

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: November 28, 2017

Auditor Information			
Auditor name: Lisa Hale			
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Email: lisa.hale@tjjd.texas.gov			
Telephone number: 512-490-7970			
Date of facility visit: May 10-11, 2017			
Facility Information			
Facility name: Edna Tamayo House			
Facility physical address: 1438 N. 77 th Sunshine Strip, Harlingen, Texas 78550			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 956-425-6567			
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 type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Raymond Gonzalez			
Number of staff assigned to the facility in the last 12 months: 23			
Designed facility capacity: 24			
Current population of facility: 21			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 13-18			
Name of PREA Compliance Manager: Carlos Garcia		Title: Assistant Superintendent	
Email address: carlos.garcia@tjjd.texas.gov		Telephone number: 956-425-6567	
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., Austin, TX 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: 512-490-7130	
Agency-Wide PREA Coordinator			
Name: Jerome Williams		Title: Director/ PREA Coordinator	
Email address: Jerome.williams@tjjd.texas.gov		Telephone number: 512-490-7671	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of Edna Tamayo House was conducted on May 10-11, 2017. This facility is located in Harlingen, Texas. The audit was conducted by Lisa Hale, U.S. Department of Justice Certified PREA Auditor and assisted by Emily Childs. Tamayo House is a Texas Juvenile Justice Department (TJJD) medium security halfway house.

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 review of the Pre-Audit Questionnaire, TJJD policies, TJJD and facility procedures, and documentation supporting compliance with each standard. Questions and requests for clarification and additional information were listed by standard in a document which was sent via email to the facility's PREA compliance manager, which is the facility Assistant Superintendent. The PREA compliance manager or facility assistant superintendent responded and corrected some of the missing documentation and information. Follow-up phone calls were exchanged with the assistant and superintendent to gain further clarification and to discuss the audit process.

Upon arriving to the facility, the auditor met with the PREA compliance manager and facility superintendent to discuss the on-site audit and facility inspection methodology. A walk-through of the entire building and outside area was conducted. During the tour, consideration was given to camera placements and potential blind spots, the level of youth supervision, indicators of any area lacking sufficient monitoring, and PREA posters. Throughout the on-site audit, brief interviews were conducted with various staff members to clarify information and determine compliance with specific standards.

Multiple juvenile correctional staff and specialized staff assigned to all three shifts and representing different levels of seniority and authority, and youth from each bedroom were interviewed in private offices on both days of the audit. Staff and residents were selected randomly by the auditor. Additional documentation provided by the compliance manager was reviewed for each standard. An exit meeting with the facility superintendent and assistant superintendent/PREA compliance manager concluded the on-site audit.

An Interim PREA Audit Report indicating overall compliance with each standard was submitted to the facility and agency PREA Coordinator on June 9, 2017, and corrective action was requested for each unmet standard. During the 180 day corrective action period the facility provided documentation to confirm that proper procedures, practices, and policies are being implemented and followed to demonstrate compliance with PREA.

DESCRIPTION OF FACILITY CHARACTERISTICS

Edna Tamayo House is a medium restriction facility located in Harlingen, Texas. This facility is part of the Texas Juvenile Justice Department (TJJD) and serves as a step down halfway house for residents coming from secure facilities within the agency. The facility is one building that includes administration offices, kitchen, day room, bedrooms/restrooms, outside recreation yard, and storage building. The facility houses male youth ages 13-18 and has a designed capacity of 24 residents. There are six bedrooms in the house with four residents assigned to each room. At the time of the audit, the facility had a population of 16 residents and there were 23 staff who have contact with the residents.

Tamayo House provides moderate level drug and alcohol treatment to residents. The average length of stay is reported to be three to four months. Residents at the facility have the opportunity to attend school on site provided by Harlingen Independent School District, obtain their GED, or attend college courses through Navarro Junior College. Some of the residents who have obtained their diploma or GED have the opportunity to obtain employment in the community.

Youth receive medical services from the University of Texas Medical Branch (UTMB) clinic at another TJJD secure facility, Evins Regional Juvenile Center in Edinburg, TX. Sexual Assault Medical Exams are conducted at Valley Baptist Medical Center in Harlingen, TX. Administrative and criminal investigations are conducted by the Texas Juvenile Justice Department Administrative Investigations Division (AID) and the Office of the Inspector General (OIG). The Incident Reporting Center (IRC) is maintained by the OIG for the purpose of reporting information concerning abuse, neglect, and exploitation. Youth and staff may make reports by calling the IRC, Office of the Independent Ombudsman, or by utilizing the facility grievance system.

SUMMARY OF AUDIT FINDINGS

The Interim PREA Audit Report findings include 33 standards in compliance and 8 standards in noncompliance.

The facility's prevention efforts include a zero-tolerance of sexual abuse and harassment evidenced by policy, documentation, and interviews; the education of youth regarding policy; requirements of contracted entities to adhere to the same zero tolerance; staffing plans intended to protect youth against sexual abuse; and disallowing or limiting cross-gender viewing.

Policy states that background checks are completed on all new employees, volunteers, and contractors prior to employment or having contact with the youth, and every year after. The teachers and barber at Tamayo House have not had a background check completed by TJJD. The teachers reported that their school district completes these checks, but this information is not shared with TJJD. It was reported that the barber recently started cutting hair at the facility rather than in the community so the background check was never completed. All other employees, volunteers, and contractors had background checks completed.

Tamayo House maintains a staff to youth ratio of 1:8 during the day and 1:12 at night. The Tamayo House Superintendent and Assistant Superintendent conduct regular unannounced rounds on all three shifts. It is recommended that they increase the amount of late night unannounced rounds.

An extensive video monitoring system with cameras located throughout the interior and exterior of the building augments the zero-tolerance efforts. The Superintendent and Assistant Superintendent review video to verify staff and youth compliance with the policies. Interviews with staff and youth indicated they had received training and information regarding the right to be free from sexual abuse and harassment on more than one occasion since entering TJJD, and all described multiple ways to report allegations.

Training and education efforts include the development of training curricula, annual and refresher staff training, and facility meetings addressing PREA-specific topics. Youth PREA education occurs during intake at the Ron Jackson State Juvenile Correctional Center as well as when they arrive at Tamayo House. Interviews with the youth indicated PREA education is provided. Zero tolerance posters in Spanish and English are displayed in the facility and PREA-related information is included in the Youth Handbook. During interviews, staff members said that they had received PREA training during new-hire and annual refresher trainings. The teachers reported that they received PREA training through the school district, but it is unknown what type of training they received. The barber who comes on site has not received any PREA training. During interviews the facility staff reported that they are prohibited from conducting cross gender pat down searches, however the policy states that they are able in exigent circumstances. They reported that they viewed a video on how to conduct these searches but had no hands on training.

Initial screening is conducted at the Ron Jackson State Juvenile Correctional Center in Brownwood, TX where a risk assessment is completed. The initial risk assessment includes all of the required questions; however, the reassessment does not.

Evidence of responsive planning includes providing youth with SAFE/SANE exams, policy and procedures regarding investigations, and the training of investigators to obtain usable physical evidence. Investigations are conducted in-house by the TJJD Office of Inspector General and Administrative Investigative Division. The investigators who are responsible for Tamayo House work out of the Evins secure facility in Edinburg, TX. The facility reported that there have been no allegations of sexual abuse or sexual harassment since the last PREA Audit. No forensic medical examinations have been necessary, but facility protocol stipulates that youth requiring one would be transported to Valley Baptist Medical Center, a local hospital. A staffing and institutional plan was provided but both are generic in nature so it is recommended that they be written more specific to Tamayo House.

During the 180 day corrective action period communication was maintained with the PREA Compliance Director. The facility and agency made the appropriate changes and were able to demonstrate compliance with all of the PREA standards.

Number of standards exceeded: 0

Number of standards met: 41

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. Tamayo Halfway House 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 of and TJJD’s response to sexual abuse, sexual harassment, or sexual activity. 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 stated that they have sufficient time and authority to effectively perform their PREA related duties. At Tamayo House the Compliance Officer is also the facility Assistant Superintendent.

(c): The TJJD employees 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)

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 (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.”

(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 reviewed. The monitoring form includes notes that intake forms, risk screening, staffing plan, and policy were reviewed during the monitoring visit by the Manager of Youth Services Contracts. The site visit forms also 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)

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 (e)
3. HWH Operations Manual-HWH.0901(a)
4. Staffing plan
5. Evidence of unannounced rounds and some time-stamped screen shots
6. Unannounced Visit forms that include the staff member's name, time, and observation notes
7. Facility ratio reports
8. DVR Quality Assurance Report
9. Halfway House Facility Vulnerability Assessment

Interviews:

1. Superintendent
2. Assistant Superintendent/Compliance Officer
3. 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 Tamayo House includes supervisory signatures indicating approval, but the plan that was provided during the pre-audit was generic in nature and did not cover all of the necessary elements. During the on-site audit the facility superintendent provided an updated staffing plan and stated that it was completed in November 2016 and provided an email to the Manager of Halfway Houses confirming this. The TJJD Director of State Programs and Facilities provided a memo 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. The Superintendent and Compliance Officer stated each item in this section is considered when updating the facility staffing plan. The Superintendent stated that he participates with TJJD Central Office staff in the development process and provides input and justifications regarding staffing needs at Tamayo House.

(b): The facility and ratio reports and interviews with the Compliance Officer and Superintendent 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. Tamayo House reported that during the day there are always three staff to meet the facility capacity of 24 even if the population is lower. During the audit there was a youth population of 16 and there were three JCO staff working, which exceeds the

minimum requirement of 1:8.

(d): TJJD policy requires the assessment, determination, and documentation of the consideration of adjustments needed to the staffing plan, staffing patterns, video monitoring, and resources committed to ensure adherence to the staffing plan. The 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. The Superintendent, Director of Secure Facility Operations, Senior Director of State Programs and Facilities, and the PREA Compliance Director approve the plan, which is indicated by their signatures. The Superintendent stated she participates with TJJD Central Office staff in the development process and provides input and justifications regarding Tamayo House staffing needs. The PREA Compliance Director stated he confers with the facility Superintendent and Central Office staff regarding actual and future staffing needs for Tamayo House. The facility provided monthly staff meeting minutes indicating topics that were discussed and camera work orders.

(e): TJJD policy requires managerial staff members to conduct and document unannounced rounds at least twice per month on each shift. Policy also prohibits staff members from notifying other staff members that unannounced rounds are occurring. The auditors reviewed some 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. While on site, a random unannounced visit was chosen by the auditor and the compliance officer pulled up the camera footage to verify that the unannounced visit occurred. Tamayo House also completes a form called "DVR Quality Assurance Report" which consists of the superintendent viewing video footage and verifying that JCO's are completing the required room checks, notes any deficiencies found, action taken, and observations. A Halfway House Facility Vulnerability Assessment is also completed regularly to address blind spots, lighting, and surveillance cameras. Unannounced visit forms indicated that they are conducted on all three shifts, but fewer are conducted during the late night/early morning hours. Supervisory staff responsible for conducting unannounced visits said they are required to do so and document them on the Unannounced Visit form. They 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. Random staff members said unannounced rounds occurred regularly during each shift and that they were documented on dorm shift logs. They reported documenting these rounds as they would any occurrence of a person entering or exiting the dorm. A review of shift logs indicated unannounced rounds and entries and exits to and from the dorm are documented.

Recommendation:

1. Increase the number of late night unannounced rounds that occur during the hours of 12:00 am – 5:00 am.
2. 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. Include documentation 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)

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 (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
2. Assistant Superintendent/Compliance Officer
3. Correctional staff
4. 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 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 but does not provide specific examples. Policy also requires that staff members honor 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 youth reported being pat searched by a same-gender staff member, and none reported being searched by a cross-gender staff member. There are currently no youth at Tamayo House who identify as transgender or intersex. In the past 12 months, no youth who identified as transgender or intersex were 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 dorm, 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 were noted and there did not appear to be any potential blind spots. There were no cameras placed in the restrooms which is where they also shower and change clothes. Staff members of the opposite gender are required to announce their presence when entering the floor of the

facility, 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 Daily Dormitory Shift Logs included notations of occurrences when opposite-gender staff members announced their presence on the dorm. It was noted that there is only one female JCO that works at the facility and she works the overnight shift. She was on family medical leave during the on-site audit. There is also a female case manager, counselor, and health specialist.

(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 Tamayo House who identified as transgender or intersex. Staff members communicated an understanding of the 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 circumstances. However, policy does not include the procedures specific to conducting cross-gender pat-down searches and searches of transgender and intersex youth. Staff responded consistently when asked about policy specific to cross-gender pat-down searches, whether they received training related to these searches, whether Tamayo House allows such searches in exigent circumstances, and what constitutes an exigent circumstance. The staff interviewed reported that they attended a training where a video was shown informing them how to conduct a cross-gender pat down search but there was no hands on training. The sign-in sheet for this training was provided and the course title is “PREA-Cross Gender Training Search” dated 4/12/17 and 4/22/17 and the trainer was the facility superintendent.

Corrective Action:

1. Provide a curriculum page or lesson plan detailing the procedures for cross-gender pat down and strip searches. Provide the training sign-in sheet.

Since the Audit:

A script was provided regarding cross gender pat down searches that was trained to staff. A “PREA Training Acknowledgment Form and Sign-In Sheet” (TRN-955a) was provided reflecting that the training occurred on June 8, 2017 and July 6, 2017. The revised OJT Training Module titled Pat and Cross Gender Search Procedures outlines the steps for all pat searches conducted on male and female youth. A section titled Cross-Gender, Transgender, and Intersex Searches includes TJJD Policy regarding these types of searches and contains all of the information that is included in the script listed above. The facility is now in compliance with this standard.

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

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. GAP 380.9337 (e)(5)
3. Tamayo House list of Spanish translators
4. PREA Script in English and Spanish
5. PREA Orientation Training and Acknowledgment Form in English and Spanish
6. Purchase Order for Language Line
7. Contract sign language interpreting service uploaded in Background section

Interviews:

4. TJJD Executive Director
5. Random Staff
6. Staff members who provide initial PREA training to youth

(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.

During interviews, intake staff said that orientation involves a staff member reading the PREA Orientation Script to youth and asking questions to ensure youth understand the information. Youth also watch the PREA Orientation video. 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. Tamayo House reports no occurrences of the use of youth interpreters in the last 12 months. Staff members 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:

- a. "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.
 - b. Documentation of "staff training of PREA compliant practices for residents with disabilities."
1. Provide evidence of alternative reading materials and staff training specific to the needs of youth with reading and intellectual disabilities.

Since the Audit:

The Compliance Director requested that the TJJD education department review and revise the PREA related pages in the Youth Handbook so that youth with disabilities or limited reading skills could access the information. A modified table with a reading level of grade 4.9 was provided to the auditors and is now included as an insert in the handbook. The table outlines sexual abuse truths and untruths adapted from the report, "Hope for Healing: Information for Survivors of Sexual Assault in Detention." The special education department also modified the script that is read to the youth upon their arrival to TJJD and whenever they are transferred to another TJJD facility. The revised documents were in English and Spanish and certain words were bolded so they could provide additional explanation. An amendment was made to the interpreting services contract stating all TJJD facilities. It states that they will provide interpreting services for medical and psychological terminology, and may involve interpreting during treatment or counseling sessions. The facility is now compliant with this standard.

Standard 115.317 Hiring and promotion decisions

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

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

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. Spreadsheet 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
2. Superintendent
3. PREA Compliance Officer
4. Harlingen ISD teachers

(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. Background check information for 10 randomly selected employees indicated proper criminal record background checks are conducted, but the contracted barber does not have a background check completed. The facility reported that in the past the residents went in the community to the barber but they changed it and never had the background check completed. They reported that they are in the process of having it completed. The facility has teachers who report to the facility to provide education. TJJD does not conduct background checks on

these individuals as they reported that the school district completes them.

(b): TJJD policy requires that for any person who may have contact with youth, TJJD 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): TJJD policy requires that before hiring a new employee who may have contact with youth, TJJD conducts 1) a criminal background check, 2) child abuse registry check, and 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): TJJD policy requires that before enlisting the services of a contractor who may have contact with youth, TJJD performs criminal background checks and consults the Child Abuse Registry. The facility reports that in the past 12 months, there were no criminal background checks conducted and that they have 5 contractors, which consist of the teachers and a barber. Background checks were not conducted for any of the contractors.

(e): TJJD conducts annual criminal background checks, which exceeds the requirement of conducting checks at least every five years. The Human Resources Administrator stated annual checks are conducted for staff, volunteers, and contractors. The spreadsheet of annual criminal background check histories of Tamayo House employees supports compliance with this standard.

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

(h): TJJD policy requires that unless prohibited by law, TJJD provides information on substantiated allegations

Corrective Action:

1. The facility needs to provide proof that criminal background checks are being conducted on all contractors, including teachers and the barber, that have contact with the residents.

Since the Audit:

During the corrective action period emails were provided showing that the education staff with Harlingen ISD and the contractors were in the process of getting the background checks completed. On November 3, 2017 an email was received from the Human Resources Administrator stating that all of the Harlingen Independent School District employees that provide services to Tamayo House have had their background checks completed. A table was included in the email reflecting the names, date of initial criminal history check and status, and fingerprint date and status. All of the employees fingerprint dates were in August and September 2017. There is currently only one contractor, the barber, at the facility and the "Background Investigation Response" was received reflecting that it was completed on May 16, 2017. The facility is now

compliant with this standard.

Standard 115.318 Upgrades to facilities and technologies

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

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

Documentation and Policy Reviewed:

1. Completed PAQ
2. Facility schematic with camera numbers attached to the Staffing Plan.

Interviews:

1. Superintendent
2. Executive Director

(a): This subsection is not applicable, as the facility has not made substantial expansions or modifications.

(b): Since the last PREA Audit, no additional cameras have been installed. The facility reported that they have switched out cameras when they break or have wiring issues but no additional ones have been installed. The facility provided an email showing tickets that were created and closed to fix currently installed cameras.

Corrective Action: None

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. Valley Baptist Medical Center staff
3. Compliance Officer
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 sexual abuse and harassment allegations involving staff members. The OIG investigators generally work Monday through Friday but are on call during non-work hours. When sexual abuse allegations are made, the facility procedures are outlined in policy and the Tamayo House Written Plan of Coordinated Response to Allegations of Sexual Abuse. Staff members communicated an understanding of the collection of evidence and understood that OIG and AID are responsible for conducting investigations.

(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 a medical examination by a SANE or SAFE. If such exams are necessary, Tamayo House will transport youth to Valley Baptist Medical Center in Harlingen, TX. Contact was made with Valley Baptist Medical Center and confirmed that they are capable of conducting these exams. TJJD policy requires that medical examinations by a SAFE/SANE are provided at no financial cost to the youth.

(d): The facility provided a MOU with the Women's Shelter of South Texas that was signed on March 13, 2017. During interviews, the majority of youth were not aware of this or any outside service that would be available. The Compliance Officer Interview responses supported compliance with this practice.

(e): The facility provided the name of a mental health professional that works at the facility who is qualified 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. A copy of the mental health professional's license and educational transcripts were provided.

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

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

(h): The TJJD OIG is responsible for conducting all criminal investigations. The AID conducts all other sexual abuse and harassment allegations involving staff members. All investigators have been screened to serve in this role through the TJJD Human Resources screening process, which includes a Background Reference Check, Internal Background Review, Disclosure of PREA Employment Standards Violation, and Child Abuse Registry Check Consent Form. 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 and evidence collection. The auditors verified the agency's AID and OIG investigators' certificates of completion of *PREA: Investigating Sexual Abuse in a Confinement Setting* by the National Institute of Corrections. The investigators follow a uniform evidence protocol, *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition, April 2013*. TJJD policy

requires that an off-site Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner conduct forensic medical exams. During interviews, the investigators stated they received training specific to conducting investigations in a confinement setting, interviewing techniques, and collecting evidence, and understood agency policy and practices regarding forensic examinations.

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

(a): The TJJD is responsible for conducting both criminal and administrative investigations. Policy outlines the responsibility of the OIG to review all allegations of sexual abuse and harassment and assign each allegation to the appropriate TJJD 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 Executive Director said that all investigations must be completed and provided the average length of time for investigation completion.

The facility reported that they have not had any sexual abuse or sexual harassment allegations reported since the last audit.

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

(c): This subsection does not apply; the agency is responsible for conducting administrative and 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:

Completed PAQ

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

Interviews:

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

(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 training and received PREA-specific trainings during monthly staff meetings. Lesson plans address each item and provide an overview of PREA as well as TJJD policy and practices related to sexual abuse.

(b): The training materials are tailored to the unique needs of juveniles and address gender-specific communication. The provided Relational Language handout includes brief strategies for communicating with female juveniles but does not appear to be gender-specific other than using the words her, she, and girl. 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 and vice versa. Tamayo House only houses male youth.

(c): The facility reports that 23 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).

(d): PREA training sign-in sheets 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
2. Facility Superintendent
3. Compliance Officer

(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 reports that they utilize the Volunteer Services Coordinator out of the Evins facility and that is where the training occurs. The facility reports that they have two volunteers and they have been trained. They reported that neither of those volunteers have been to the facility in the past six months. One of the volunteers was interviewed over the phone and she reported that she received PREA training at the Evins facility about a year ago and it was about three hours long. She stated that she is aware of her responsibilities regarding sexual abuse prevention, detection, and response. She stated that she would report any type of allegation or incident to one of the staff members at the facility and call the IRC hotline if necessary. The facility has one contractor, a barber, who has not had any PREA training. The facility reported that the youth used to go offsite to the barber so training was never done, but they changed this process and the barber is now coming to the facility. They reported that they are in the process of getting the barber into training.

Tamayo House contracts with teachers from the Harlingen Independent School District and they provide education at the facility. They reported that the school district conducts the background checks and PREA training. A sign-in sheet was provided stating that the teachers completed PREA training but there is no curriculum or training information attached so it is unknown what they are being trained on. The two teachers were interviewed and they reported that the school provided PREA training at Southwest Key, which is a federal detention facility where the school district also provides services.

(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
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includes a comprehensive list of PREA-related topics. The volunteer interview details are included above in Subsection (a).

(c): Two of the volunteer files were reviewed and included training documentation and signatures acknowledging understanding of the training. Since the barber has not had training there was no documentation to review. A sign-in sheet for the teachers was provided.

Corrective Action:

1. Provide PREA training to all contractors who have contact with the residents and provide a sign-in sheet as well as the curriculum that is utilized for individuals who are not trained by TJJD.

Since the Audit:

Since the audit, documentation was provided reflecting that the new hires, teachers, and cook received PREA training by TJJD. Sign-in sheets were provided and the trainings were completed on November 3, 2017 and November 8, 2017. A form called “Disclosure of PREA Employment Standards Violation” and “PREA Acknowledgment Form” were completed and signed by the barber on November 3, 2017. The facility is now compliant with this standard.

Standard 115.333 Resident education

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

Auditor 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)

Interviews:

1. Intake staff
2. Random youth

(a): All youth committed to the TJJD begin their stay at the Orientation and Assessment (O&A) unit at the Ron Jackson facility. The youth receive comprehensive PREA education at the Ron Jackson facility within 10 calendar days of their admission. Each time a youth transfers to a different TJJD facility, such as Tamayo House, they receive the same information. The facility reports from January 2016 to January 2017, 75 youth received the comprehensive PREA education. The auditor reviewed the PREA Orientation Training and Acknowledgment Form for all of the residents admitted in the past year. Zero Tolerance posters in Spanish and English were displayed throughout the facility.

(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 Tamayo House the case manager is responsible for providing refresher/additional PREA education upon youth transferring to their facility. This was confirmed in the interview with the case manager. He reported that residents are transferred to the halfway house on Thursdays and the PREA education takes place that date. He reported that he reads the English or Spanish version of the PREA Orientation Script to youth and shows 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 support compliance with this practice, as they verified that they received PREA education on the day they arrived at Tamayo House, or within a week of their arrival. They reported that they also received PREA information when they initially arrived at the Ron Jackson O&A unit. A memo was also provided stating that all youth at Tamayo House have received training in PREA as of May 5, 2017.

(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. The PREA Script and Youth Handbook contain PREA-related information but are not accessible to all youth. These documents are discussed in Standard 115.316.

(e): TJJD documents youth participation in PREA education by requiring youth to acknowledge their understanding by signing and dating the PREA Orientation Acknowledgment Form. The auditor reviewed the PREA Script and acknowledgment forms for the past year and they were signed and dated by the youth and staff.

(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 area, dayroom, education, and administrative hallway.

Corrective Action:

1. For standard 115.316, the auditors requested alternative reading materials and staff training specific to the needs of youth with reading and intellectual disabilities. Standard 115.333 also requires that PREA education is provided to youth in formats accessible to all youth. Once the alternative reading materials requested for 115.316 are provided, the requirement for Standard 115.333 will also be satisfied.

Since the Audit:

The Compliance Director requested that the TJJD education department review and revise the PREA related pages in the Youth Handbook so that youth with disabilities or limited reading skills could access the information. A modified table with a reading level of grade 4.9 was provided to the auditors and is now included as an insert in the handbook. The table outlines sexual abuse truths and untruths adapted from the report, "Hope for Healing: Information for Survivors of Sexual Assault in Detention." The special education department also modified the script that is read to the youth upon their arrival to TJJD Orientation and Assessment Unit and whenever they are transferred to another facility within the agency. The revised documents were in English and Spanish and certain words were bolded so they could provide additional explanation. An amendment was made to the interpreting services contract stating all TJJD facilities. It states that they will provide interpreting services for medical and psychological terminology, and may involve interpreting during treatment or counseling sessions. The facility is now compliant with this standard.

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

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 the AID and OIG 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 and interviews with the investigators demonstrated compliance.

(c): The auditor verified certificates of completion of the required training for the two OIG investigators and one AID investigator who are responsible for conducting investigations at Tamayo House.

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

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 or suspicions of sexual abuse. Medical and mental health staff from the TJJD Evins facility are responsible for providing services to the youth at Tamayo House. Certificates of Completion of the online course *PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting* by NIC were reviewed for the Evins mental and medical health practitioners. Completion of the TJJD online training course was provided as well. Medical and mental healthcare staff members said they received new hire and annual PREA-related training at the Evins facility.

(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 auditor 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.

(d): TJJD policy requires that full- and part-time medical and mental health staff are trained in each of the 11 required elements outlined in Standard 115.331 (a). Lesson plans address each item and provide an overview of the PREA as well as TJJD policy and practices related to sexual abuse. Certificates of Completion of the online course *PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting* by NIC were reviewed for Evins mental and medical health care staff members. During interviews, medical and mental health care staff reported they had been trained on each element during new hire and annual refresher training and received PREA-specific trainings at the Evins facility.

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:

2. PAQ
3. GAP 380.9337 (h)(1)
4. Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization
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
4. 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. 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, turning age 17, or following a serious suicide attempt. The initial intake and screening are completed at the Ron Jackson O&A Unit and a reassessment is completed upon transfer to Tamayo House. Tamayo House reported that there were 71 residents that entered the facility within the past 12 months who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry. The auditor reviewed a Safe Housing Assessment Report generated by the Correctional Care System, which indicated all safe housing reassessments for Tamayo House youth were current as of May 4, 2017.

(b): The safe housing reassessment was reviewed and determined to be an objective screening instrument.

(c): The intake assessment form that is completed at the Ron Jackson O&A Unit was reviewed and is used to obtain the 11 items per this standard, but this assessment is not used again during the youths' confinement or upon transfer to another facility. The Safe Housing reassessment differs from the initial assessment and does not address all of the required 11 items. Resident interviews indicated that other than the initial assessment they are not being asked all of these questions.

(d): The intake staff member said he reviews the youth's file and history before completing the reassessment.

(e): TJJD policy establishes appropriate controls to prevent sensitive information obtained from these screenings from being exploited to the youth's detriment by staff or other youth. During interviews, 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:

1. 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 all 11 required items.

Since the Audit:

As of September 12, the revised safe housing reassessment still did not include all 11 items used to assess

risk pursuant to this standard. The auditors requested additional information from the Compliance Director via email, and the Director provided a draft of the revised reassessment that included the 11 items and a plan to implement the new form. On September 19, a notice was sent to facility superintendents informing them that the new document, which was attached in draft form, was to be used to conduct all youth reassessments that were due on September 22. The audit of the Ron Jackson O&A Unit (TJJD Facility) was in the audit process at the same time as Tamayo House, and it was determined that facility staff were unclear on the instructions for the new form. Since this did not demonstrate institutionalization of the new form, additional information was requested to determine whether:

- The new form in use at the facilities was an approved or draft version
- The form was in queue to replace the previous version on the agency's Correctional Care System
- Training had occurred regarding the use of the new form

The auditors were notified that the revised form had not been finalized and was not in queue. After a discussion with the Compliance Director, the following additional corrective actions were initiated on October 12. These included:

- Scheduling a video conference to provide information and train staff members regarding the use of the revised form
- Providing a list of youth whose reassessments were due in October
- Explaining how the new form would be used in addition to the current electronic version rather than replacing the electronic version with the hard copy revised version
- Plan for filing the hard copy of the new reassessment until the current electronic one was replaced
- Evidence that the form was in queue and that a projected date of implementation was established

On October 16, the video conference was held with the Compliance Director and facility staff members regarding the implementation of the new form including the purpose, due dates of reassessments, and where the form was to be filed. Also on October 16, the auditors were provided an approved reassessment form, a youth acknowledgment form that he or she was reassessed, and evidence from the TJJD Director of Application Development that the new form was in queue with a preliminary estimation of completion, which is the end of the year or longer. On October 17, sign-in sheets acknowledging receipt and understanding of the professional development titled *Completion of the Revised CCF 036 Form* was provided and indicated facility supervisors and case managers received and understood the training. Also on this date, completed reassessments that were due in October and November and “Youth Reassessment Acknowledgment Statements” were signed by the residents and provided. In addition to documentation supporting compliance with this standard, the Compliance Director, Senior Director of State Programs and Facilities, and Director of Monitoring and Inspections ensured that the process would be monitored and each facility held accountable for using the revised reassessment.

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
2. Staff responsible for risk screening
3. JCO staff

(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 all 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, which does not include all 11 items.

(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. Tamayo House does not have secure cells, therefore they don't have the capability of isolating youth.

(c): TJJD policy requires that LGBTI youth are not placed in particular housing, beds, or other assignments on the basis of such identification. At the time of the audit there were no youth who identified as LGBTI. Interviews with some of the staff indicated that they have placed youth who identify as LGBTI in their own bedroom due to safety concerns for all of the youth.

(d): TJJD policy requires that for each transgender or intersex youth, TJJD makes a case-by-case determination when making housing and program assignments. No youth who identify as transgender or intersex were placed at Tamayo House during the on-site audit or the 12 month period prior to the audit. The interview 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 consider 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, Tamayo House 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. All youth at this halfway house shower separately as they have individual private restrooms with showers.

(h): Tamayo House does not have the means to isolate residents.

(i): Tamayo House does not have secured cells and cannot separate residents from the general population.

Recommendation:

1. Ensure that when the facility houses a youth who identifies as LGBTI, they are not housed or placed in a separate bedroom based solely on their identification or status.

Corrective Action:

1. 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 at the Ron Jackson facility. Revise the safe housing reassessment to include the 11 items indicated in standard 115.341 (c).

Since the Audit:

As of September 12, the revised safe housing reassessment still did not include all 11 items used to assess risk pursuant to this standard. The auditors requested additional information from the Compliance Director via email, and the Director provided a draft of the revised reassessment that included the 11 items and a plan to implement the new form. On September 19, a notice was sent to facility superintendents informing them that the new document, which was attached in draft *form*, was to be used to conduct all youth reassessments that were due on September 22. The audit of the Ron Jackson O&A Unit (TJJD Facility) was in the audit process at the same time as Tamayo House, and it was determined that facility staff were unclear on the instructions for the new form. Since this did not demonstrate institutionalization of the new *form*, additional information was requested to determine whether:

- The new form in use at the facilities was an approved or draft version
- The form was in queue to replace the previous version on the agency's Correctional Care System
- Training had occurred regarding the use of the new form

The auditors were notified that the revised form had not been finalized and was not in queue. After a discussion with the Compliance Director, the following additional corrective actions were initiated on October 12. These included:

- Scheduling a video conference to provide information and train staff members regarding the use of the revised form
- Providing a list of youth whose reassessments were due in October
- Explaining how the new form would be used in addition to the current electronic version rather than replacing the electronic version with the hard copy revised version
- Plan for filing the hard copy of the new reassessment until the current electronic one was replaced
- Evidence that the form was in queue and that a projected date of implementation was established

On October 16, the video conference was held with the Compliance Director and facility staff members regarding the implementation of the new form including the purpose, due dates of reassessments, and where

the form was to be filed. Also on October 16, the auditors were provided an approved reassessment form, a youth acknowledgment form that he or she was reassessed, and evidence from the TJJD Director of Application Development that the new form was in queue with a preliminary estimation of completion, which is the end of the year or longer. On October 17, sign-in sheets acknowledging receipt and understanding of the professional development titled *Completion of the Revised CCF 036 Form* was provided and indicated facility supervisors and case managers received and understood the training. Also on this date, completed reassessments that were due in October and November and “Youth Reassessment Acknowledgment Statements” were signed by the residents and provided. In addition to documentation supporting compliance with this standard, the Compliance Director, Senior Director of State Programs and Facilities, and Director of Monitoring and Inspections ensured that the process would be monitored and each facility held accountable for using the revised reassessment.

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

Interviews:

1. Random staff members
2. Random youth
3. 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, youth were able to articulate the various 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 posted throughout the facility and in each dorm.

(c): TJJD policy requires that reports made verbally, in writing, anonymously, and from third parties are accepted and must promptly be reported. Youth articulated understanding of the various reporting options.

(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 locked grievance box located in the dayroom of the facility. The TJJD OIG and OIO phone numbers are posted throughout the facility. Youth and staff interviews support compliance with this subsection.

(e): TJJD provides staff members the same reporting options as youth. Staff were able to articulate that they could call the hotline or tell a supervisor.

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.

N/A

Tamayo Halfway House 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 with the Womens Shelter of South Texas

Interviews:

1. 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. During the audit the contact information for the shelter was not posted in the facility, but once the auditor brought this up the contact information was posted in the case managers' office. During interviews, the majority of youth were not aware of outside services available to them if needed for dealing with sexual abuse. Per TJJD policy, the Womens Shelter phone number is provided once residents refuse in-house counseling services.

(b): TJJD policy requires that youth are informed, prior to giving them access, of the extent to which communications with outside services related to sexual abuse will be monitored and mandatorily reported. During interviews, staff members communicated understanding of mandatory reporting laws. Since youth lacked understanding of outside support services, they lacked understanding of the limits of confidentiality.

(c): An MOU with The Women's Shelter of South Texas indicated an agreement was established to provide services.

(d): TJJD policy requires reasonable and confidential access to youths' attorneys and parents or legal guardians. During interviews, youth said they received this access.

Recommendation:

1. Provide additional education to youth to make them aware that outside, independent victim advocates are available for emotional support services related to sexual abuse.

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 IRC 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
2. Compliance Officer
3. PREA Compliance Director
4. Nurse
5. 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 members must comply with mandatory child abuse reporting laws in Texas Family Code and with 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 demonstrated they understand the requirements for sensitive youth information. They said they received the information during new hire and annual training and during dorm reviews.

(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 understanding of this requirement.

There have been no allegations of sexual abuse or harassment made.

(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 investigator and the Superintendent 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 youth is subject to a substantial risk of imminent sexual abuse, TJJD must take immediate action to protect the youth. Tamayo House reported that there have been no instances of this in the past 12 months. All staff members interviewed were able to explain precautions that would be taken to protect a youth at risk of imminent sexual abuse.

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 TJJD’s guidelines requiring that allegations received from other facilities/agencies are investigated in accordance with the PREA standards and are the responsibility of the facility where the alleged abuse occurred

Corrective Action:

1. 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.

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 that illustrates compliance with this standard which 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.

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)

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. Several of the staff stated that they would notify the supervisor who would be responsible for carrying out the steps. All staff have a laminated card that attaches to their ID badge which list the first responder steps.

(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. Tamayo House 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 care staff, investigators, facility leadership, sexual abuse review board members, and the Compliance Officer. The Coordinated Response plan was reviewed and it is generic and does not necessarily fit the facility. The plan was not posted and visible to the staff.

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

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

(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. Monitoring retaliation form

Interviews:

1. TJJD Executive Director
2. Superintendent
3. PREA Compliance Director
4. Staff who monitor for retaliation

(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. The facility reports that there have been no incidents of retaliation that have occurred in the past 12 months.

(b): The 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. The monitoring form was reviewed and supports compliance with this standard. The facility reported no allegations of sexual abuse or harassment, therefore no monitoring has been conducted. The case manager at Tamayo House is responsible for monitoring for retaliation, and he was able to articulate actions utilized to protect youth and staff members and monitor for retaliation.

(c): TJJD policy requires the agency to continue monitoring for retaliation for at least 90 days following a report, except when the allegation is determined to be unfounded. An extension is possible beyond 90 days if needed. The staff member responsible for monitoring was knowledgeable about the duty to monitor for retaliation for at least 90 days. He said this time would be extended if needed as there is no maximum time for monitoring efforts.

(d): TJJD policy requires that staff members conduct periodic status checks of the alleged victim. The staff member responsible for monitoring for retaliation stated there is no maximum length of time a youth would be monitored.

(e): TJJD policy requires that staff take appropriate measures to protect any other individual who cooperates with the investigation who may be at risk of retaliation or who expresses a fear of retaliation.

(f): TJJD policy requires 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 compliance with this standard. There were no cases to review due to there being no allegations of sexual abuse or sexual harassment made at Tamayo House 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 for completed training from the National Institute of Corrections (NIC). Investigators interviewed confirmed they took this course and could articulate the key components 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 conducting 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 investigations 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 requires that investigators document the investigation in written reports that include descriptions of the evidence, the reasoning behind credibility assessments, and investigative facts and findings. There were no administrative investigation reports to review as there were no allegations made at Tamayo House 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 of sexual abuse or sexual harassment made in the past 12 months, therefore there were no investigative reports to review.

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

(j): TJJD policy requires the agency to retain all written administrative investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. While this timeframe aligns with The State of Texas Retention Schedule for TJJD administrative investigative files, it does not align with the retention timeframe for criminal investigative files, which requires files to be retained for 20 – 50 years depending on the type of case. The auditors recommend aligning GAP with The State of Texas Retention Schedule for criminal cases.

(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 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 used by the agency in administrative investigations is a preponderance of the evidence. The interview with the facility investigator confirmed his knowledge of the required standard of proof and that his 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. Notification form

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. Interviews with investigative staff corroborate this is the practice. A sample form was provided that would be used to make the required notifications. The OIG and AID reported that in the past 12 months there were zero allegations of sexual abuse or sexual harassment at Tamayo House.

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

(c): TJJD policy requires that youth are notified when 1) the staff member is no longer posted within the youth’s unit, 2) the staff member is no longer employed at the facility, 3) when the staff member has been indicted, or 4) when the staff member has been convicted on a charge related to sexual abuse within the facility.

(d): TJJD policy requires that following a youth’s allegation that he or she was sexually abused by another youth, TJJD informs the youth when 1) the abuser has been indicted, or 2) the abuser has been convicted on a charge related to sexual abuse.

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

(f): TJJD policy requires that the notification obligations of this standard apply until the youth is discharged from TJJD.

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 members 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 report that no staff member has violated the TJJD policy on sexual abuse or sexual harassment.

(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 member has violated the TJJD sexual abuse or sexual harassment policy.

(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 who would have been terminated if they had not resigned. No staff members were terminated for PREA-related conduct.

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 facility 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, TJJD will take appropriate remedial measures and considers whether to prohibit further contact. The facility reported no cases of a volunteer or contractor who was disciplined for policy violation.

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
5. Memorandum from Superintendent documenting zero disciplinary actions for youth alleging abuse

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 facility reports there have been 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 consider whether a youth's mental disability or mental illness contributed to his or her behavior. The interview with the Superintendent and medical and mental health care staff indicated this is the practice.

(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 may require participation as a condition of access to behavior-based incentives, but not as a condition to access general programming or education.

(e): 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.

(f): TJJD policy requires that a youth may not be disciplined if the youth made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(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 meets 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 results, the facility shall offer all youth, including youth offenders, a follow-up meeting with medical or mental health practitioners within 14 days of

the intake screening. The initial intake screening is conducted at the Ron Jackson Orientation and Assessment Unit upon admission to the agency/facility. Upon transfer to another facility, another screening is completed. The case manager at Tamayo House is the one responsible for this screening and reported that a follow-up meeting with medical and/or mental health would be offered to a youth who alleges sexual abuse or harassment.

(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.

(c): Youth medical information is in the EMR system which 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. Youth at Tamayo House receive medical attention at the Evins secure facility in Edinburg, TX. Interviews with medical and mental health staff at Evins confirm this is the practice. There have been no sexual abuse or harassment incidents.

(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. Interviews with staff demonstrate their knowledge of first responder protocols.

(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 professionally accepted standards of care, and where medically appropriate. Interviews with medical staff confirm that this would occur at the local hospital where the youth would be transported for the SANE or SAFE 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 corroborated 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. 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 at the Evins facility indicated all youth undergo a screening during intake and periodically throughout their stay and receive follow-up services as needed.

(b): TJJD policy requires that the evaluation and treatment of victims include follow-up services, treatment plans, and referrals for continued care following a youth's transfer to other facilities or release from custody. Medical and mental health care staff members said counseling and therapy is offered to youth offenders and victims.

(c): During interviews, medical and mental health care staff reported the level of care provided is consistent with the community level of care.

(d): TJJD policy requires that pregnancy tests are offered to youth victims of sexually abusive vaginal penetration that occurs while they are incarcerated at a TJJD facility. Tamayo House is a male only facility.

(e): TJJD policy requires that if pregnancy results from a sexual assault, the youth is provided timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Additional services provided to youth are included in GAP 380.9195.

(f): TJJD policy requires TJJD to offer tests for sexually transmitted infections, as medically appropriate, to youth victims of sexual abuse while incarcerated.

(g): TJJD policy requires that all treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(h): TJJD policy requires that TJJD attempts 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. Medical and mental health staff members reported that all youth receive a mental health evaluation during intake and periodically throughout their stay.

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. Sexual Abuse Incident Review Form
4. Memo from the Superintendent regarding SARB's

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 and mental health practitioners. The team considers 1) whether the allegation or investigation indicates a need to change policy or practice, 2) whether the incident was motivated by race, ethnicity, gender identity, status or perceived status as LGBTI, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility motivated the incident, 3) physical barriers that may enable abuse, 4) staffing levels, and 5) whether monitoring technology should be enhanced. Policy requires that following the SARB, Tamayo House implement the review team's recommendations or reasons for not doing so. A sample SARB form was provided for review. A JCO staff who is on the incident review team, Superintendent, and compliance officer were interviewed. The JCO staff lacked knowledge on the process and requirements of a SARB. There have been no allegations of sexual abuse or sexual harassment in the past 12 months to verify process. A memorandum stating that no SARB was conducted was provided for each month stating no SARB was warranted.

(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): SARB forms include discussion topics, which address each of the elements for subsection (a) above, minutes, members present, statement of finding, recommendations, and action plan.

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

Recommendation:

1. Since there have not been any SARB's completed or warranted at Tamayo House, staff on the incident review team should sit in on one that is being conducted at the Evins facility to familiarize them with the proper process.

Corrective Action: None

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. Copy of definitions
4. Data collection Instrument
5. Documentation of approval by the TJJD Executive Director

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 also maintains, reviews, and collects data as needed from all available incident-based documents, such as reports, investigation files, and sexual abuse incident reviews. 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 (DOJ).

(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, which is the most recent aggregated data. The interview with the PREA Compliance Director corroborated that the data is collected once per year.

(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 auditors reviewed a screen shot from 2013 of the PREA Data Collection System to ensure the data is aggregated by each facility. During the interview the PREA Compliance Director, he stated that contract facilities are included in the data collection.

(f): TJJD policy does not require the agency to provide all such data from the previous calendar year to the DOJ no later than June 30, but a review of 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. Memorandum of Data Reviews/Corrective Actions

Interviews:

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

(a): TJJJ policy requires that TJJJ review aggregate sexual abuse data to assess and improve the effectiveness of its policies, practices, and training. Following this review, TJJJ prepares an annual report of its findings and corrective actions for each facility and the agency as a whole. The TJJJ Executive Director indicated his knowledge of the data review. The PREA Compliance Director said each facility prepares an annual corrective action plan based on the allegations explaining what actions they will take to further prevent, detect, and respond to allegations of sexual abuse and harassment.

(b): The auditor 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 facility, TJJJ facilities, and agency-wide current and future plans, corrective actions, and proactive steps taken to eliminate sexual abuse and harassment.

(c): TJJJ policy requires that TJJJ post on its website all aggregated sexual abuse data from TJJJ-operated and contracted facilities. Although policy does not require the Executive Director to approve the report, documentation of his approval was provided. The TJJJ Director said the PREA Compliance Director completes the report and submits it for review.

(d): A review of the posted data indicates TJJJ takes appropriate measures to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility. The PREA Compliance Director reported that all personal information on a perpetrator, victim, or witness is redacted from the annual report prior to submission of the report. He also stated that since the reports do not contain sensitive information, TJJJ is not required to indicate the nature of the materials redacted.

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)

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 and stated the data is password protected and only the PREA Compliance Director has access to the database. The data is derived from the OIG and AID databases and access to these are strictly limited. He stated the agency takes corrective action on an ongoing basis if the data reveals immediate actions need to be taken.

(b): TJJD policy requires that TJJD post 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, which supports compliance with this subsection.

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.

Lisa Hale

11/28/17

Auditor Signature

Date