

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: October 24, 2017

Auditor Information			
Auditor name: Dwight Sadler			
Address: 11209 Metric Blvd., Bldg. H, Suite A, Austin, Texas 78758			
Email: dwight.sadler@tjjd.texas.gov			
Telephone number: 512-490-7972			
Date of facility visit: March 7-8, 2017			
Facility Information			
Facility name: Brownwood Halfway House			
Facility physical address: 910 FM 3254, Brownwood, Texas 76801			
Facility mailing address: <i>(if different from above)</i> Box #6, Brownwood, Texas 76801			
Facility telephone number: 325-641-6462			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Jarome Finley			
Number of staff assigned to the facility in the last 12 months: 17			
Designed facility capacity: 10			
Current population of facility: 7			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 15-18			
Name of PREA Compliance Manager: Jarome Finley		Title: Superintendent/PREA Compliance Manager	
Email address: jarome.finley@tjjd.texas.gov		Telephone number: 325-641-6462	
Agency Information			
Name of agency: Texas Juvenile Justice Department			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 11209 Metric Blvd., Bldg. H, Suite A, Austin, Texas 78758			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 512-490-7130			
Agency Chief Executive Officer			
Name: David Reilly		Title: Executive Director	
Email address: david.reilly@tjjd.texas.gov		Telephone number: 512-490-7004	
Agency-Wide PREA Coordinator			
Name: Jerome Williams		Title: Director of PREA Compliance Department	
Email address: jerome.williams@tjjd.texas.gov		Telephone number: 512-490-7671	

AUDIT FINDINGS

NARRATIVE

Introduction

The Prison Rape Elimination Act (PREA) on-site audit of the Brownwood Halfway House (Brownwood HWH) was conducted on March 7-8, 2017. This was the second audit of the facility; the first occurred on July 25, 2014, during which time the facility became fully PREA compliant after implementing five corrective actions. Brownwood HWH is a Texas Juvenile Justice Department (TJJD) facility located in Brownwood, Texas. The facility has had no allegations of sexual abuse or sexual harassment since the time of the initial audit in 2014. The audit was conducted by U.S. Department of Justice Certified PREA auditor Dwight Sadler with assistance from Joshua Smalley.

Pre-audit preparation included verification of PREA audit notices being posted at least six weeks prior to the audit and containing necessary contact information and a review of the Pre-Audit Questionnaire (PAQ), facility policies, and documentation supporting compliance with each standard. While reviewing the PAQ an issue log was created either requesting additional information or clarification of the information provided on a number of the questions. Responses to the issue log were provided by the TJJD Director of PREA Compliance and the Brownwood HWH Superintendent who also serves as the facility's PREA Compliance Manager. The PREA Compliance Manager was present and available to the auditors for both days of the audit.

During the first day of the audit, interviews were conducted with the five female residents assigned to the facility as well as pre-selected Juvenile Corrections Officers (JCO's) and specialized staff. A total of six JCO's, two from each shift, were randomly chosen and interviewed. Interviews were conducted sitting at desks located in the bedrooms used by the residents. Fourteen specialized staff were randomly chosen and interviewed to include intermediate and higher level staff, medical and mental health staff, human resources, a volunteer, staff who conduct intakes, staff who monitor for retaliation, first responders, and staff on the incident review team. The location of the interviews provided adequate privacy for the staff and residents to answer questions without being overheard by others in the facility. A tour of the halfway house was also provided by the JCO Supervisor (JCO VI) during the first day of the audit. During the tour, attention was given to lines of sight and the identification of blind spots. Auditors also looked for PREA related material posted in the house and discussed camera placement with the staff. PREA posters with hotline reporting numbers were located in the front entry, the hallway where the residents bedrooms are located, and the office area where the administrative staff are located. Since the initial audit in 2014, seven cameras have been added at the Brownwood HWH to address identified blind spots and to provided coverage of additional beds. The JCO VI answered questions and demonstrated the coverage of each of the facility's surveillance cameras on his computer following the tour.

On the second day of the audit the late night staff were interviewed, then the on-site documentation review was completed. During the audit a total of 5 adolescent female residents, 6 randomly selected JCO's, and 14 specialized staff interviews were completed. The PREA Compliance Manager organized the additional documentation by each standard in separate files, which were placed on the dining room table and were available to the auditors for the duration of the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Brownwood Halfway House is a medium restriction single unit facility located in Brownwood, TX. The Brownwood HWH serves as a step-down placement from Ron Jackson, which is a high-restriction TJJD facility. The facility has a design capacity of 10 residents and houses adolescent female offenders, generally between the ages of 15-18 years old. The resident population was 5 females on both days of the audit. The average length of stay at this facility was reported to be 78 days, or approximately 2.5 months. From January 2016 to January 2017, 23 adolescent females entered the Brownwood HWH. The facility employs 17 staff members who have contact with the residents.

Treatment at the facility includes aftercare programs for the agency's Sexual Behavior Treatment Program and Mental Health Treatment Program, as well as full programs for Alcohol & Other Drugs, Strategies for Anger Management, and Independent Living. Residents receive medical services from the University of Texas Medical Branch (UTMB) clinic located across the street at the TJJD Ron Jackson facility. Sexual Assault Medical Exams are conducted off site at Hendrick Health System in Abilene, Texas. Education is provided off site by the Brownwood Independent School District at the Premier High School of Brownwood. The TJJD Administrative Investigations Division (AID) and the Office of the Inspector General (OIG) conduct administrative and criminal investigations in-house

This facility was previously utilized as staff housing for the Ron Jackson facility and was converted into a halfway house. The Brownwood HWH opened and started housing residents on October 1, 2013. There are four bedrooms in the home and the residents are housed two per bedroom in 3 of the bedrooms and there are two sets of bunkbeds in the fourth. Each of the residents has their own bed, a desk to sit at, and closet space in their rooms.

SUMMARY OF AUDIT FINDINGS

The initial report of findings for Brownwood HWH included 2 standards that exceeded standard compliance, 34 standards compliant, and 5 standards non compliant which required corrective action in order for the facility to be PREA compliant. During the corrective action period, TJJJ provided evidence to the auditors to demonstrate compliance with the 5 standards in question. At this time The Brownwood Halfway House has achieved full PREA compliance.

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (a), (b), (d)(1-2)
3. INS 71.01
4. Brownwood HWH and TJJD organizational charts

Interviews:

1. PREA Compliance Director
2. Compliance Officer

(a): The TJJD General Administrative Policy (GAP) along with the Institution Operations Policy (INS) outline TJJD’s written policy mandating zero tolerance toward any form of sexual abuse, sexual harassment, or sexual activity as well as TJJD’s response to allegations of sexual abuse. The policies contain PREA-related definitions, general provisions, prevention planning, responsive planning, training and education, screening for risk, reporting, responses following a report, investigations, disciplinary sanctions, medical and mental health care, incident reviews, and data collection and storage.

(b): The TJJD has a designated agency-wide PREA Compliance Director as well as facility-level PREA Compliance Officers. The organizational charts indicate the PREA Compliance Director reports to the Director of Monitoring and Inspections Division. At the facility level, the Compliance Officer reports to the facility Superintendent. During interviews the Compliance Officer and agency Director said they had sufficient time and authority to effectively perform their PREA-related duties. At the Brownwood HWH the Compliance Officer is also the facility Superintendent.

(c): The TJJD employs a PREA Compliance Director, as well as PREA Compliance Officers at each facility. The primary responsibility of the Director is to coordinate PREA compliance efforts at each of the TJJD facilities. The Compliance Officer at the facility is responsible for PREA compliance efforts at his or her respective campus.

Corrective Action: None

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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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
4. Contract Provider: PREA Continued Compliance Monitoring form
5. Multiple Contract Residential Site Visit Forms

Interviews:

1. TJJD Manager of Youth Services Contracts

(a): The TJJD’s policy requires all new or renewed contracts for residential placement to comply with the PREA standards. The TJJD website indicates it contracts with seven entities. Five of these are required to comply with the PREA standards. The other two are foster care/group homes and do not require PREA compliance. The contracts for the facilities required to comply with the PREA include language stating the contractor will “self-monitor” for compliance as well as acknowledge that “TJJD will conduct announced and unannounced compliance monitoring visits.” The contract also states the contractor is “responsible for paying for a PREA audit every three years...,” and during the “non-audit period, TJJD will perform an audit at no cost to Contractor to ensure continued compliance with the PREA.” The contract for one of the facilities that does not require PREA compliance includes language stating that the “Service Provider will be required to provide PREA education to both staff and youth as well as post TJJD zero tolerance posters in common areas of the facility/foster home.”

Subsection (b): The TJJD requires all of the contracted facilities to comply with the PREA with the exception of the two that are foster care/group home programs. The TJJD’s Manager of Youth Services Contracts described her monitoring responsibilities as conducting site visits, observing, and interviewing youth. One PREA Continued Compliance Monitoring form and seven Contract Residential Site Visit forms were provided. The monitoring form includes notes that intake forms, risk screening, staffing plan, and policy were reviewed during the monitoring visit. The site visit forms include a note stating that PREA posters were observed.

Recommendation:

The contract language states that “an audit” will be performed by TJJD at no charge. No evidence of a completed audit during non-audit years was provided. The auditors recommend conducting an audit during non-audit years or revising the language of the contracts.

Corrective Action: None

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337(e)(3)
3. HWH Operations Manual-HWH.09.01(a)
4. Staffing Plans and Staffing Plan Assessments
5. Time-stamped evidence of unannounced rounds
6. Shift Logs
7. Unannounced Visit forms that include the staff member's name, shift, and notes
8. Facility ratio reports

Interviews:

1. Superintendent/Compliance Officer
2. Staff responsible for conducting unannounced rounds

(a): The TJJD policy requires each facility to develop a written staffing plan that considers staffing levels and patterns, video monitoring, and deviations from the plan. The Superintendent must approve the plan for each living unit with consideration given to each element for Subsection (a) of this standard. The Safe Housing Staffing Plan for Brownwood Halfway House provided for review includes supervisory signatures indicating approval. A memo from the TJJD Director of State Programs and Facilities was uploaded in the pre-audit phase describing the development process, which includes three phases and the actions taken during each phase. These include conference calls with facility superintendents, in-person meetings, and occasional 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. Per the safe housing plans, the Compliance Officer reported reviewing safe housing rosters once per week to compare to each youth's stage, assigned room, and risk level to monitor for discrepancies. This was supported with signed safe housing dorm census reviews.

Additional Safe Housing Staffing Plans dating back to October 2014 illustrate the facility's annual review of the plans. Each plan indicates the facility intendeds to comply with the staff-to-youth ratio of 1:8 during waking hours and also 1:8 during sleeping hours over time to meet and exceed the PREA standard that becomes effective October 2017.

The Superintendent/Compliance Officer stated that each item in this section is considered when updating the facility staffing plan. The Superintendent stated that he is included by the TJJD Central Office staff in the development process and provides input and justifications regarding staffing needs.

(b): The facility shift log reports and staffing forms provided for review indicate the facility did not deviate from the staffing plan in the past 12 months. TJJD policy states that deviations are only permitted during limited and exigent circumstances and that any deviation and the reason for the deviation must be documented.

(c): TJJD's Halfway House Operations Manual policy requires the facility to maintain a staff-to-youth ratio of 1:8 during youth waking hours and 1:12 during youth sleeping hours. Brownwood HWH maintains a 1:8

ratio at all times and has a minimum of 2 direct care staff on duty each shift. Direct care staff are defined as juvenile correctional officers (JCOs) and other staff with sole supervision training assigned to the direct supervision of youth.

(d): Safe Housing Plans/Staffing Plans for the past three years were provided for review. The plans include staffing plan procedures, provisions, revisions to the campus schedules and current population, and procedures regarding room assignments, reassessing for safe housing, PREA supervision requirements, and facility floor plans and camera totals. The TJJD Director of State Programs and Facilities provided a document describing the development process, which includes three phases and the actions taken during each phase. The Senior Director of Finance, the Compliance and Accountability Officer, and the Director State Programs and Facilities review the plan.

(e): TJJD policy requires managerial level staff members to conduct and document unannounced rounds at least once per month on each shift in their medium restriction facilities, which includes the Brownwood HWH. Policy also prohibits staff members from notifying other staff members that unannounced rounds are occurring. The auditors reviewed Shift Logs, time-stamped photographs and Unannounced Visit forms that include the staff member's name, shift, and observation notes prior to the audit and additional Unannounced Visits and shift log sheets on site. The documentation reviewed verified that rounds were made each month on each of the 3 shifts. The unannounced rounds were made by the Superintendent or the JCO VI. They each said staff are discouraged from alerting other staff that unannounced visits are occurring and that they varied the times and routine of the rounds so they are unexpected.

Recommendation:

Although the TJJD Director of State Programs and Facilities provided a description of the staffing plan development process, the following elements of this standard were not clearly recorded on the plan: 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. Documentation should state that each of these items were considered when developing the staffing plan.

Corrective Action: None

Standard 115.315 Limits to cross-gender viewing and searches

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

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Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (e)(4)
3. GAP 380.9709 (g)

4. TJJD Professional Development Lesson Plan including a narrative with Key Points
5. Shift and search logs

Interviews:

1. Superintendent/Compliance Officer
2. Correctional staff
3. Youth

(a): TJJD policy and the training curriculum page outline the use of cross-gender pat-down and strip searches by the opposite gender. Both state two trained staff must be present and the staff members conducting the search must be of the same gender as the youth, except in in exigent circumstances. Policy allows body cavity searches only with probable cause that the youth has contraband and with the authorization of the facility administrator and must be conducted off-site by medical personnel.

(b): TJJD policy prohibits cross-gender pat-down searches except in exigent circumstances and defines such circumstance. Policy also honors a youth's preference to be searched by a male or female staff member if the youth identifies as transgender or intersex. During interviews, all five female residents reported being pat searched by female staff members, and none reported being searched by male staff members. There are currently no youth at Brownwood HWH who identify as transgender or intersex. In the past 12 months, no youth who identified as transgender was placed at the facility.

(c): TJJD policy requires that all room and pat-down searches, including any performed by cross-gender staff, are documented. Search logs were provided prior to and during the on-site audit and included the room number, youths' names, items found, reason for the search, and the staff member who conducted the search. No cross-gender pat-down searches were noted.

(d): TJJD policy prohibits cross-gender supervision during shower and restroom routine and when youth change clothes except in exigent circumstances or when such viewing is incidental to routine room checks. During the walkthrough camera placements and potential blind spots were noted. Following the tour of the facility, the JCO VI reviewed all of the facility cameras with the auditor from his desktop. Cameras did not pick up either restroom area, where the residents change clothes, or the shower.

Staff members of the opposite gender are required to announce their presence when entering living units, and signs are posted reminding them to do so. Staff members and youth reported the practice of announcing opposite-gender staff members is consistently followed. A sample of facility Shift Logs included notations of occurrences when opposite-gender staff members announced their presence on the dorm. It was noted that the only male staff members employed at the halfway house were the Superintendent and the JCO VI. Staff and youth stated during the interviews that the two men very seldom go into the hallway where the residents' rooms and restrooms are located.

(e): TJJD policy prohibits searching or examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. During the audit, there were no youth at the Brownwood HWH who identified as transgender or intersex. Staff members communicated an understanding of the agency policy during interviews.

(f): TJJD policy requires that room and pat-down searches are conducted in a professional manner, and staff must not make jokes, conversation, or comments while conducting searches. Policy also requires that staff conducting a pat-down search must be of the same gender as the youth being searched, except in exigent circumstances. However, policy does not include the procedures specific to conducting cross-gender pat-down searches and searches of transgender and intersex youth. Staff responses were consistent in their

answers when asked about policy specific to cross-gender pat-down searches, whether they received training related to these searches, whether the Brownwood HWH allows such searches in exigent circumstances. Neither training records nor curriculum was found demonstrating that the staff had been trained on the details and procedures for conducting cross gender pat-down and strip searches.

Corrective Action:

Provide a curriculum page or lesson plan detailing the procedures for cross-gender pat-down and strip searches. Provide evidence, such as a sign-in sheet, that the staff at the Brownwood HWH have been trained on the proper procedures for conducting cross-gender pat down and strip searches.

Corrective Action Since the Audit:

The Director of PREA Compliance provided a script that explained the agency’s policies regarding cross-gender pat down and strip searches that was covered during a training held with the staff at Brownwood HWH on July 7, 2017. The training material included a step by step description of how to conduct a proper pat search as well as an area for an instructor to grade the trainee during the training. This training also included demonstrations on how cross gender pat searches would be conducted in a case of exigent circumstances. There is also a section in the training where the instructor discusses procedures for searching youth who identify as transgender or intersex. A training sign-in sheet titled Cross Gender Pat Search and Transgender Pat Search Script was provided and included signatures from all staff members at Brownwood HWH who have direct contact with the residents.

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

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

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Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (e)(5)
3. Ron Jackson list of translators/Interpreters who would also serve Brownwood HWH
4. Contracts with special education teachers
5. PREA script in English and Spanish
6. PREA Orientation Training and Acknowledgment Form in English and Spanish
7. Contract sign language interpreting service uploaded in Background section

Interviews:

1. TJJD Executive Director
2. Random Staff

3. Staff members who provide initial PREA training to youth
4. Owner of San Marcos Interpreting Services

(a): The TJJD has taken steps to ensure youth with disabilities have equal opportunity to participate in and benefit from TJJD’s efforts to prevent, detect, and respond to sexual abuse. Effective communication with these youth includes utilizing a contract with San Marcos Interpreting Service for the Deaf, contracts with a special education teacher for youth needing speech therapy and for youth who are visually impaired, and staff members who can assist with sign language. The contract with the San Marcos Interpreting Service for the Deaf uploaded for the auditor to review states the language interpreting services are provided to Giddings State School and the Austin metropolitan, Travis County area.

During interviews, it was stated that PREA orientation is provided on the day of admission . The intake staff/Superintendent said that orientation involves a staff member reading the PREA Orientation Script to the resident and asking questions to ensure the resident understands the information. Residents also watch the PREA Orientation video. A brochure containing PREA educational information is also given to the new residents at the time of intake. According to Word’s built-in text leveling tool, the provided script has a Flesch-Kincaid reading grade level of 13.3 meaning youth with college level reading skills would be able to read and/or understand the document. Additionally, excerpts from the Youth Handbook regarding PREA have an overall reading grade level of approximately 8.4.

(b): TJJD has taken steps to ensure youth who are limited English proficient have equal opportunity to participate and benefit from TJJD’s efforts to prevent, detect, and respond to sexual abuse. Bilingual staff members are utilized as English/Spanish translators and English and Spanish versions of the PREA Orientation Script, PREA posters, and youth handbooks are available.

(c): TJJD policy prohibits the use of youth to interpret, read, or otherwise assist except in limited circumstances. Brownwood HWH reports no occurrences of the use of youth interpreters in the last 12 months. During interviews, staff members consistently stated they would not use youth interpreters except in exigent circumstances.

Corrective Action:

The National PREA Resource Center checklist includes documents to review during the on-site portion of the audit. Two items were not present for review for this standard:

1. “Written materials used for effective communication about PREA with residents with disabilities or limited reading skills.” The PREA script was reviewed but is not appropriate for youth with disabilities or limited reading skills.
2. Documentation of “staff training of PREA compliant practices for residents with disabilities.”

Additionally, the following step should be taken before it can be determined that full compliance with this standard has been achieved.

3. Provide an amended contract with the San Marcos Interpreting Services to include the Brownwood HWH.

Corrective Action Since the Audit:

1. The Director of PREA Compliance requested that the agency Special Education Department reduce the reading level of the PREA-related information in the Youth Handbook. The revised page was

lowered from a Flesch-Kincaid reading level of 8th to 4th grade. The page is inserted into the Youth Handbook to ensure any youth with a low reading level or intellectual or cognitive disability has access to written PREA-related information. A Youth Handbook that contained the insert was reviewed to verify the changes.

The PREA script, which is read to youth during intake, was also revised to simplify the vocabulary from college level to 10th grade. Training specific to the needs of youth with reading and intellectual disabilities was provided to intake staff members. The English and Spanish scripts were provided for review.

2. A TRN 955, which is a training sign in sheet, dated 5/9/2017 was provided indicating that all intake staff members were trained on the changes to the PREA script and the resident handbook.
3. An amendment to the contract with San Marcos Interpreting Services for the Deaf demonstrates that all TJJD facilities are now included in the contract. The amendment states that the service provides sign language interpreting services, advanced services for medical and psychological terminology, and may involve interpreting during treatment or counseling sessions.

Standard 115.317 Hiring and promotion decisions

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

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Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (e)(6)(A-G)
3. PRS 02.07
4. GAP 385.8181(d)(1)
5. PRS 02.08 (f)(1)(A)(ii)
6. Snapshot provided by the TJJD Human Resources Administrator showing hire date, initial and annual criminal background checks, and fingerprint dates

Interviews:

1. Human Resources administrative staff

(a): TJJD policy prohibits hiring or promoting anyone who may have contact with youth and using the services of any contractor 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. Personnel files and a snapshot of randomly selected employees and contractors indicated proper criminal record background checks are conducted.

(b): TJJJ policy requires that for any person who may have contact with youth, TJJJ consider any incidents of sexual harassment in determining whether to hire, promote, or contract for services. Interviews with Human Resources administrative staff demonstrated compliance with this practice.

(c): TJJJ policy requires that before hiring a new employee who may have contact with youth, TJJJ conducts 1) a criminal background check, 2) child abuse registry check, 3) contact of prior institutional employers to determine any substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Forms placed in each personnel file include Background Reference Check, Internal Background Review, Disclosure of PREA Employment Standards Violation, and Child Abuse Registry Check Consent Form. The facility reports that in the past 12 months, criminal background checks were conducted for 2 persons hired who may have contact with youth. Interviews with Human Resources administrative staff verified the practice of conducting such checks for all employees.

(d): TJJJ policy requires that before enlisting the services of a contractor who may have contact with youth, TJJJ performs criminal background checks and consults the Child Abuse Registry. A snapshot of background checks indicate a criminal background was conducted for contractors prior to having contact with youth. The facility reports that in the past 12 months, there were no criminal background checks conducted for contracts for services for all staff covered in the contract who may have contact with youth. However, Brownwood HWH uses the same contractors who service the TJJJ Ron Jackson facility across the street. It was verified that the required background checks were completed on 4 contractors during the past 12 months.

(e): While the standard requires that background checks be conducted at least every 5 years for current employees, TJJJ conducts annual criminal background checks on their current employees. Personnel files and a snapshot of initial and annual checks support compliance with this subsection.

(f): TJJJ policy 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.

(g): TJJJ policy requires that material omissions regarding such misconduct or the provision of materially false information is grounds for termination.

(h): TJJJ policy requires that unless prohibited by law, TJJJ 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 staff support compliance with this practice.

Corrective Action: None

Standard 115.318 Upgrades to facilities and technologies

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

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Documentation and Policy Reviewed:

1. Completed PAQ
2. Facility map with buildings and camera numbers

Interviews:

1. Superintendent
2. Executive Director
3. JCO Supervisor

(a): Brownwood HWH has not made substantial expansions or modifications to the facility since their last PREA audit in 2014.

(b): Since the 2014 audit, 7 additional video cameras were installed in various spots throughout the facility to address blind spots identified and increase overall safety. The Superintendent, JCO VI and Executive Director all reported that the safety, including sexual safety, of youth is considered when installing the cameras. No minutes from any meetings or other documentation discussing the reasoning behind the additions or how the cameras would enhance the safety of the residents was provided for review.

Corrective Action:

Provide documentation generated by discussions regarding the installation of cameras during the last three years.

Corrective Action Since the Audit:

The PREA Compliance Director provided a lengthy email chain between the Brownwood HWH Superintendent and one of the TJJD Network Specialists. The emails identify the need for additional cameras for the purpose of eliminating blind spots in the HWH and discusses time-frames for the additional cameras to be installed. The emails detail several of the blind spots and how the additional cameras will correct the situation. A copy of a requisition order for the additional cameras and a copy of a quarterly vulnerability assessment that identifies the need for additional cameras were also provided for review. The additional documentation provided during the corrective action period demonstrates full compliance with this standard.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (f)
3. GAP 385.8183

Interviews:

1. Staff members
2. SAFE/SANE for Hendrick Health System in Abilene, Texas
3. Compliance Officer/Superintendent
4. Youth

(a): The TJJD Office of the Inspector General (OIG) is responsible for conducting all criminal investigations. The Administrative Investigations Division (AID) conducts all other non-criminal sexual abuse and harassment allegations involving staff members. The OIG investigators generally work Monday through Friday but are on call during non-work hours.

(b): The investigators follow a uniform evidence protocol, *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition, April 2013*.

(c): TJJD policy requires that when appropriate, TJJD transports youth who experience sexual abuse to a hospital that can provide for medical examination by a SANE or SAFE. If such exams are necessary, the resident would be transported to Hendrick Health System in Abilene, Texas. This agreement was corroborated during the interview with the SAFE/SANE. TJJD policy requires that medical examinations by a SAFE/SANE are provided at no financial cost to the youth.

(d): An MOU with The ARK, a local sexual assault shelter, indicated an agreement was established to provide services. The auditors interviewed the director of the shelter to verify victim advocacy services would be provided if needed. The phone number to the shelter is provided to youth who do not feel comfortable speaking with facility mental health professionals. Only 1 of the 5 adolescent females was able to give specific answers and demonstrate knowledge of any services available outside the facility. The Compliance Officer/Superintendent interview responses supported compliance with this practice.

(e): A list of mental health professionals from the Ron Jackson facility across the street was provided as potential staff members who are available to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. The outside shelter's phone number is posted in each case manager's office and is used when youth do not wish to use in-house services.

(f): This subsection is not applicable as the agency is responsible for administrative and criminal investigations.

Corrective Action: None

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documentation and Policy Reviewed:

1. Completed PAQs
2. GAP 380.9337 (f)(2)(A), (k)(1)

Interviews:

1. TJJJ Executive Director
2. Investigative staff members
3. TJJJ website: <http://www.tjjd.texas.gov/>

(a): The TJJJ is responsible for conducting both criminal and administrative investigations. Agency policy outlines the responsibility of the OIG to review all allegations of sexual abuse and harassment and assign each allegation to the appropriate TJJJ department to complete a criminal or administrative investigation. A uniform evidence protocol, *National Protocol for Sexual Assault Medical Forensic Examinations, Second Edition, April 2013*, is used that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The Brownwood HWH, OIG, and AID all reported that there were zero allegations of sexual abuse or sexual harassment over that past 12 months on their respective PAQs.

Subsection (b): TJJJ policy requires that all allegations of sexual abuse or harassment are reported to the TJJJ OIG, which reviews, assigns, and documents each allegation. Policies that governs both administrative and criminal investigations are posted on the TJJJ website. During interviews, investigative staff supported compliant investigative practices.

Subsection (c): This subsection does not apply as the agency is responsible for conducting criminal investigations.

Corrective Action: None

Standard 115.331 Employee training

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (g)(1)(A)
3. PREA and Preventing Sexual Misconduct staff development lesson plan with course description, performance objectives, 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. Trauma in LGBTQ Youth training Power Point
9. Gender Responsiveness Power Point
10. SOGIE Training sign-in sheet

Interviews:

1. Medical and Mental Health Care staff members
2. Random staff members

Subsection (a): TJJD policy requires all staff members who may have contact with youth attend training that addresses each of the 11 elements in this subsection. During interviews, medical and mental health care staff and random staff members reported they had been trained on each element during new-hire and annual refresher trainings. Lesson plans provided for review address each item and provide an overview of the PREA as well as TJJD policy and practices related to sexual abuse.

Subsection (b): The training materials are tailored to the unique needs of juveniles and address gender-specific communication. The Gender Responsiveness training material provided for review is directed at working with adolescent female offenders. TJJD policy requires additional training if an employee is reassigned from a facility that houses only male youth to a facility that houses only female youth.

Subsection (c): The facility reports that 17 employees are currently employed by the facility who may have contact with youth, all of whom were trained or retrained on the PREA requirements outlined in Subsection (a).

Subsection (d): Annual PREA Training Sign-In Sheets and Training Compliance reports for the facility supported compliance with TJJD policy and this subsection requirement to document that employees received and understood the PREA training.

Corrective Action: None

Standard 115.332 Volunteer and contractor training

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

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

corrective actions taken by the facility.

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (g)(2)
3. Training records

Interviews:

1. Volunteers who have contact with youth

Subsection (a): TJJD policy requires that all volunteers and contractors who have direct access to youth are trained on and understand their PREA-related responsibilities and procedures. The facility reported that only 1 volunteer has such access and has been trained. The Brownwood HWH partners with the Ron Jackson facility to recruit and train volunteers.

Subsection (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 was provided for review, and includes a comprehensive list of PREA-related topics including the agency's zero tolerance policies and how to report any incidents of sexual abuse and sexual harassment.

Subsection (c): A sample of Volunteer Training Sign-In Sheets includes documentation of receipt and acknowledgment of understanding the training.

Corrective Action: None

Standard 115.333 Resident education

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (g)(3)
3. PREA Orientation Training and Acknowledgment Form
4. Sample of Resident Files

Interviews:

1. Intake staff
2. Random youth

Subsection (a): All youth committed to the TJJD begin their stay at the Orientation & Assessment (O&A) unit

at the Ron Jackson facility. Agency policy requires that youth receive comprehensive, age-appropriate information about TJJD's zero-tolerance policy and how to report incidents of sexual abuse or harassment. Each time a youth transfers to a different TJJD facility, such as the Brownwood HWH, they receive the same information. The facility reports from January 2016 to January 2017, 23 youth received the comprehensive PREA education. Signed and dated PREA Orientation Training and Acknowledgment Forms were provided for all 23 youth prior to the on-site portion of the audit. The auditor selected a sample of master files on-site to verify that youth receive PREA education within 10 days of admission.

(b): TJJD policy requires that within 10 calendar days of admission to the O&A Unit, 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. At Brownwood HWH, all staff are trained to perform intakes. The Superintendent explained that on the resident's first day, the staff performing the intake read the English or Spanish version of the PREA Orientation Script the resident and show the PREA video, *Safeguarding Youth Sexual Safety PREA Orientation*.

(c): TJJD policy requires that TJJD provide the PREA education each time a youth transfers to a different TJJD-operated facility. Resident interviews supported compliance with this practice, as they verified that they received PREA education on the day they arrived at Brownwood HWH after first receiving the information when they arrived at Ron Jackson O&A.

(d): TJJD policy 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. For standard 115.316, the auditors requested alternative reading materials and staff training specific to the needs of youth with reading and intellectual disabilities, an agreement with or procedure for using a language line, and an updated contract for translator service.

(e): TJJD documents youth participation in PREA education by requiring youth to acknowledge their understanding by signing and dating the PREA Orientation Training and Acknowledgment Form in the presence of a staff witness. Intake staff members complete a checklist, (Halfway House Youth Orientation Checklist), that includes providing the Youth Orientation Handbook which includes PREA-related information, reading/explaining the PREA Script, and showing the PREA video. The acknowledgment form and checklist are placed in the youth's masterfile. The auditors reviewed a sample of these completed documents prior to the audit and 5 intake files on site to verify documentation of youth participation.

(f): PREA information is available and visible to youth through posters and Youth Handbooks in English and Spanish. The auditor noted the posters were visible in the entry way, the office area, and the hallway during the facility tour.

Corrective Action: None

Standard 115.334 Specialized training: Investigations

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (g) (4)
3. Three Certificates of Completion of the National Institute of Corrections Training
4. TJJD AID training agenda and lesson plan
5. AID Sexual Abuse Investigations Power-Point
6. AID investigator Certificate of Completion of a 12 hour training titled TJJD Specialized

Interviews:

1. Investigative staff

(a): In addition to the general PREA training, TJJD policy requires that TJJD staff members who investigate allegations of sexual abuse receive specialized training that includes interviewing juvenile sexual abuse victims. The auditor verified one 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).

(b): TJJD policy requires investigator training that addresses the elements of this standard. The NIC training includes each element.

(c): The auditors verified certificates of completion of the required training for the two AID and two OIG facility investigators.

Corrective Action: None

Standard 115.335 Specialized training: Medical and mental health care

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337(g)(5)
3. Certificates of Completion of PREA Training

Interviews:

1. Medical and mental health care staff

(a): TJJD policy 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 of suspicions of sexual abuse. Certificates of Completion of the online course *PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting* by NIC were reviewed for RJSJCC Mental and Medical Health Practitioners. An Annual PREA Training Acknowledgment Form and Sign-in Sheet included signatures indicating attendance and understanding of the training. Medical staff interviewed said they received new hire and annual PREA-related training at the Ron Jackson facility. Medical and mental health services at the Brownwood HWH are provided by the Ron Jackson staff.

(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.

(c): The auditors reviewed documentation to verify that medical and mental health care staff received appropriate PREA training. In addition to the NIC online training, all staff members attend annual training, which includes PREA-specific topics. Sign-in sheets were also provided showing nursing staff attending annual PREA refresher training.

Corrective Action: None

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Documentation and Policy Reviewed:

1. PAQ
2. GAP 380.9337 (h)(1)
3. Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization (CCF-001)
4. Exit Staffing Overview
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 Officer/Superintendent
4. TJJD PREA Compliance Director

(a): TJJD policy requires that within 72 hours of intake and periodically throughout their confinement, an objective assessment is used to obtain information about each youth's history and behavior to reduce the risk of sexual abuse by or upon another youth. Policy also requires that information from the screening instrument is used periodically throughout the youth's stay to reassess housing and supervision assignments. The intake case managers complete an additional safe housing assessment prior to assigning a PREA Audit Report

youth to a dorm or room. A safe housing reassessment is also completed upon facility transfer, at least once every 90 days, automatically within one day of a major rule violation proven true in a hearing, a youth turning age 17, or following a serious suicide attempt. A safe housing report generated through TJJJ's Correctional Care System (CCS) indicated safe housing reassessments were current at the time of the audit. While the safe housing reassessments are used periodically, at the time of the audit, it did not ask the 11 items per Subsection (c) of this standard. The form was revised during the corrective action period. The 11 items are discussed with youth only during intake and not again throughout the youth's confinement.

The Exit Staffing Overview describes the weekly process that occurs in the intake unit within 21-28 days following each youth's commitment. The meeting is held to determine and designate the most suitable facility. A discussion takes place involving a mental health specialist, the youth's case manager, an educational representative, and a member of the Centralized Placement Unit. Information including safe housing needs are discussed. The youth is interviewed but it is not clear if the youth is asked the 11 items during the exit staffing.

A case manager in the O&A unit on the Ron Jackson campus was randomly selected to be interviewed as a person responsible for risk screening. The case manager was able to explain how the information from the intake screening tool and the additional safe housing assessment is used to make room assignment decisions. Subsequent housing placement decisions are based solely on the safe housing reassessment, which does not address the 11 items in Subsection (c).

Since the on-site audit TJJJ has revised their safe housing reassessment form to include all 11 items used to assess the youths' level of risk. Multiple steps have been taken to demonstrate that the new form has been fully institutionalized at the facility level. Documentation has been provided to show training has been conducted on the use of the revised form. The PREA Compliance Manager at the Brownwood HWH provided the auditor with a completed reassessment on the revised form.

(b): The intake assessment, safe housing assessment, and safe housing reassessment are conducted using objective screening instruments.

(c): The intake assessment form is used to obtain the 11 items per this standard, but the assessment is not used again during the youths' confinement including when youth reenter the O&A Unit after being released and then recommitted by a court. The safe housing assessment and reassessment are used for all future housing decisions.

(d): The intake staff member described the intake process as including information ascertained during conversations, mental health screenings, and reviewing youths' case files.

(e): TJJJ 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, facility staff members stated the information from the screenings is limited to medical and mental health care staff, the youth's case manager, and supervisory staff.

Corrective Action: None

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Documentation and Policy Reviewed:

1. GAP 380.9337(h)(2)
2. GAP 380.9745 (d)(2)
3. GAP 380.9739
4. Exit Staffing Overview

Interviews:

1. Compliance Officer/Superintendent
2. Staff responsible for risk screening

(a): TJJD policy requires that information obtained using the screening instrument is used to reassess housing and supervision assignments. However, the reassessment used throughout the youth's stay does not include the 11 items pursuant to standard 115.341. The Compliance Officer and staff members responsible for intake risk screening stated the initial screening instrument is used only once during intake. Subsequent decisions are made using the information obtained in the safe housing reassessment. Interviews with staff verified compliance with this practice.

(b): TJJD policy requires that 1) except under limited situations involving self-injury, TJJD does not place youth in isolation as a means of protection, 2) the placement of youth in protective custody is used only as a last resort, and 3) youth in protective custody receive all standard service delivery and programming requirements. The Brownwood HWH does not have secure cells.

The facility reports no instances of youth at risk of sexual victimization were held in isolation in the past 12 months. Interviews with staff verified compliance with this practice.

(c): TJJD policy requires that LGBTI youth are not placed in particular housing, beds or other assignments on the basis of such identification. The Brownwood HWH reported having no residents who identified as LGBTI in the past 12 months. Interviews with the Superintendent verified compliance with this practice.

(d): TJJD policy 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. No youth who identify as transgender or intersex were placed at the Brownwood HWH during the on-site audit or the 12 month period prior to the audit. Interviews with the Superintendent verified compliance with this practice.

(e): TJJD policy requires that placement and programming assignments are assessed at least twice per year. Interviews with staff verified compliance with this practice.

(f): TJJD policy requires TJJD to give serious consideration to the youth's own views concerning his or her own safety when making placement and programming assignments. Interviews with staff verified compliance with this practice. To their knowledge, the Brownwood HWH has never had a transgender or intersex resident assigned to their facility.

(g): TJJD policy requires that transgender or intersex youth are provided the opportunity to shower separately from other youth. Interviews with staff verified that this would be the practice if this situation ever occurred at the Brownwood HWH.

(h): The facility reports that no youth at risk of sexual victimization were held in isolation in the past 12 months. Interviews with the Superintendent verified compliance with this practice. The Brownwood HWH does not have the means to isolate residents.

(i): The Brownwood HWH does not have secured cells and cannot separate residents from the general population.

Corrective Action:

While TJJD policy requires that the objective screening instrument is used periodically throughout the youth's stay to reassess housing and supervision assignments, the initial intake screening tool, which includes the 11 items used to assess risk, is only used once during intake. Revise the safe housing reassessment to include the 11 items as outlined in Subsection (c) of Standard 115.341.

Corrective Action Since the Audit:

The PREA Compliance Director provided a revised safe housing reassessment (CCF-036) that includes the 11 items used to assess risk. A memo dated September 19th, 2017 was also provided instructing all Superintendents and Assistant Superintendents to begin utilizing the revised form on all reassessments due by 9/22/2017. A completed reassessment dated 9/19/2017 utilizing the revised CCF-036 was provided by the Brownwood HWH to verify the usage of the new form. The revised form (CCF-036) is scheduled to be added to the TJJD mainframe in the coming months per an email from the TJJD Director of Application Development. Sign-in sheets indicating the receipt of training on how to administer the revised reassessment form was also provided for review. Finally, a detailed memo from the Senior Director of State Programs and Facilities clarifying the procedures that will take place until the electronic version of the reassessment correlates with the hard copy of the document being used. The agency has adequately demonstrated that even though the reassessment form is not fully institutionalized as the electronic version is not complete, the process that is being followed with the hard copy shows compliance with this standard.

Standard 115.351 Resident reporting

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (i)(1)
3. TJJD Youth Handbook
4. TJJD Employee Handbook

5. Youth grievances alleging sexual abuse or harassment that staff reported to the Incident Reporting Center

Interviews:

1. Random staff members
2. Random youth
3. Youth who reported a sexual abuse
4. Compliance Officer

(a): TJJD policy requires that youth may report sexual abuse or harassment, retaliation, and staff neglect by: 1) filing a written grievance, 2) calling the OIG hotline, 3) telling a staff member, volunteer, or contract employee, or 4) calling the Office of the Independent Ombudsman (OIO). During interviews, all 5 of the residents stated that they could call the hotline, and 4 of the residents were able to identify several ways to make a report.

(b): TJJD provides youth access to the OIO as a way to report abuse or harassment to an entity outside of the agency. The OIO’s phone number and address is included in the Youth Handbook and is posted in several places throughout the facility.

(c): TJJD policy requires that reports made verbally, in writing, anonymously, and from third parties are accepted and must promptly be reported. Residents were familiar with the various reporting options, but only one resident said they would be able to report anonymously.

(d): The facility provides youth access to the tools necessary to make a written report. Grievance forms are readily available to all residents. There is a grievance box located in the common area where the residents eat their meals. The OIG hotline and OIO phone numbers are prominently posted in the facility. Interviews with youth and staff support compliance with this subsection.

(e): TJJD provides staff members the same reporting options as youth. Staff members were able to articulate that they could call the hotline or tell a supervisor. All staff interviewed stated that they would make the report by the end of their shift.

Recommendation:

Provide additional training to residents about their right to make private and/or anonymous reports.

Corrective Action: None

Standard 115.352 Exhaustion of administrative remedies

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

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

The Brownwood HWH is exempt from this standard, as the facility does not have administrative procedures to address allegations of sexual abuse.

Standard 115.353 Resident access to outside confidential support services

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

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

Documentation and Policy Reviewed:

1. GAP 380.9337 (i)(3)(A), (C)
2. MOU for The ARK (a local sexual assault shelter)

Interviews:

1. Director of The ARK
2. Youth

(a): TJJD policy 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. The ARK’s phone number is posted in the case manager’s office. An interview of The ARK’s Director indicated an agreement was established to provide services. Only one of the five residents interviewed was able to identify outside services available to them if needed for dealing with sexual abuse. The number for The Ark is posted in the case manager’s office and is provided once residents refuse in-house counseling services.

(b): TJJD policy requires that the residents 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. During interviews, staff members communicated understanding of mandatory reporting laws, but only one of the five residents interviewed understood this concept.

(c): An MOU with The ARK indicated an agreement was established to provide services. The auditors interviewed the director of the shelter and verified that services would be provided if needed.

(d): TJJD policy requires reasonable and confidential access to youths’ attorneys and parents or legal guardians. During interviews, all of the residents said they received this access.

Corrective Action: None

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documentation and Policy Reviewed:

1. GAP 380.9337 (i)
2. Memo from the Superintendent regarding third party reporting to the OIO
3. TJJD website

(a): The TJJD website informs readers about reporting options. The primary referral option is through the Incident Reporting Center maintained by the OIG, but reports may also be made to the OIO, law enforcement agencies, Children’s Protective Services, and to the facility directly.

Corrective Action: None

Standard 115.361 Staff and agency reporting duties

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. Employee Handbook
3. Memo from Superintendent regarding Staff and Agency Reporting Duties
4. GAP 380.9337(j) (1) (A-F)

Interviews:

1. Superintendent/Compliance Officer
2. PREA Compliance Director
3. Nurse
4. Random staff

(a): TJJD policy requires that staff members must immediately report to the OIG any knowledge, suspicion, or information received regarding an incident of sexual abuse or sexual harassment. They are also required to report any incident of retaliation against youth or staff who reported such incidents and any staff neglect or violation of responsibilities that may have contributed to such an incident. This policy applies to any facility, whether or not it is operated by TJJD. Interviews with staff demonstrated their knowledge of their reporting responsibilities under Texas law, facility policy and PREA regulations.

(b): TJJD policy requires that all staff must comply with mandatory child abuse reporting laws in Texas Family Code

and with any applicable professional licensure requirements. Interviews with staff indicate they are aware and understand mandatory reporting laws.

(c): TJJD policy 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. Interviews with staff demonstrate they understand the requirements for sensitive youth information.

(d): TJJD policy 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. Interviews with medical and mental health care staff confirm compliance with this standard relating to protection of confidential information and required disclosures.

(e): TJJD policy 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. The interview with the Superintendent confirmed his understanding of this requirement.

(f): TJJD policy requires that all staff members must immediately report all allegations of sexual abuse and sexual harassment to the OIG. 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 and facility staff confirmed this is the practice.

Corrective Action: None

Standard 115.362 Agency protection duties

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

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

Documents and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (j) Relevant Documentation and Forms

Interviews:

1. Agency Head
2. Superintendent
3. Random staff

(a): TJJD policy requires that upon receipt of an allegation that a resident is subject to a substantial risk of imminent sexual abuse, TJJD must take immediate action to protect the resident. The Brownwood HWH reported that there were no instances of this in the past 12 months. All staff members interviewed were able to explain precautions that would be taken to protect the resident and that they would take action immediately to ensure the protection of the resident.

Corrective Action: None

Standard 115.363 Reporting to other confinement facilities

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

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

Documents and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (j)
3. GAP 380.9337 (k)(1)

Interviews:

1. Superintendent
2. Compliance Officer

(a): TJJD policy requires that any staff member who receives an allegation that a youth was sexually abused while confined at another facility must immediately notify the OIG, and the OIG must notify the head of the facility where the abuse occurred. The facility reports there have been no allegations of this type received in the past 12 months, and no notifications from other facilities in the past 12 months were received. The auditor's interview with the TJJD Executive Director confirmed knowledge of this requirement.

(b): TJJD policy requires that the notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation.

(c): No allegations were received; therefore, no notifications were provided.

(d): TJJD policy does not contain the requirement 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:

Implement policy that contains the requirement 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 Since the Audit:

Although 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, documentation was provided by the PREA Compliance Director that illustrates TJJD compliance with this standard. The documentation includes a notice from an out-of-state facility superintendent sent to TJJD's PREA Compliance Director, the incident narrative, names of the alleged victim and offender, facility name, and TJJD investigative findings. The evidence provided demonstrates the practice is in place that complies with this standard.

Standard 115.364 Staff first responder duties

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

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

Documents and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (j)
3. PREA Meeting Agenda
4. PREA Training Sign-in Sheet

Interviews:

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

(a): TJJD policy contains all of the required elements of the first responder duties outlined in this standard. 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.

(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: None

Standard 115.365 Coordinated response

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

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

Documents and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (j)
3. HWH.17.01

4. Brownwood House's Coordinated Response

Interviews:

- 1. Superintendent
- 2. PREA Compliance Director

(a): The facility maintains a written institutional plan to coordinate responses to allegations of sexual abuse. The plan includes procedures for first responders, on-duty supervisors, medical and mental health practitioners, investigators, facility leadership, sexual abuse review board members, and the PREA Compliance Manager.

Recommendation:

Post the details of the facility's coordinated written response plan and meet annually with all entities to discuss the plan.

Corrective Action: None

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

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

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

Documents and Policy Reviewed:

- 1. Completed PAQ

Interviews:

- 1. TJJD Executive Director
- 2. PREA Compliance Director

Subsection (a): TJJD does not enter into collective bargaining agreements.

Corrective Action: None

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (j)
3. Documentation of monitoring retaliation

Interviews:

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

(a): TJJD policy 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. Brownwood HWH reports that there have been no incidents of retaliation that have occurred in the past 12 months.

(b): As outlined in their policy, TJJD 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. Staff members were able to articulate actions utilized to protect youth and staff members and monitor for retaliation.

(c): TJJD policy requires the facility 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 staff members were knowledgeable about the duty to monitor for retaliation for the time periods in this standard.

(d): TJJD policy requires that staff members conduct periodic status checks of the alleged victim.

(e): TJJD policy requires that the facility takes 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.

(f): TJJD policy provides that the agency's obligation to monitor shall terminate if the investigation determines the allegation is unfounded.

Corrective Action: None

Standard 115.368 Post-allegation protective custody

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (j)
3. Memorandum from Superintendent documenting the facility's no isolation policy

Interviews:

1. Superintendent

(a): TJJD policy prohibits using segregated housing to protect a youth who is alleged to have suffered sexual abuse. The interview with the facility Superintendent verified that isolation is not used to protect youth who have alleged to suffer a sexual abuse.

Corrective Action: None

Standard 115.371 Criminal and administrative agency investigations

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (k)
3. PRS.11.08
4. Training records for investigators

Interviews:

1. Superintendent
2. Random staff
3. Investigators

(a): TJJD policy requires that investigations will be conducted promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. Interviews with investigators demonstrated understanding of and verified compliance with this standard. There were no cases to review as there were no allegations of sexual abuse or sexual harassment made at the Brownwood HWH in the past 12 months.

(b): TJJD policy 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 from completed training from the National Institute of Corrections (NIC). Investigators interviewed confirmed they took this course and could articulate the key components of the course related to investigations in correctional settings.

(c): TJJD policy 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 past 12 months, therefore there were no investigative reports to review.

(d): TJJD policy requires that investigation will not be terminated because the source of the allegation recants the allegation.

(e): TJJD policy 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.

(f): TJJD policy 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.

(g): TJJD policy requires that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Additionally, policy states investigators are to 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 Brownwood HWH to investigate.

(h): TJJD policy 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 Brownwood HWH in the previous 12 months, therefore there were no criminal cases to review.

(i): TJJD policy requires that substantiated allegations of conduct that appear to be criminal are referred for prosecutions.

(j): TJJD policy requires the agency to retain all written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

(k): TJJD does not terminate investigations solely on the basis that the alleged abuser or victim is no longer with the agency.

(l): TJJD OIG follows the above standards.

(m): TJJD policy requires that the staff members cooperate with outside agencies that conduct investigations and remain informed about the progress of the investigations.

Corrective Action: None

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (k)(2)

Interviews:

1. Superintendent
2. Administrative Investigator

(a): TJJD policy requires that standard of proof to be used by the agency in administrative investigations is a preponderance of the evidence. The interview with the AID investigator confirmed her knowledge of the required standard of proof and that her practice was to use “preponderance of the evidence” in investigations.

Corrective Action: None

Standard 115.373 Reporting to residents

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (k)
3. Youth notifications

Interviews:

1. Superintendent
2. Investigative staff

(a): TJJD policy requires that until the youth is discharged from TJJD, the facility will inform the youth whether the allegation is substantiated, unsubstantiated, or unfounded. The interview conducted with investigative staff corroborate this is the practice. The OIG and the AID reported that in the past 12 months there were zero allegations of sexual abuse or sexual harassment from the Brownwood HWH.

(b): This standard does not apply; the agency/facility is responsible for conducting administrative and criminal investigations.

(c): TJJD policy requires youth to be 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.

(d): TJJD policy requires that following a youth’s allegation that he/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.

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

Corrective Action: None

Standard 115.376 Disciplinary sanctions for staff

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (I)
3. Memorandum from Superintendent documenting zero terminations
4. Employee Handbook

(a): TJJD policy requires that staff who violate the agency’s sexual abuse or sexual harassment policies are subject to disciplinary sanctions up to and including termination. In the past 12 months, the facility reports that no staff member violated the TJJD policy on sexual abuse or sexual harassment. The facility reported that no staff member has been terminated, disciplined, or resigned for PREA-related conduct, and there were no reports of staff misconduct/criminal behavior made to law enforcement.

(b): TJJD policy 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. In the past 12 months, the facility reports that no staff violated the TJJD sexual abuse or sexual harassment policy and no staff member has been terminated, disciplined, or resigned for PREA-related conduct.

(c): TJJD policy 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 facility reports zero instances of staff members being reported to law enforcement or licensing bodies following a termination or resignation prior to termination.

(d): TJJD policy requires reporting the following actions to licensing bodies 1) terminations of employment for violations of TJJD sexual abuse or sexual harassment policies; and 2) resignations by staff members that would have been terminated, if they had not resigned.

Corrective Action: None

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (I)
3. Memorandum from Superintendent documenting zero allegations or reprimands

Interviews:

1. Superintendent

(a): TJJD policy 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. In the past 12 months, the Brownwood HWH reports that no contractors or volunteers have been reported to the OIG for engaging in sexual abuse of youth. The interview with the Superintendent confirmed his knowledge of this requirement.

(b): TJJD policy requires that if a volunteer or contractor violates sexual abuse or sexual harassment policy, but does not actually engage in sexual abuse, the agency will take appropriate remedial measures and consider whether to prohibit further contact. The Brownwood HWH reported no cases of a volunteer or contractor who was disciplined for policy violations.

Corrective Action: None

Standard 115.378 Disciplinary sanctions for residents

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

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

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

(a): TJJD policy requires that a youth may be subject to disciplinary sanctions only after a substantiated finding in an administrative investigation or a criminal finding that a youth participated in the sexual abuse of another youth or staff member. The Brownwood HWH reported that there were no administrative or criminal findings regarding youth-on-youth sexual abuse occurring in the facility in the past 12 months. The interview with the Superintendent confirmed his knowledge of the requirements of this standard related to youth discipline.

(b): TJJD policy requires that any 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.

(c): TJJD policy requires that the disciplinary process considers 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.

(d): TJJD policy requires that the facility offer counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. TJJD does not require participation to access general programming.

(f): TJJD policy requires 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 OIG.

(g): TJJD policy prohibits all sexual activity between youth and may discipline a youth in accordance with GAP 380.9503 for engaging in sexual activity that does meet the definition of abuse. Regardless of the conduct, all sexual misbehaviors are included in the agency data collection.

Corrective Action: None

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

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (m)
3. Intake screenings

Interviews:

1. Staff Responsible for Risk Screening

(a): TJJD policy requires that regardless of the intake screening, the facility shall offer all youth, including abusive youth, a follow-up meeting with medical or mental health practitioners within 14 days of the intake screening. Youth interviews indicate follow-up medical and mental health care is offered. Interviews with staff who conduct the

screening indicate that these follow-up services are provided usually within 7-10 days.

(b): TJJD policy 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. Interviews with staff responsible for the screening indicate that follow-up services are provided within 7-10 days.

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

(d): TJJD policy 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. Interviews with medical staff indicate that informed consent is obtained.

Corrective Action: None

Standard 115.382 Access to emergency medical and mental health services

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (m)
3. Medical/Mental Health Records

Interviews:

1. Medical and mental health care staff
2. Staff who conduct risk assessments

(a): TJJD policy 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. Interviews with medical staff confirm this is the practice.

(b): TJJD policy requires that if no qualified medical or mental health practitioners are on duty at the time of a report of recent abuse is made, 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. The facility, AID, and OIG all reported no allegations of sexual abuse from Brownwood HWH during the 12 month period prior to the audit so there was no documentation to review.

(c): TJJD policy 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 professional accepted standards of care, and where medically appropriate. Interviews with Ron Jackson medical staff who serve the Brownwood HWH and the SAFE/SANE Nurse at Hendrick Health System confirm that this would occur at the local

hospital where the resident would be transported for the SANE exam.

(d): TJJD policy 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 corroborate that victims are not charged for these treatment services.

Corrective Action: None

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

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (m)
3. GAP 380.9195
4. INS 71.01 (2)
5. Medical records
6. On-going treatment

Interviews:

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

(a): TJJD offers medical and mental health evaluations and, as appropriate, treatment to all youth who are victims of sexual abuse in any facility. Interviews with medical and mental health staff indicate compliance with each element of this standard. The auditors reviewed psychological assessments to ensure documentation of initial and on-going medical and mental health care services.

(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.

(c): TJJD provides victims with medical and mental health services consistent with the community level of care.

(d): TJJD offers pregnancy tests to youth victims of sexually abusive vaginal penetration that occurs while they are incarcerated at a TJJD facility.

(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.

(f): TJJD policy requires TJJD to offer tests for sexually transmitted infections, as medically appropriate, to youth

victims of sexual abuse that occurs while they are residents of any facility.

(g): TJJD policy requires TJJD to provide all 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.

(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.

Corrective Action: None

Standard 115.386 Sexual abuse incident reviews

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (n)
3. Memo from the Superintendent regarding SARBs

Interviews:

1. Facility Superintendent
2. PREA Compliance Director
3. Incident review team member

(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 facility reports that in the past 12 months, there have 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 and they corroborated that this is the practice for all incidents of sexual abuse in the facility. A memorandum stating no SARBs were held during the past 3 years was provided for review.

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

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

(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.

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

Recommendation: In the initial report of findings this standard was found to be non-compliant due to the agency not having policy requiring the review to occur within 30 days of the conclusion of the investigation. During the corrective action period this issue has been discussed at length and it has been determined that instead of a finding of non-compliant a recommendation is being made that the agency policy be revised to include the wording requiring the review to occur within 30 days of the conclusion of the investigation.

Standard 115.387 Data collection

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (o)
3. Data collection Instrument
4. Survey of Sexual Violence, 2015
5. PREA Data Collection Instrument

Interviews:

1. Superintendent
2. PREA Compliance Director

(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.

(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 for January 2013 – December 2013.

(d): TJJD policy requires that TJJD maintains, reviews, and collects data as needed from all available incident-based documents, such as reports, investigation files, and sexual abuse incident reviews.

(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.

(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. A review of documentation indicates this is the regular practice and the data is provided annually.

Corrective Action: None

Standard 115.388 Data review for corrective action

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (p)
3. Brownwood HWH Annual Sexual Misconduct Preventative Measures Document

Interviews:

1. Superintendent/Compliance Officer
2. Executive Director
3. PREA Compliance Director

(a): TJJD policy requires 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. Interviews with the PREA Compliance Director and TJJD Executive Director indicate their knowledge of the data review.

(b): The auditors reviewed the memorandum provided by the PREA Compliance Director to ensure the review included a comparison of the previous year’s sexual abuse data. The report compares the years 2015 and 2016. The memorandum includes each contract facilities, TJJD facilities, and agency-wide current and future plans, corrective actions, and proactive steps taken to eliminate sexual abuse and harassment.

(c): TJJD policy requires that TJJD posts 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 his approval was provided and interviews supported practices in compliance with this standard. All required aggregated data is posted on the agency website.

(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.

Corrective Action: None

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (o), (p)
3. The TJJD website
4. TJJD Records Retention Schedule

Interviews:

1. Superintendent
2. PREA Compliance Director

(a): TJJD policy requires that all sexual abuse data is securely retained. The PREA Compliance Director confirmed compliance with this standard.

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

(c): A review of the published data revealed TJJD removes all personal identifiers prior to making aggregated sexual abuse data publicly available.

(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.

Corrective Action: None

AUDITOR CERTIFICATION

I certify that:

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

Dwight Sadler

October 24, 2017

Auditor Signature

Date