

**PREA AUDIT REPORT    INTERIM    FINAL  
JUVENILE FACILITIES**

**Date of report:** 10/8/2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Dwight Sadler			
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<b>Date of facility visit:</b> 4/28/2015 & 9/22/2015			
<b>Facility Information</b>			
<b>Facility name:</b> Ayres Halfway House			
<b>Facility physical address:</b> 17259 Nacodoches Road, San Antonio, Texas, 78266			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> Click here to enter text.			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Luis Hernandez			
<b>Number of staff assigned to the facility in the last 12 months:</b> 23			
<b>Designed facility capacity:</b> 24			
<b>Current population of facility:</b> 21			
<b>Facility security levels/inmate custody levels:</b> Medium			
<b>Age range of the population:</b> 14-18			
<b>Name of PREA Compliance Manager:</b> Brian Haynes		<b>Title:</b> Assistant Superintendent	
<b>Email address:</b> brian.haynes@tjjd.texas.gov		<b>Telephone number:</b> (210) 651-4374	
<b>Agency Information</b>			
<b>Name of agency:</b> Texas Juvenile Justice Department			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 11209 Metric Blvd., Building H, Suite A, Austin, Texas, 78758			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 512-490-7130			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> David Reilly		<b>Title:</b> Executive Director	
<b>Email address:</b> david.reilly@tjjd.texas.gov		<b>Telephone number:</b> (512) 490-7002	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jerome Williams		<b>Title:</b> PREA Compliance Director	
<b>Email address:</b> jerome.williams@tjjd.texas.gov		<b>Telephone number:</b> (512) 490-7671	

## AUDIT FINDINGS

### NARRATIVE

The PREA Audit was conducted at Ayres House, a Texas Juvenile Justice Department (TJJD) halfway house, on April 28, 2015. The audit was conducted by certified PREA Auditor Dwight Sadler. The auditor was assisted by Nicole Prather. Prior to the on-site portion of the audit the Pre-Audit Questionnaire, pertinent agency policies, procedures, and PREA related documentation and forms demonstrating the halfway house's compliance were reviewed. The PREA Compliance Manager uploaded policies and supporting documentation into a central file to be reviewed by the auditor prior to the on site visit. A review of the Pre-Audit Questionnaire raised several questions that were addressed prior to and during the on-site audit. The notification of the on-site audit was posted in various locations throughout the facility more than six weeks prior to the date of the audit. The audit posting was verified by time and date stamped photos uploaded by the halfway house.

Following a brief entrance meeting with the Superintendent and Assistant Superintendent, who is the PREA Compliance Manager, interviews were conducted with youth and staff. The auditor requested a comprehensive list of residents and staff which included the staff positions and shift assignments. The staffing list was further categorized into the specialized positions for the purpose of the PREA interviews. Residents were randomly selected from the halfway house's 6 bedrooms as well as correctional staff covering all three shifts to be interviewed. Interviews with specialized staff included the Superintendent, Assistant Superintendent who is also the PREA Compliance Manager, the agency PREA Coordinator, staff designated as First Responders, intake staff, SARB team member, staff who screen for risk of victimization and abusiveness, higher level staff who conduct unannounced rounds, and staff who monitor for retaliation. A volunteer who teaches art and cooking classes at Ayres House was interviewed over the phone. All criminal and administrative investigations are conducted in house through TJJD's Office of Inspector General or the Administrative Investigations Division. Criminal and administrative investigations at Ayres House are conducted by investigators from the Giddings State School, also a TJJD facility, located in Giddings, Texas, about 2 hours northeast of the halfway house. Interviews with the investigators were conducted at the Giddings State School campus. Ayres Halfway House had no allegations of sexual abuse or sexual harassment made during the 12 month period preceding the PREA audit.

A tour of the halfway house was provided by the Assistant Superintendent, the JCO VI, and the Superintendent. During the tour, auditors viewed camera placements to identify potential blind spots, looked for staff presence and placement, and located zero-tolerance hotline posters and additional PREA information posted throughout the house. During the tour, some of the staff and residents were questioned regarding PREA standards and facility practices. Once the tour was complete, documentation was reviewed for compliance.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Ayres House is a medium restriction facility located in San Antonio, Texas, that serves adolescent males between the ages of ten and eighteen. Ayres House is one of seven medium restriction halfway houses operated by the Texas Juvenile Justice Department. The facility has a capacity of 24 residents and had a population of 21 residents on the day of the audit. There are 6 bedrooms in the house with up to 4 residents assigned to each room. Ayres House is equipped with surveillance cameras throughout the facility and outside recreation area to ensure the safety and security of the staff and youth. The cameras can be monitored on multiple computers and can store up to 90 days of recorded material. Ayres House is comprised of 1 building with 6 dorm rooms that house up to 4 residents per room. The house also consists of a day room, dining room, kitchen, education room, group room, and administrative offices. The residents' toilets and showers are located outside each dorm room and the entrance to these areas can be monitored from the day room.

## SUMMARY OF AUDIT FINDINGS

The initial report of findings reflected that Ayres House did not meet the standard for three (3) PREA standards. The standards requiring corrective action include providing residents with information on services available outside the facility for victims of sexual abuse, conducting unannounced rounds during the late night shift, and updating the risk assessments on the residents as required by the standards and agency policy. After a corrective action period, a follow-up visit was made to Ayres House, at which time it was determined that the facility had made the requested corrections and was fully PREA compliant.

Ayres House had no reports of sexual abuse or sexual harassment during the audit period. The initial assessments for youth in the Texas Juvenile Justice Department are completed at the Ron Jackson State Correctional Complex Intake and Orientation Unit in Brownwood, Texas. Safe Housing Assessments and re-assessments are completed at Ayres House upon transfer and throughout their confinement. During the specialized staff interviews there appeared to be some confusion as to whether or not the residents had to be reassessed during their time at Ayres House. TJJD policy prohibits cross-gender searches and Ayres House reported that they have one resident who formally identifies himself as gay.

Ayres House has an extensive camera system that limits blind spots. No significant blind spots were identified during the facility tour. Cameras were checked throughout the facility, and as required by PREA standards, the cameras do not capture the resident's showers, toilets, or inside their rooms.

Eleven specialized staff and six random staff were interviewed covering all three shifts. A total of 10 residents covering each of the bedrooms were interviewed. The residents interviewed appeared to be informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents. All but one of the residents did not have knowledge of outside victim advocates for emotional support services related to sexual abuse and could not recall receiving this information from Ayres House. The correctional staff interviewed were knowledgeable on reporting procedures but many could not articulate the agency's protocol for collecting physical evidence.

The initial report of findings, including a corrective action plan, was discussed with the Ayres House administration and the TJJD PREA Compliance Administrator. A follow-up visit was made to Ayres House on September 22nd, 2015. During the follow-up visit, additional training and assessment records were reviewed and additional interviews were conducted. Follow-up information was requested and was provided by Ayres House following the second visit. After reviewing the requested information it was determined the Ayres House was fully PREA compliant.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Policy Reviewed: 380.9337(a),(b),(d)

Ayres House meets this standard. The Texas Juvenile Justice Department (TJJD) has a zero tolerance policy towards all forms of sexual abuse and sexual harassment. TJJD has a dedicated PREA Coordinator and Ayres House has a designated PREA Manager. Both individuals indicated during the interview process that they have the time to fulfill their PREA responsibilities. A facility organizational chart was provided for review.

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

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

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

Policy Reviewed: 380.9337(e)

TJJD requires that any new contract or contract renewal comply with PREA standards. Copies of recently renewed contracts were provided for review. A review of the renewals verified compliance with the standard. One of the contracted facilities was recently certified PREA compliant and a copy of the final PREA audit report was provided.

### **Standard 115.313 Supervision and monitoring**

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

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### **corrective actions taken by the facility.**

Policy Reviewed: 380.9337(3)(c)(ii)

Ayres House does not meet all of the requirements for this standard. Documentation provided for review included a safe housing plan for the facility, a PREA budget staffing memo from the TJJJ Senior Director of State Programs and facilities explaining the annual budgetary meetings that includes a detailed review of staffing needs to be in compliance with state and federal mandated ratios, a staffing plan for Ayres House, and documentation and video of unannounced rounds being conducted by the mid or higher level supervisors. Ayres House had not deviated from their staffing plan at the time of the audit.

A review of the documentation regarding unannounced rounds revealed that the earliest records of this practice occurring was 2/25/2015. There were no unannounced rounds made during the late night shift which is 10PM-6AM. TJJJ's policy on unannounced rounds at medium restriction facilities requires that rounds must be made at least once per month on each shift.

Corrective Action Required: Provide evidence that unannounced rounds are being conducted at Ayres House at least once per month on each shift for a 180 day period as required by PREA Standard 115.313(e) and TJJJ policy 380.9337(e)(C).

Corrective Action Since the Audit: During a follow-up visit to Ayres House on September 22, 2015, records documenting unannounced rounds were provided for review. Ayres House operates a three shift schedule including 8AM-4PM, 4PM-Midnight, and Midnight-8AM. The records provided by Ayres House included the dates, times, and signatures of the supervisory staff member conducting the unannounced rounds. Photos that were date and time stamped accompanied each sign in sheet to verify the occurrence of each visit. A review of the records verified that each of the three shifts were covered at least once per month during the five month period reviewed. The evidence provided also demonstrated compliance with agency policy requirements for TJJJ medium restriction facilities. Ayres House has satisfactorily demonstrated for an extended time period that their practices meet the requirements for compliance with all provisions of standard 115.313.

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

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

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

Policy Reviewed: 380.9337 (c),(d),(e) and 380.9709 (c),(d),(f),(g),(i)

Agency policy prohibits cross gender viewing and searches. Staff and residents verified during interviews that this practice does not happen. The staff and residents also verified during interviews that all female staff announce their presence when entering the housing units. TJJJ policy covers this practice and it was observed during the facility tour.

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

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

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

Policy Reviewed: 380.9337(e)

Ayres provided documentation identifying numerous staff members who are fluent in Spanish and could provide translation services for residents. A current contract for interpretation services for the deaf was provided. New resident orientation material regarding PREA was provided in English and Spanish as well as resident acknowledgement forms that are placed in the resident's master file. Emails were also provided detailing agency plans to expand staff training regarding communication with residents with intellectual disabilities.

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

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

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

TJJD policy requirements address all elements of this standard. Documentation has been provided showing that TJJD conducts background checks on all current employees on a yearly basis, which far exceeds the standard requirement of every five years. There were only four new hires at Ayres House during the audit period. Ayres House contracts with two service providers, and human resources provided records verifying that background checks are conducted annually on the contracted providers.

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

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

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Policy Reviewed: N/A

No substantial expansion or modifications had been made to the structure of the house or the surveillance system at Ayres House during the audit period.

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

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

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

Policy Reviewed: 380.9337(f), 385.8183

TJJD is responsible for conducting both criminal and administrative investigations at Ayres House. A uniform evidence protocol is used that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol provided is the "National Protocol for Sexual Assault Medical Forensic Examinations, Second Edition, April 2013". A signed Memorandum of Understanding with the Rape Crisis Center was provided for review. No forensic medical exams were conducted in the past 12 months.

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

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

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

Policy Reviewed: 380.9337(f),(i), and INS 71.01

Agency policy requires all allegations of sexual abuse to be reported to the TJJD Incident Reporting Center (IRC). The allegations are reviewed by the IRC then referred to TJJD's Office of Inspector General or the Administrative Investigation Division.

**Standard 115.331 Employee training**

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

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

Policy Reviewed: 380.9337(g)

TJJD policy requires the agency to provide PREA-related training to all employees who may have contact with residents. Training records, training curriculum, and staff interviews verified that the Ayres House employees receive the required training for this standard through new hire orientation and annual block training. Sign-in sheets which include the course title and description are kept for each training class.

### **Standard 115.332 Volunteer and contractor training**

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

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

Policy Reviewed: 380.9337(g)(2)

Agency policy requires that all volunteers and contractors who have direct access to residents be trained on and understand their responsibilities regarding PREA. Volunteer handbooks which include a full chapter on PREA, Harassment, and Trauma were provided for review. The volunteer handbooks are signed and dated by the volunteers and the Volunteer Manager. A phone interview with a volunteer verified compliance 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)

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Policy Reviewed: 380.9337(g)

During intake residents are provided a handbook and they are read a script that is available in English and Spanish. Residents also watch a video titled "Safeguarding Your Sexual Safety PREA Orientation" during their orientation period. Documentation of this process is dated, signed, and placed in the resident's master file. A sample of youth files were pulled and spot checked for documentation during the on-site portion of the audit. During the tour of Ayres House, and during interviews, most of the residents acknowledged receiving this information during the intake process. Hotline numbers for reporting incidents of sexual abuse or sexual harassment are prominently displayed throughout the facility. There were several residents who claimed that they were not given the required information or portions of the required information during their intake at Ayres House.

### **Standard 115.334 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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Policy Reviewed: 380.9337(g)

Training records for investigators assigned to Ayres House were provided by the Office of Inspector General (OIG) and the Administrative Investigations Division (AID). Documentation provided and interviews with investigators verified that the required training is provided. Investigators from the Giddings State School are assigned to any investigations involving Ayres House.

#### **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.**

Ayres House is served by medical staff from Giddings State School. TJJJ medical staff do not conduct forensic medical exams. All medical and mental health staff receive the training mandated by this standard. Training records and interviews from the medical and mental health staff from Giddings State School verified compliance with this standard.

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

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

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

Policy Reviewed: CMS.01.75

Ayres House did not meet all components to show compliance with this standard. The initial resident intake and screening are completed at the Ron Jackson State Juvenile Correctional Complex Intake and Orientation Unit, a TJJJ facility located in Brownwood, Texas. All required screenings and assessments are completed at the intake unit utilizing an objective screening tool that ascertains information covering all eleven elements outlined in the standard. Ayres House utilizes the HLS-100 Initial Health Screening and CCF-036 Safe

Housing Re-Assessment forms upon the youth entering the facility and periodically throughout their confinement. TJJJ policy mandates points at which the CCF-036 forms have to be updated during the residents' stay at Ayres House. During staff interviews at Ayres House it seemed that there was confusion as to when the assessments need to be updated. Records were pulled after the on-site portion of the audit to verify that the re-assessments were being updated according to agency policy. A review of the records and discussion with the PREA Compliance Manager and Superintendent revealed several cases where the re-assessments had not been completed within the mandated time frames.

Corrective Action Required: Ayres House needs to provide evidence during the 180 day corrective action period that the CCF-036 Safe Housing Re-Assessment forms are being updated within agency policy mandated time frames. Training should be provided to ensure that Ayres House staff responsible for completing the re-assessments fully understand the agency policy and time frames.

Corrective Action Since the Audit: Ayres House provided documentation detailing the re-assessment (CCF-036) history on all 22 youths placed at the halfway house. TJJJ requires in their Case Management Standard CMS.01.75 that a safe housing re-assessment be completed no earlier than seven calendar days before a youth's scheduled transfer to another facility and periodic re-assessments be completed at least once every 90 days after initial placement at the facility. The agency also requires that automatic re-assessments be conducted following specific situations such as the successful completion of a dorm-based specialized treatment program, the youth's 17th birthday, or a finding of true in a due process hearing following a major rule violation. The documentation provided demonstrated that all youth, minus the youth on escape status or the youth being held in the county jail, were current on their re-assessments as defined in agency policy.

Case managers responsible for conducting the re-assessments were interviewed during the follow-up visit to Ayres House on 9/22/2015. Both case managers were able to discuss when the re-assessments are supposed to be conducted as well as how the information gathered is utilized in making informed housing assignments.

#### **Standard 115.342 Use of screening information**

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

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Policy Reviewed: 380.9337(h),380.9745(i),INS 75.13

Agency policy covers all components of this standard. Policy prohibits the placement of youth in isolation due to the risk of sexual victimization. The Dorm Census (INS-400) form was provided prior to the audit for review. Ayres House had one youth who formally identified himself as gay.

#### **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)

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### **corrective actions taken by the facility.**

Policy Reviewed: 380.9337(i),380.9333(e)

TJJD policy provides multiple internal ways for residents to privately report allegations. One of the numbers provided is a toll free number for the Office of the Independent Ombudsman, which is a separate state agency. The toll free number for the Office of the Independent Ombudsman was seen posted in several locations throughout the house during the tour. Interviews with residents and staff verified compliance with this standard and staff acknowledged the acceptance of verbal, written, anonymous, and third party reports and the proper documentation of these reports.

### **Standard 115.352 Exhaustion of administrative remedies**

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

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Policy Reviewed: 380.9337(a),(b),(d),(i), YRP 05.05(c) and GAP 07.03

TJJD has policy that addresses all components of this standard. Ayres House reported no grievances in the 12 month period preceding the audit that alleged sexual abuse.

### **Standard 115.353 Resident access to outside confidential support services**

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

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Policy Reviewed: 380.9337(i)

Ayres House did not meet the requirements to show full compliance with this standard. A signed Memorandum of Understanding with the Rape Crisis Center was provided and states that the information will be distributed to youth after it has been determined that the youth in question is the victim of sexual abuse and has refused the on-site counseling services offered by TJJD. Residents interviewed verified that the facility does provide residents with reasonable and confidential access to their attorneys and parents or legal guardians.

Only one resident interviewed was aware of outside services available to victims of sexual abuse. Another resident recalled receiving information about contacting an outside agency for support at a prior facility before coming to Ayres House.

Corrective Action Required: Ayres House needs to provide education to their residents regarding access to outside victim advocates for emotional support services related to sexual abuse. Documentation of the educational sessions regarding this standard should be provided

and follow-up interviews can be scheduled during the 180 day corrective action period.

Corrective Action Since the Audit: Ayres House provided the training material and sign-in sheets for a training conducted with staff during August that covered multiple avenues to report sexual assault as well as multiple outside resources in the community. The PREA Compliance Manager also met with the residents during three groups and covered the same material regarding reporting options and outside resources in the community. The PREA Reporting Information form that was covered in the training with the staff and residents was also added to the resident's orientation packet and will also be signed and dated by the resident upon receipt of the information. The additional reporting information and outside contact information for support services was also added to two bulletin boards in the day room area. Photographs of the posted information were provided for records.

Several residents were interviewed and there was some improvement in their knowledge about access to outside victim advocate services in the community. It was determined that with the additional information regarding victim's services being provided during the orientation process as well as the information being posted on several bulletin boards and additional training with the staff and residents, Ayres Halfway House has met the requirements to be found compliant with this standard.

### **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.**

Policy Reviewed: 380.9337(i)

TJJD has established methods to receive third party reports through the Office of Inspector General and the Office of the Independent Ombudsman hot lines. This information is available on the agency website and a link to the website was provided.

### **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.**

Policy Reviewed: 380.9337(j), GAP 07.03

TJJD policy requires all staff to immediately report any allegation of sexual abuse, harassment, or retaliation to the Office of the Inspector General. Agency policy prohibits staff from revealing any information related to sexual abuse to anyone other than to the extent necessary. Staff interviews demonstrated knowledge of their reporting responsibilities.

### Standard 115.362 Agency protection duties

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

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

Policy Reviewed: 380.9337(j)

Agency policy was reviewed and a memo from the Assistant Superintendent stating that Ayres House had no residents subject to a substantial risk of imminent sexual abuse during the audit period. Interviews with random and specialized staff verified compliance with this standard.

### Standard 115.363 Reporting to other confinement facilities

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

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

Policy Reviewed: 380.9337(j)(3)

Agency policy addresses all requirements for this standard. Ayres House reported no cases requiring reporting to other facilities during the audit period.

### Standard 115.364 Staff first responder duties

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

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

Policy Reviewed: 380.9337(j)

TJJD has established policies regarding first responder duties. Staff designated as first responders were able to articulate their responsibilities during the interview process. The case provided for review in which first responder actions were required involved a situation in which the two residents were already separated and the incident was reported by a third party. There was no physical evidence to collect as the case involved one resident masturbating the other resident. Witness statements and incident reports from this case were provided for review.

### **Standard 115.365 Coordinated response**

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

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

Policy Reviewed: 380.9337(j)

Ayres House has developed a written institutional plan to coordinate actions taken in response to allegations of sexual abuse. The written plan was provided for review.

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

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

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

Policy Reviewed: 380.9337(j)

TJJD does not enter into collective bargaining agreements.

### **Standard 115.367 Agency protection against retaliation**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(j)

TJJD has a retaliation policy that protects all residents and staff members who report sexual abuse or sexual harassment or who cooperate with an investigation of these allegations. Ayres House has designated staff members responsible for monitoring against retaliation. Ayres House reported no cases of allegations being made of sexual abuse or harassment where protective measures were needed against potential retaliation.

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

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

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

Policy Reviewed: 380.9337(j)

Agency policy prohibits the use of segregated housing to protect residents who have alleged sexual abuse. Ayres House provided a memo from the Assistant Superintendent verifying the agency policy.

#### **Standard 115.371 Criminal and administrative agency investigations**

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

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

Policy Reviewed: 380.9337(k)

TJJD policy covers all components of this standard. All investigations of sexual abuse or sexual harassment are conducted by the Office of Inspector General (OIG) or the Administrative Investigation Division (AID). Training records and interviews with investigators from both offices verified compliance with the requirements of this standard. OIG and AID investigators from the Giddings State School travel to Ayres House to conduct investigations when necessary.

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

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

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

Policy Reviewed: 380.9337(k)

TJJD policy requires that the investigator's findings must be based on a preponderance of the evidence. The interview with the administrative investigator verified compliance with this policy and standard.

### **Standard 115.373 Reporting to residents**

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

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

Policy Reviewed: 380.9337(k)(3)

TJJD policy addresses all components of this standard. Ayres House had no reported cases of sexual abuse or sexual harassment requiring notifications being made to residents under this standard.

### **Standard 115.376 Disciplinary sanctions for staff**

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

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

Policy Reviewed: 380.9337(I)

This standard is covered under TJJD policy. Ayres House reported no disciplinary action during the audit period due to violating agency sexual abuse or sexual harassment policy.

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

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

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

Policy Reviewed: 380.9337(I)(j)

Ayres House reported having no cases of volunteers or contractors prohibited from contact with residents due to PREA allegations/violations and had no cases reported to law enforcement or relevant licensing bodies during the audit period.

**Standard 115.378 Disciplinary sanctions for residents**

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

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

Policy Reviewed: 380.9337(I), 380.9503(i)

There were no reported substantiated cases, administrative or criminal, involving resident on resident sexual abuse in the past 12 months at Ayres House. The Superintendent verified during the interview that the disciplinary process would consider a resident's mental disability or mental illness when determining what type of sanction, if any, would be imposed.

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

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

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

Policy Reviewed: 380.9337(m), 115.381(c)

TJJD has policy which addresses all components of this standard. Ayres House has not had any reports of prior sexual victimization or previously perpetrated sexual abuse in the past 12 months preceding the audit.

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

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

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

Policy Reviewed: 380.9337(m)

TJJD policy and staff interviews verified compliance with this standard. Ayres House reported no cases of sexual assault requiring medical attention to review.

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

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

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

Policy Reviewed: 380.9337(m)

TJJD agency policy covers all components of this standard. There are no female residents assigned to the Ayres House facility. There were no allegations of sexual abuse made at Ayres House in the past 12 months.

**Standard 115.386 Sexual abuse incident reviews**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(n)

TJJD policy addresses the requirements of this standard. Ayres House had no administrative or criminal investigations requiring a Sexual Assault Review Board to be convened.

#### **Standard 115.387 Data collection**

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

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

Policy Reviewed: 380.9337(o)

TJJD collects uniform data on all allegations of sexual abuse using a standardized instrument. This allows the agency to submit the annual Department of Justice Survey of Sexual Violence. The latest Survey of Sexual Violence was provided for review as well as screen shots and instructions of the agency's PREA Data Collection System. TJJD's data collection methods were also confirmed through an interview with the agency PREA Coordinator.

#### **Standard 115.388 Data review for corrective action**

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

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

Policy Reviewed: 380.9337(p)

TJJD policy mandates the review of aggregate sexual abuse data to assess and improve the effectiveness of the agency's policies, practices, and training. Documentation provided by Ayres House prior to the audit included the agency's 2013 PREA Dashboard Report Action Plan, and the Ayres House report on their Sexual Misconduct Preventative Measures November 26, 2014. TJJD's annual report is posted on the agency website. The report for 2014 had not been completed at the time of this audit.

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

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

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

Policy Reviewed: 380.9337(o),(p)

TJJD policy ensures that all sexual abuse data is retained securely. Policy reviewed and the interview with the agency PREA Coordinator verified compliance with this standard. During the on site audit, Ayres House provided links to the Office of Inspector General (OIG) page on the TJJD website where annual reports can be viewed back through fiscal year 2008. Quarterly reports for the Incident Reporting Center and the Special Prosecution Unit can also be viewed back through fiscal years 2008 and 2007 from the OIG page. Several reports from this site were viewed to verify that personal identifiers had been removed. Ayres House also provided a link to the TJJD website where the record retention schedule could be reviewed.

**AUDITOR CERTIFICATION**

I certify that:

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

Dwight Sadler

10/08/2015

Auditor Signature

Date