compliance Manager
3. PREA Compliance Coordinator
4. OIG Investigator
5. Random staff
6. Youth

Observations: No observations relative to this standard were required.

Findings (by provisions):

115.361 (a). TJJD policy 380.9337(pp.9,sec(i)(A-B) titled Staff and Agency Reporting Duties requires that TJJD staff immediately report to the OIG any knowledge, suspicion, or information they receive regarding incidents of sexual abuse or sexual harassment, retaliation against youth or staff who reported any incidents of sexual abuse or harassment, or any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. This policy applies to any facility, whether or not it is operated by TJJD. Nine staff at the Schaeffer House were interviewed during this audit. All nine staff were able to articulate their responsibility to report all incidents of sexual abuse and harassment, retaliation against those who made a report, and any staff neglect that could contribute to any such incident.

115.361 (b). TJJD policy requires that all staff members must comply with mandatory child abuse reporting laws in Texas Family Code chapter 261 and with applicable professional licensure.
requirements. All staff interviewed were able to state their understanding of their reporting responsibilities as required by TJJD/facility policy, PREA regulations, and Texas law.

115.361 (c). TJJD policy 380.9337(pp.10(E) titled Staff and Agency Reporting Duties requires that all staff members who receive a report of alleged sexual abuse is prohibited from revealing that information to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. During interviews, staff reported that they understand their responsibility of protecting sensitive information regarding the youth. They reported that this information was given to them during training.

115.361 (d). TJJD policy 380.9337(pp.9-10(C) titled Staff and Agency Reporting Duties requires medical, mental health staff, clergy and attorneys whose communications may otherwise be privileged to report abuse as required by law and to inform youth of the limitations of confidentiality. The mental health professional (MHP) at the Schaeffer House stated that she discloses her limitations of confidentiality and her mandatory duty to report to residents when they first meet. She stated that she is required to report any incidents or suspicions of sexual abuse or sexual harassment but has not become aware of any such incidents at the Schaeffer House. There had been no reported cases of sexual abuse or sexual harassment at the Schaeffer House in the preceding 12 months of this audit.

115.361(e). TJJD policy 380.9337 (pp.10 (F) titled Staff and Agency Reporting Duties requires that the facility administrator must promptly report any allegation of alleged sexual abuse to the parents or legal guardians. If the alleged victim is under the conservatorship of DFPS, the report is made to DFPS. There have been no reported allegations of sexual abuse at the Schaeffer House since their last PREA audit.

115.361(f). TJJD policy 380.9337(pp.10 (G) titled Staff and Agency Reporting Duties requires that all staff members must immediately report all allegations of sexual abuse and sexual harassment to the OIG. The OIG assigns all reports of alleged sexual abuse and sexual harassment, including third-party and anonymous reports, to the appropriate investigator. Interviews with the OIG investigator and the Superintendent confirmed this is the practice. They stated that all reports are submitted to the IRC, which is monitored by OIG. The auditors reviewed IRC documentation to confirm that allegations of sexual abuse or harassment were reported to the agency’s department. There were no reported allegations of sexual abuse or sexual harassment at the Schaeffer House in the preceding 12 months of this audit.

Corrective Action: The audit team recommends no corrective action.

Standard 115.362: Agency protection duties

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

The following evidence was analyzed in making the compliance determination.

**Documents and Policy Reviewed:**
1. Completed PAQ
2. GAP 380.9337

**Interviews:**
1. Superintendent
2. TJJD Executive Director
3. Random staff

**Observations:** No observations relative to this standard were required.

**Findings (by provision):**

115.362 (a). TJJD policy 380.9937(pp.10 sec,2) titled *Agency Protection Duties* requires that upon receipt of an allegation that a youth is subject to a substantial risk of imminent sexual abuse, TJJD takes immediate action to protect the youth. During interviews, the TJJD Executive Director stated that when it’s learned that a resident may be subject to a substantial risk of imminent sexual abuse, a safety plan would be developed and the youth would be placed in a non-contact position immediately. The Schaeffer House superintendent re-iterated the same procedure stated by the TJJD Executive Director and added that a transfer to another halfway house may be requested for the youth. Staff at the Schaeffer House were able to explain the precautions that would be taken to protect a youth at risk of imminent sexual abuse. All staff interviewed stated there had not been any incidents of a youth being subjected to a substantial risk of sexual abuse at the Schaeffer Halfway House.

**Corrective Action:** The audit team recommends no corrective action.

**Standard 115.363: Reporting to other confinement facilities**

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes  ☐ No

- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes  ☐ No
115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

The following evidence was analyzed in making this compliance determination:

Documents and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337
3. GAP 380.9337

Interviews:

1. Superintendent
2. Compliance Manager

Findings (by provisions):

115.363 (a). TJJD policy 380.9337(pp.10, sec 3A) titled *Reporting to Other Confinement facilities* requires that any staff member who receives an allegation that a youth was sexually abused while confined at another facility not operated or under contract with TJJD, must immediately notify the OIG, and the OIG must notify the head of the facility where the abuse occurred. A memorandum from the Assistant Superintendent/PREA Compliance Manager was reviewed and states that “from January 1, 2017 to May 31, 2017, Schaeffer Halfway House has had no allegations reported of sexual abuse of residents while confined at another TJJD facility. Schaeffer has had no reports or allegations of sexual abuse of any employee by any youth who left this facility.” The Schaeffer House Superintendent and the Assistant Superintendent/PREA Compliance Manager re-iterated this information during interviews with auditors.
115.363 (b). TJJD policy 380.9337(pp.10, sec 3B) titled Reporting to Other Confinement facilities requires that the notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The superintendent of the Schaeffer House articulated his understanding of this provision and reported that there had not been any reports made to the OIG in the last 12 months of a youth making an allegation of sexual abuse.

115.363 (c). Schaeffer House reported that there were no allegations received in the last 12 months of sexual abuse of residents while confined at another facility.

115.363 (d). TJJD policy does not contain the TJJD’s guidelines requiring that allegations received from other facilities/agencies are investigated in accordance with the PREA standards and are the responsibility of the facility where the alleged abuse occurred.

Corrective Action: There is no corrective action required for this standard.

**Standard 115.364: Staff first responder duties**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.364 (a)**

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

**115.364 (b)**

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337
3. Coordinated response plan

Interviews:
1. Security staff and non-security staff first responders
2. Random staff

Observations: No observations relative to this standard were required

Findings *(by provision)*:

115.364 (a). TJJD policy 380.9337(pp.10, sec 4A-C) titled Staff First Responder Duties requires that the first staff member that learns of an allegation of a youth being sexually abused must: 1) Separate the alleged victim and the alleged abuser. 2). Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, and 3) ensure that the alleged victim and alleged abuser do not destroy any physical evidence. On July 3, 2018, the auditors sent an email request to the Schaeffer House PREA Compliance Manager requesting in part, a list of the staff that are trained in the first responder duties. On July 5, 2018, the PREA Compliance Manager sent a list showing that there were 13 Juvenile Correctional Officers (JCO’s) employed at the Schaefer House and all 13 have been trained in staff first responder duties. Training sign-in sheets show that these staff have received PREA training and staff meeting notes dated 05/16/18 indicate that the Staff first responder duties were specifically reviewed with the staff. Interviews with staff members indicate an understanding of their first responder duties, and most were able to describe the procedures that would be followed to protect the youth and the crime scene. There were no residents identified at the Schaeffer House that had reported any sexual abuse.

115.364 (b). TJJD policy outlines the actions to be taken by the first staff member who learns of an allegation that a youth was sexually abused, but does not distinguish the first responder duties for security staff versus non-security staff.
Corrective Action: There is no corrective action required for this standard.

**Standard 115.365: Coordinated response**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

**Documents and Policy Reviewed:**
1. Completed PAQ
2. GAP 380.9337
3. Coordinated response plan

**Interviews:**
1. Superintendent

**Observations:** No observations relative to this standard were required.

**Findings (by provisions):**

115.365 (a). The Schaeffer Halfway House has a written plan of coordinated response to allegations of sexual abuse. The plan describes procedures for first responders, medical and mental health
practitioners, investigators, facility leadership, sexual abuse review board members, and the PREA compliance manager. The duties outlined in the plan require all staff at Schaeffer House (including case managers, teachers, mental health practitioner, administrative staff, etc.) to notify a JCO, the on-duty supervisor, notify infirmary staff, and report the allegation to the IRC and chief local administrator. The plan states that the JCO or Non-JCO is responsible for separating the alleged perpetrator and alleged victim and securing the crime scene. The actions outlined in GAP 380.9337 (j) require the first responder to separate the alleged victim and alleged abuser, preserve the crime scene, and take additional actions if the alleged abuse occurs within a timeframe that allows for the collection of physical evidence. The Institutional Operations Manual (INS 71.01) requires actions, which align with the written institutional plan. The Schaeffer House superintendent was able to articulate fully the facility’s coordinated response plan to an allegation of sexual abuse. He stated that the facility supervisor would be immediately notified by the staff, the alleged victim and the alleged abuser would be separated, the area of the alleged abuse would be secured, medical and mental health staff would get contacted, and notifications would be made to the IRC, parents, and CASFV. He stated that a safety plan would be made and implemented to ensure that there would be no contact between the alleged victim and alleged abuser.

**Recommendation:**

1. It is recommended that the plan include what medical facility would be contacted and how youth would be transported since Schaeffer House does not have an infirmary or Nurse/Dr. on staff.

**Corrective Action:** There is no corrective action required for this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)
☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents and Policy Reviewed:
1. Completed PAQ

Interviews:
1. TJJD Executive Director
2. Compliance Coordinator

Findings (by provisions):

115.366(a). TJJD meets the requirements of this subsection as TJJD does not enter into collective bargaining agreements that would limit TJJD’s ability to remove alleged staff sexual abusers from contact with any youth pending an investigation determination.

115.366(b). The Schaeffer House meets the requirements of this standard as the facility does not enter into collective bargaining agreements.

Corrective Action: There is no corrective action required for this standard.

**Standard 115.367: Agency protection against retaliation**

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)
Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? ☒ Yes  ☐ No

115.367 (c)

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? ☒ Yes  ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? ☒ Yes  ☐ No

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes  ☐ No

115.367 (d)

In the case of residents, does such monitoring also include periodic status checks? ☒ Yes  ☐ No

115.367 (e)
If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
☒ Yes  ☐ No

115.367 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐  Exceeds Standard (Substantially exceeds requirement of standards)  
☒  Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐  Does Not Meet Standard (Requires Corrective Action)

The following evidence was analyzed in making this compliance determination:

Documents and Policy Reviewed:
1. Completed PAQ  
2. GAP 380.9337  
3. Coordinated response plan

Interviews:
1. TJJD Executive Director  
2. Superintendent  
3. Compliance Coordinator  
4. Staff who monitor for retaliation  
5. Youth who reported a sexual abuse

Observations: No observation relative to this standard was required.

Findings (by provisions):

115.367 (a). TJJD policy 380.9337(pp.11, sec 7A) titled Agency Protection against Retaliation prohibits retaliation by a youth or staff member against a youth or staff member who reports or cooperates with an investigation. Certain staff members are designated to monitor the person who reported the allegation and the alleged victim for possible retaliation. The facility reports that there have been no incidents of retaliation that have occurred in the past 12 months.

115.367 (b). TJJD policy 380.9337(pp.11,sec 7B) titled Agency Protection against Retaliation uses multiple protection measures to protect youth and staff from retaliation, such as housing transfers, transfers of youth, removal of alleged abuser from contact with the alleged abuser, and emotional support services. The facility reported that there had been no incidents of retaliation that have occurred
in the past 12 months. Staff members were able to articulate actions utilized to protect youth and staff members and monitor for retaliation. The Superintendent said measures could include dorm transfers, bed assignment changes, implementing boundary plans, utilizing the monitoring form, or reporting suspected retaliation to the IRC.

115.367 (c). TJJD policy 380.9337(pp.11,sec 7C) titled Agency Protection against Retaliation requires the agency to continue monitoring for retaliation for at least 90 days following a report, except when the allegation is determined to be unfounded. An extension is possible beyond 90 days if needed. Administrators and the staff member responsible for monitoring were knowledgeable about the duty to monitor for retaliation for at least 90 days. They said time would be extended if needed as there is no maximum time for monitoring efforts.

115.367 (d). TJJD policy 380.9337(pp.11,sec 7D) titled Agency Protection against Retaliation requires that staff members conduct periodic status checks of the alleged victim. The staff member responsible for monitoring for retaliation stated there is no maximum length of time a youth would be monitored.

115.367 (e). TJJD policy 380.9337(pp.11,sec 7E) titled Agency Protection against Retaliation requires that staff take appropriate measures to protect any other individual who cooperates with the investigation who may be at risk of retaliation or who expresses a fear of retaliation.

115.367 (f). TJJD policy 380.9337(pp.11,sec 7C) titled Agency Protection against Retaliation requires that the agency's obligation to monitor shall terminate if the investigation determines the allegation is unfounded.

115.367 (f). Auditor not required to audit this provision

Corrective Action: There is no corrective action required for this standard.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
[☐] Does Not Meet Standard  (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337
3. Memorandum from the PREA Compliance Manager documenting the facility's no isolation policy

Interviews:
1. Superintendent
2. Staff who supervise youth
3. Mental health care staff

Observations:

Findings (by provisions):

115.368(a). TJJD policy 380.9337(pp.11, sec 8) prohibits using segregated housing to protect a youth who is alleged to have suffered sexual abuse. A memorandum provided to the auditors by the Schaeffer House PREA Compliance Manager states that the Schaeffer House does not segregate youth due to sexual abuse or sexual harassment. It explains that youth would remain in their assigned room unless a room change is necessary to ensure safety, a safety plan would be implemented, an update of the youth's Safe Housing Re-Assessment would be completed by the case manager, and the staff would document any retaliation by other youth or staff. There has been no allegation of sexual abuse made at the Schaeffer house within the last 12 months.

Corrective Action: The audit team recommends no corrective action.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

115.371 (a)
When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? ☒ Yes ☐ No

Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff? ☒ Yes ☐ No

Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No
• Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

• Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

• Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.371 (i)

• Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.371 (j)

• Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? ☒ Yes ☐ No

115.371 (k)

• Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.371 (l)

• Auditor is not required to audit this provision.

115.371 (m)

• When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
Does Not Meet Standard  *(Requires Corrective Action)*

The following evidence was analyzed in making the compliance determination.

**Documentation and Policy Reviewed:**

1. Completed PAQ
2. GAP 380.9337 (k)
3. AID investigative reports
4. Notifications
5. Training records for investigators

**Interviews:**

1. Superintendent
2. Random staff
3. AID and OIG investigators
4. Youth who reported a sexual abuse

**Observations:**

1. Records storage area and electronic storage system

**Findings (by provisions):**

**115.371 (a).** TJJD policy 380.9337(pp.11, sec(k)) titled *Investigations* requires that investigations will be conducted promptly, thoroughly and objectively for all allegations of sexual abuse and sexual harassment, including third party and anonymous reports. Interviews with investigators demonstrated understanding of and compliance with this standard. There were no cases to review as there had been no allegations of sexual abuse or sexual harassment made at the Schaeffer House in the preceding 12 months of the audit.

**115.371 (b).** TJJD policy 380.9337(pp.11, sec(k,1c(i)) titled *Criminal and Administrative Agency Investigations* requires that it will use investigators who have received special training in sexual abuse investigations involving juvenile victims per Standard 115.334. All investigators have received certifications for completed training from the National Institute of Corrections (NIC). Investigators interviewed confirmed their understanding of interviewing youth, evidence collection in confinement settings, and criteria needed to substantiate a case.

**115.371 (c).** TJJD policy 380.9337(pp.11-12, sec (k, 1c,i-iii)) titled *Criminal and Administrative Agency Investigations* requires that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. They will include any available electronic monitoring data, interview appropriate persons, and review prior complaints involving the alleged perpetrator. Interviews with investigative staff demonstrate knowledge of how to conduct investigations of this type. There were no allegations of sexual abuse or sexual harassment made in the preceding 12 months at the Schaeffer House, therefore there were no investigative reports to review.
115.371 (d). TJJD policy 380.9337(pp.12, sec (k, 1D)) titled *Criminal and Administrative Agency Investigations* requires that investigations will not be terminated because the source of the allegation recants the allegation. The investigators supported compliance with this standard stating that an investigation would not end due to an allegation being recanted.

115.371 (e). TJJD policy 380.9337(pp.12,sec(k,1E)) titled *Criminal and Administrative Agency Investigations* requires that when the evidence supports criminal prosecution, compelled interviews may be used, but only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.371 (f). TJJD policy 380.9337(pp.12,sec(k,1F-G)) titled *Criminal and Administrative Agency Investigations* requires investigators to assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the person’s status as a youth or staff. The policy states they do not require youth who allege sexual abuse to submit to a polygraph or other truth-telling device as a condition for proceeding with the investigation.

115.371 (g). TJJD policy 380.9337(pp.12, sec (k, 1H, i-ii)) titled *Criminal and Administrative Agency Investigations* requires that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Additionally, policy requires that investigators document the investigation in written reports that include descriptions of the evidence, the reasoning behind credibility assessments, and investigative facts and findings. There were no administrative investigation reports to review as there were no allegations made at the Schaeffer House to investigate.

115.371 (h). TJJD policy 380.9337(pp.12,sec(k,1I,i-ii)) titled *Criminal and Administrative Agency Investigations* requires criminal investigations conducted by OIG to be documented in a written report that includes the evidence and attach copies of documentary evidence where possible. There were no allegations made at the Schaeffer House in the preceding 12 months of this audit, therefore there were no criminal cases to review.

115.371 (i). TJJD policy 380.9337(pp.12, sec (k, 1J)) titled *Criminal and Administrative Agency Investigations* requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution.

115.371 (j). TJJD policy 380.9337(pp.12,sec(k,1E)) titled *Criminal and Administrative Agency Investigations* requires the agency to retain all written administrative investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, which aligns with The State of Texas Retention Schedule for TJJD administrative investigative files. The Director of AID confirmed that administrative investigation reports were retained as required by the standard. Additionally, the electronic filing system used by investigators starting in 2018 and the filing area for multiple years of investigation files were observed the auditors.

115.371 (k). TJJD policy 380.9337(pp.12, sec (k, 1L)) titled *Criminal and Administrative Agency Investigations* does not terminate investigations solely on the basis that the alleged abuser or victim is no longer with the agency. The investigative staff said the investigation would continue regardless if the alleged abuser or victim is no longer employed or placed at the facility.

115.371 (l). TJJD OIG follows the above standards.

115.371 (m). TJJD policy 380.9337(pp.12,sec(k,1M)) titled *Criminal and Administrative Agency Investigations* policy requires that staff members cooperate with outside agencies that conduct
investigations and remain informed about the progress of the investigations. During interviews, the Superintendent, Compliance Manager, and PREA Coordinator stated that overall, the investigators keep them informed. An OIG investigator stated that during investigations, not all information is relayed to facility staff members in order to maintain the integrity of the investigations.

**Corrective Action:** There is no corrective action required for this standard.

**Standard 115.372: Evidentiary standard for administrative investigations**

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

The following evidence was analyzed in making this compliance determination:

**Documentation and Policy Reviewed:**

1. Completed PAQ
2. GAP 380.9337 (k)
3. Investigative reports

**Interviews:**

1. Administrative investigator

**Observations:** No observations relative to this standard were required.

**Findings (by provisions):**

115.372 (a). DCYC policy 14.30 titled *Evidentiary Standard for Administrative Investigations* (p. 46, A) does state that the standard used for proof when determining substantiation of an allegation for sexual abuse and sexual harassment in an administrative investigation is the preponderance of evidence or lower standard of proof necessary. These policy assertions were corroborated during the interviews with the facility’s investigator and with the facility superintendent. The facility’s investigator indicated during his interview that the standard of proof utilized in administrative investigations is a preponderance of evidence. The facility’s superintendent corroborated during his interview the investigator’s assertion that the standard of proof in administrative investigations is the preponderance of evidence. Upon review of the investigative records they also corroborated the investigator’s, superintendent’s statement and policy
assertion that the preponderance of evidence was the standard of proof utilized in determining an allegation of sexual abuse and sexual harassment as substantiated.

**Corrective action:** There is no corrective action required for this standard.

### Standard 115.373: Reporting to residents

#### 115.373 (a)
- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

#### 115.373 (b)
- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

#### 115.373 (c)
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit? ☒ Yes ☐ No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.373 (d)
- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the
alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

The following evidence was analyzed in making the compliance determination.

**Documentation and Policy Reviewed:**
1. Completed PAQ
2. GAP 380.9337 (k)
3. Administrative investigative reports
4. Youth notifications

**Interviews:**
1. Superintendent
2. Investigative staff
3. Youth who reported a sexual abuse

**Observations:** No observations relative to this standard were required.

**Findings (By Provision):**
115.373 (a). TJJD policy 380.9337(pp.12, 3A) titled *Reporting to Youth* requires that TJJD notifies a youth of whether an allegation of sexual abuse is substantiated, unsubstantiated, or unfounded upon conclusion of an investigation. This policy further informs that this notification requirement only applies until the youth is discharged from TJJD. The interview conducted with investigative staff corroborate this is the practice. The OIG and the AID reported that in the preceding 12 months of this audit, there were no allegations of sexual abuse or sexual harassment reported from the Schaeffer House.
115.373 (b). This standard does not apply; the agency/facility is responsible for conducting administrative and criminal investigations.

115.373 (c). TJJD policy requires that youth are notified when 1) the staff member is no longer posted within the youth’s unit, 2) the staff member is no longer employed at the facility, 3) when the staff member has been indicted, or 4) when the staff member has been convicted on a charge related to sexual abuse within the facility. The Schaeffer House reported that there had not been any allegations of staff on youth sexual abuse in the preceding 12 months of this audit.

115.373 (d). TJJD policy requires that following a youth’s allegation that he or she was sexually abused by another youth, TJJD informs the youth when 1) the abuser has been indicted, or 2) the abuser has been convicted on a charge related to sexual abuse. The Schaeffer House reported that there had not been any allegations of youth on youth sexual abuse in the preceding 12 months of this audit.

115.373 (e). TJJD policy does not require documentation on all such notifications or attempted notifications under this standard.

Corrective Action: There is no corrective action required for this standard.

**DISCIPLINE**

**Standard 115.376: Disciplinary sanctions for staff**

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337 (l)
3. Administrative investigative reports
4. Staff discipline reports
5. Staff disciplinary sanctions
6. Employee handbook

Interviews: No interviews protocols are directly related to this standard.

Observations: Shower areas and live video

Findings (By Provision):

115.376 (a). TJJD policy 380.9337(pp.13,(IA)) titled Disciplinary Sanctions for Staff requires that staff members who violate the agency’s sexual abuse or sexual harassment policies are subject to disciplinary sanctions up to and including termination. The TJJD Employee Handbook (pp.12-13) describes the employee general rules of conduct and disciplinary process. It defines what is considered to be a violation of policy and the types of corrective actions or disciplinary actions used by the agency. The Schaeffer House PREA compliance manager provided a memorandum stating that for the period of January, 2017 thru May, 2018, there has not been any terminations, resignation or disciplinary violations issued for staff for violating the TJJD policy on sexual abuse and sexual harassment. The auditors confirmed this information with the PREA compliance manager on July 17, 2018 while conducting the onsite portion of the audit.

115.376 (b). TJJD policy 380.9337(pp.13, (IB)) titled Disciplinary Sanctions for Staff requires that termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. This information is also included in the employee handbook. The completed PAQ from the Schaeffer House states that in the past 12 months there has not been any staff that has violated TJJD policies regarding sexual abuse and sexual harassment.
115.376 (c). TJJD policy 380.9337(pp.13,(IC)) titled *Disciplinary Sanctions for Staff* requires that disciplinary sanctions will be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The completed PAQ submitted by the Schaeffer House states that there have not been any instances of staff violating the policies on sexual abuse or sexual harassment in the last 12 months.

115.376 (d). TJJD policy 380.9337(pp.13,(ID)) titled *Disciplinary Sanctions for Staff* requires reporting the following actions to relevant licensing bodies 1) terminations of employment for violations of TJJD sexual abuse or sexual harassment policies, and 2) resignations by staff members who would have been terminated if they had not resigned. The PAQ submitted by the Schaeffer house indicated that no staff members were reported to law enforcement or licensing boards for violating the agency’s sexual abuse or sexual harassment policy.

**Corrective Action:** There is no corrective action required for this standard.

**Standard 115.377: Corrective action for contractors and volunteers**

*All Yes/No Questions Must Be Answered by the Auditor to Complete the Report*

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337 (l)
3. Memorandum from Superintendent

Interviews:
1. Superintendent

Findings (by provisions):

115.377 (a). TJJD policy 380.9337(pp.13,(2A)) titled Corrective Action for Contractors and Volunteers requires that if a contractor or volunteer engages in sexual abuse, TJJD prohibits the contractor or volunteer from having contact with youth and shall report the finding of abuse to relevant licensing bodies. The PAQ submitted by the Schaeffer House indicated that there had not been any contractors/volunteers reported to law enforcement for engaging in sexual abuse of residents in the past 12 months.

115.377(b). TJJD policy 380.9337(pp.13,(2B)) titled Corrective Action for Contractors and Volunteers requires that if a volunteer or contractor violates sexual abuse or sexual harassment policy, but does not actually engage in sexual abuse, TJJD will take appropriate remedial measures and considers whether to prohibit further contact. The Schaeffer House reported no cases of a volunteer or a contractor receiving discipline of any violation of PREA related policies on sexual abuse or sexual harassment. The Superintendent reported during his interview that the facility would take remedial measures and prohibit a volunteer/contractor from further contact with residents if the volunteer/contractor violates the agency policy on sexual abuse and/or sexual harassment. He stated that the volunteer/contractor would be restricted from the facility and a report would be made to the IRC.

Corrective Action: There is no corrective action required for this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.378 (a)  
- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  ☒ Yes ☐ No

115.378 (b)  
- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  ☒ Yes ☐ No

115.378 (c)  
- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior?  ☒ Yes ☐ No

115.378 (d)  
- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  ☒ Yes ☐ No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  ☒ Yes ☐ No

115.378 (e)  
- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  ☒ Yes ☐ No

115.378 (f)
For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes  ☐ No

115.378 (g)

Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (I)
3. GAP 380.9555
4. GAP 380.9503

Interviews:

1. Superintendent
2. Medical and mental health staff

Observations: No observations relative to this standard were required.

Findings (by provisions):
115.378 (a). TJJD policy 380.9337(pp.13-14,[3]A titled Interventions and Disciplinary Sanctions for Youth states that a youth may be subject to disciplinary sanctions for engaging in sexual abuse only after a substantiated finding in an administrative investigation or a criminal finding that a youth participated in the sexual abuse of another youth and the discipline is determined through a Level II due process hearing. The PREA compliance manager reported that the Schaeffer House has had no IRC cases on youth who engaged in sexual abuse with other youth in the preceding 12 months of this audit.

115.378 (b). TJJD policy 380.9337(pp.13-14,[3]B titled Interventions and Disciplinary Sanctions for Youth requires that disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the youth’s disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories. Discipline is determined through a Level II due process hearing held in accordance with GAP 380.9555. The Schaeffer House Superintendent said sanctions would include a Level 1,2, or 3 due process hearing and that the youth could lose privileges or be returned to a higher restriction facility. He stated that sanctions are proportionate to the nature and circumstances of the abuse, the youths’ history, and sanctions imposed on other youth for similar offenses. He stated that the youths’ mental health is taken into consideration when imposing sanctions and that Isolation is never utilized at the Schaeffer House under any circumstance.

115.378 (c). TJJD policy 380.9337(pp.13-14,[3]C titled Interventions and Disciplinary Sanctions for Youth requires that the disciplinary process consider whether a youth’s mental disability or mental illness contributed to his or her behavior. The interview with the Superintendent and medical and mental health care staff indicated this is the practice when determining youth sanctions.

115.378 (d). TJJD policy 380.9337(pp.13-14,[3]E titled Interventions and Disciplinary Sanctions for Youth requires that the facility offer counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. TJJD may require participation as a condition of access to behavior-based incentives, but not as a condition to access general programming or education. Medical and mental health care staff members said counseling and therapy is offered to youth offenders and victims.

115.378 (e). TJJD policy 380.9337(3,F) titled Interventions and Disciplinary Sanctions for Youth states that a youth may be disciplined for sexual contact with staff only upon a finding that the staff did not consent to such contact. This is preceded by a criminal investigation by the OIG.

115.378 (f). TJJD policy 380.9337(3,G) titled Interventions and Disciplinary Sanctions for Youth states that a youth may not be disciplined if the youth made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g). TJJD policy 380.9337(3,F) titled Interventions and Disciplinary Sanctions for Youth prohibits all sexual activity between youth and may discipline a youth in accordance with GAP 380.9503 for engaging in sexual activity that does not meet the definition of abuse. Regardless of the conduct, all sexual misbehaviors are included in the agency data collection.

Corrective Action: There is no corrective action required for this standard.
## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.381 (a)**
- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

**115.381 (b)**
- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

**115.381 (c)**
- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

**115.381 (d)**
- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337 (m)
3. Intake screenings
4. Email thread regarding a questioning youth
5. Psychological evaluations

Interviews:
1. Medical and mental health care staff
2. Youth who reported prior sexual abuse during screening

Observations:
1. Area where youth files are stored

Findings (by provision):

115.381 (a). TJJD policy 380.9337(pp.14,[M],1{A}) titled Medical and Mental Health Screening; History of Sexual Abuse requires that regardless of the intake screening results, the facility shall offer all youth a follow-up meeting with medical or mental health practitioners within 14 days of the intake screening. The auditor conducted a documentation review on six youth at the Schaeffer House. The auditor found that psychological assessments were completed on each youth within 14 days of their admittance into TJJD. During her interview, the Schaeffer House case manager reported that a safe housing reassessment is completed for each resident when they arrive and if the result of the assessment indicates that youth has experienced prior sexual victimization, then the youth would be referred immediately to the MHP on site.

115.381 (b). TJJD policy 380.9337(pp.14,[M],1{B}) titled Medical and Mental Health Screening; History of Sexual Abuse requires that any information obtained related to sexual victimization or abusiveness that occurred in an institutional setting must be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions including housing, bed, work, education and program assignments, or the facility in which they are placed. The case manager at the Schaeffer House stated that a youth would immediately be referred to the onsite Mental Health Professional if a screening indicated that the youth had experienced any sexual victimization prior to arriving at the Schaeffer House.

115.381 (c). Youth information in the EMR system is confidential through University of Texas Medical Branch.

115.381 (d). TJJD policy 380.9337(pp.14,[M],1{C}) titled Medical and Mental Health Screening; History of Sexual Abuse requires that staff members must obtain informed consent from youth age 18 or over.
before reporting information about prior sexual victimization that did not occur in an institutional setting. Mental health staff at the Schaeffer House reported that there had not been any reports from youth regarding prior sexual victimization. She reported that she would be mandated to report about a youth’s prior sexual victimization that did not occur in an institutional setting if the youth is under 18 years of age. She reported that informed consent from youth over the age of 18 would be obtained prior to making any report.

Corrective Action: There is no corrective action required for this standard.

**Standard 115.382: Access to emergency medical and mental health services**

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No

- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)
The following evidence was analyzed in making the compliance determination:

**Documentation and Policy Reviewed:**

1. Completed PAQ
2. GAP 380.9337 (m)
3. INS.71.01
4. Coordinated response plan

**Interviews:**

1. Mental health care staff
2. Information Staff at a local medical center
3. TJJD Director of Nursing
4. Staff who conduct risk assessments

**Observations:**

1. Medical and mental health care service areas

**Findings (by provisions):**

**115.382 (a).** TJJD policy 380.9337(pp.14,[2]{A} titled *Access to Emergency Medical and Mental Health Services* requires that youth victims of sexual abuse shall receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners per their professional judgment. The Compliance Manager reported that there have not been any cases of sexual abuse at the Schaeffer house since he began his employment there in 2010. He stated that staff are required to contact the medical department at the Gainesville facility and/or local law enforcement upon learning that a resident was a victim of sexual abuse. The staff would transport the resident to the University Medical Center for medical treatment at the direction of medical staff and/or local law enforcement.

**115.382 (b).** TJJD policy 380.9337(pp.14,[m]1B) titled *Medical and Mental Care* requires that if no qualified medical or mental health practitioners are on duty at the time of a report of recent abuse, staff first responders must take preliminary steps to protect the victim pursuant to Standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners. Interviews with staff demonstrated their knowledge of first responder protocols and procedures for cases of sexual abuse. The Schaeffer House coordinated response plan includes the first responder duties to notify the medical and mental health care staff upon receiving an allegation of sexual abuse from a youth.

**115.382 (c).** TJJD policy 380.9337(pp.15,[m]1C) titled *Medical and Mental Care* requires that the facility offers youth victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, and where medically appropriate. During interviews, the Director of Nursing said that the infirmary did not test for STDs, and if a youth was sexually abused, the testing would occur during the forensic exam. The interview with the staff at the University Medical Center in El Paso, Texas stated that this would occur during the medical exam.
115.382 (d). TJJD policy TJJD policy 380.9337(pp.15,[m]1C) titled Medical and Mental Care requires that the facility shall offer these treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews corroborated that victims are not charged for these treatment services.

Corrective Action: There is no corrective action required for this standard.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No
115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337 (m)
3. GAP 380.9195
4. INS 71.01 (2)
5. On-going treatment
6. Youth files

Interviews:
1. Medical and mental health care staff
2. Youth who reported a sexual abuse
3. Staff who conduct risk assessments

Observations:
1. Medical and mental health care service areas

Findings (by provisions):

115.383 (a). TJJD offers medical and mental health evaluations and, as appropriate, treatment to all youth who are victims of sexual abuse in any facility. The mental health staff indicated all youth undergo a screening during intake and periodically throughout their stay and receive follow-up services as needed. The auditor reviewed psychological assessments to ensure documentation of initial and on-going medical and mental health care services.

115.383 (b). The evaluation and treatment of victims includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.383 (c). TJJD provides victims with medical and mental health services consistent with the community level of care.
115.383 (d). TJJD policy requires that pregnancy tests are offered to youth victims of sexually abusive vaginal penetration that occurs while they are incarcerated at a TJJD facility. Schaeffer House only houses male youth.

115.383 (e). TJJD ensures that if pregnancy results from a sexual assault, youth victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Schaeffer House only houses male youth.

115.383 (f). TJJD policy requires TJJD to offer tests for sexually transmitted infections, as medically appropriate, to youth victims of sexual abuse while incarcerated. Schaffer House reported no cases of sexual abuse in the preceding 12 months of this audit.

115.383 (g). TJJD policy requires that all treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Schaffer House reported no cases of sexual abuse in the preceding 12 months of this audit.

115.383. (h). TJJD policy requires TJJD to attempt to conduct a mental health evaluation of all known youth-on-youth abusers within 60 days of learning of such abuse history and shall offer treatment when deemed appropriate by mental health care staff. Schaffer House reported no cases of sexual abuse in the preceding 12 months of this audit.

Corrective Action: There is no corrective action required for this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
  ☐ Yes ☒ No
- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☑ Yes ☐ No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☑ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☑ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☑ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☑ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☑ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☑ Yes ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☑ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☑ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337 (n)
3. SARB forms

Interviews:
1. Facility Superintendent
2. Compliance Coordinator
3. Incident review team member

**Observations:** No observations relative to this standard were required.

**Findings (by provisions):**

**115.386(a):** TJJD conducts a sexual abuse review board (SARB) at the conclusion of every sexual abuse investigation unless the allegation is determined to be unfounded. The team includes managers, supervisors, investigators, and medical or mental health practitioners. The team considers 1) whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) whether the incident was motivated by race; ethnicity; gender identity; status or perceived status as lesbian, gay bisexual, transgender, or intersex; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility motivated the incident; or 3) physical barriers that may enable abuse; 4) staffing levels; and 5) whether monitoring technology should be enhanced. The Schaeffer House reported that in the preceding 12 months of this audit, there had been zero sexual abuse investigations and, therefore, there have been zero sexual abuse incident reviews conducted. Interviews with facility administration who would serve on the review board, demonstrated their knowledge and understanding of the sexual abuse incident review process as required by this standard.

**115.386(b):** TJJD policy does not require the review to occur within 30 days of the conclusion of the investigation.

**115.386(c):** TJJD policy requires that managers, supervisors, investigators, and medical or mental health practitioners participate in the review.

**115.386(d):** TJJD policy includes the six required elements the review team must consider. Interviews with facility staff indicate that each element is considered. Each report includes members present and absent, minutes, incident overview, findings, and documentation that each element was discussed.

**115.386(e):** TJJD policy requires that the facility implement the team's recommendations or document the reasons for not doing so.

**Corrective Action:** There is no corrective action required for this standard.

**Standard 115.387: Data collection**

**115.387 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ✗ Yes  ☐ No
- Does the agency aggregate the incident-based sexual abuse data at least annually?  
  ☒ Yes ☐ No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  
  ☒ Yes ☐ No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
  ☒ Yes ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  
  ☒ Yes ☐ No ☐ NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (o)
3. Copy of definitions
4. Data collection Instrument
5. Documentation of approval by the TJJD Executive Director
6. TJJD website

Interviews: No interviews relative to this standard were required.

Observations: No observations relative to this standard were required

115.387 (a). TJJD policy requires that TJJD collect data for every allegation of sexual abuse at TJJD-operated facilities using a standardized instrument and set of definitions. TJJD develops its data
collection instrument to include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. Department of Justice.

115.387 (b). TJJD policy requires that TJJD aggregate the data at least once each year. The auditors reviewed a screen shot of the PREA Data Collection System that included incident type and allegation status of ongoing investigations cases. The auditor reviewed the TJJD website and noted that the annual reports were available for two consecutive annual surveys of sexual victimization, which contain the most current data available.

115.387 (d). TJJD policy requires that TJJD maintain, review, and collect data as needed from all available incident-based documents, such as reports, investigation files, and sexual abuse incident reviews.

115.387 (e). TJJD policy requires that TJJD obtain incident-based and aggregate data from each residential facility operating under a contract with TJJD. The auditor reviewed a screen shot of the PREA Data Collection System to ensure the data is aggregated by facility.

115.387 (f). TJJD policy does not require the agency to provide all such data from the previous calendar year to the DOJ no later than June 30, but a review of TJJD’s website indicated the Survey of Sexual Victimization was completed for the years 2015 and 2016, which indicated this is the regular practice, and the data is provided annually.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.388 (b)
Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse ☒ Yes ☐ No

115.388 (c)

Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.388 (d)

Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337 (p)
3. Memorandum of Data Reviews/Corrective Actions
4. Data collection instrument
5. Annual PREA compliance reports
6. TJJD website

Interviews:
1. Superintendent
2. Executive Director
3. Compliance Coordinator
4. Compliance Manager

Observations:
Findings (by provisions):

115.388 (a). TJJD policy requires that TJJD review aggregate sexual abuse data to assess and improve the effectiveness of its policies, practices, and training. Following this review, TJJD prepares an annual report of its findings and corrective actions for each facility and the agency as a whole. The TJJD Executive Director indicated her knowledge of the data review. The Compliance Coordinator said each facility prepares an annual corrective action plan based on the allegations explaining what actions they will take to further prevent, detect, and respond to allegations of sexual abuse and harassment. The auditor reviewed the Schaeffer Halfway House 2018 PREA Prevention Plan. The plan documented that there were no substantiated reports of sexual misconduct during 2017 and outlined the steps that the Schaeffer House will continue to take to prevent, detect, and respond to sexual abuse and sexual harassment.

115.388 (b). TJJD policy states that, “TJJD reviews aggregate sexual abuse data to assess and improve the effectiveness of its policies, practices, and training. Following this review, TJJD prepares an annual report of its findings and corrective actions for each facility and the agency as a whole. The report will be posted on the agency’s website.” The auditors reviewed the 2016 Annual Report to ensure the review included a comparison of the previous year’s sexual abuse data. The report compares the years 2014, 2015 and 2016. The Annual Report includes aggregated data for TJJD facilities and contract facilities, agency-wide current and future plans, corrective actions, and proactive steps taken to eliminate sexual abuse and harassment.

115.388 (c). TJJD policy requires that TJJD post on its website all aggregated sexual abuse data from TJJD-operated and contracted facilities. Although policy does not require the Executive Director to approve the report, documentation of this approval was provided. The TJJD Director said that she would be approving the upcoming report.

115.388 (d). A review of the posted data indicates TTJD takes appropriate measures to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility. The Compliance Coordinator reported that all personal information on a perpetrator, victim, or witness is redacted from the annual report prior to submission of the report.

Corrective Action: There is no corrective action required for this standard.

Standard 115.389: Data storage, publication, and destruction

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
  ☒ Yes ☐ No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?
  ☒ Yes ☐ No
115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes  ☐ No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (o), (p)
3. TJJD website

Interviews:

1. Superintendent
2. PREA Compliance Coordinator

Observations: No observations relative to this Standard were required.

Findings (by provisions):

115.389 (a). TJJD policy requires that all sexual abuse data is securely retained. The Compliance Coordinator confirmed compliance and stated the data is password protected. The data is derived from the OIG and AID databases, and access to these are strictly limited.

115.389 (b). TJJD policy requires that TJJD post on its website all aggregated sexual abuse data from TJJD-operated and contracted facilities. The auditor confirmed the data is included on the TJJD website.

115.389 (c). A review of the published data revealed that TJJD removes all personal identifiers prior to making aggregated sexual abuse data publicly available.
115.389 (d). PREA Standard 115.389 requires TJJD to maintain sexual abuse data for at least 10 years after the date of its initial collection, unless Federal, State, or local law requires otherwise. Historical data is available on the website beginning in 2012, which supports compliance with this subsection.

Corrective Action: There is no corrective action required for this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)
- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) ☒ Yes  ☐ No  ☐ NA

115.401 (b)
- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes  ☐ No

115.401 (h)
- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes  ☐ No

115.401 (i)
- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes  ☐ No

115.401 (m)
- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes  ☐ No

115.401 (n)
- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes  ☐ No

Auditor Overall Compliance Determination
☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

Documentation and Policy Reviewed:
1. Completed PAQ
2. GAP 380.9337 (q)
3. TJJD website
4. Photographs of audit notice posting
5. Overall documentation uploaded to a secure drive

Interviews: No interviews specific to this standard were conducted

Observations:

Findings (by provisions):

115.401 (a): TJJD policy requires that TJJD conduct audits pursuant to the Code of Federal Regulations relating to the PREA (28 CFR 115.401 – 115.405). The TJJD website contains the final PREA reports for state secure, state halfway houses, contract facilities, and county facilities. Audits were conducted for all TJJD-operated facilities during the prior three-year audit period. There are no facilities operated by a private organization on behalf of the agency.

115.401 (b): This is the second year of the current audit cycle. During the first year of the cycle, PREA audits were conducted for four of the 13 TJJD-operated facilities.

115.401 (h): During the on-site portion of the audit, the auditor conducted a facility inspection and observed all areas inside the secure fence.

115.401 (i): The auditor received documentation relevant to each PREA standard prior to the on-site audit. Additional documents were requested and sent via email or uploaded to the secure drive. During the on-site portion, personnel and youth files were reviewed, and additional documents were reviewed with the Compliance Manager and Human Resources Administrator.

115.401 (m): During the facility inspection, the auditor informally interviewed youth and staff in each area. Following the inspection and during the second day of the audit, formal interviews with staff members and youth were conducted in private areas in a dorm and the administration building.

(115.401 n): Prior to the on-site audit, notices were posted that included necessary contact information, thus enabling youth to send confidential information or correspondence to the auditor. The auditor did not receive such correspondence.

Corrective Action: There is no corrective action required for this standard.

**Standard 115.403: Audit contents and findings**
The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal is pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Documentation and Policy Reviewed:
1. TJJD website
2. Final audit reports of TJJD facilities

Interviews: No interviews relative to this standard were required.

Observations: No observations relative to this standard were required.

Finding (by provision):

115.403 (f). The TJJD website contains prior final audit reports that were posted within 90 days of issuance by the auditor.

Corrective Action: There is no corrective action required for 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Allen M. Hall

__________________________________________  January 22, 2019

Auditor Signature  Date