

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



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

| | |
|-------------------------------|--|
| Name of Facility: | Brownwood Halfway House |
| Physical Address: | 910 FM 3254, Post 132, Brownwood, TX 76801 |
| Date report submitted: | October 22, 2014 |

Auditor information:

| | | | |
|--|--|---|---|
| Name: | Dwight Sadler | | |
| Address: | 11209 Metric Blvd Bldg H, Austin, TX 78758 | | |
| Email: | dwight.sadler@tjtd.texas.gov | | |
| Telephone number | (512) 490-7972 | | |
| Date of facility visit: | July 25, 2014 | | |
| Facility Information | | | |
| Facility Mailing Address: (if different from above) | PO Box 6, Brownwood, TX 76801 | | |
| Telephone Number: | 325-641-4200 | | |
| The Facility is: | <input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit | <input type="checkbox"/> County <input type="checkbox"/> Municipal | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State |
| Facility Type: | <input type="checkbox"/> Detention | <input checked="" type="checkbox"/> Correction | Other: |
| Name of PREA Compliance Manager | Jarome Finley | Title: | Asst. Superintendent |
| Email Address: | jarome.finley@tjtd.texas.gov | Telephone Number: | 325-641-4298 |

Agency Information

| | | | |
|--|--|---------------|------------------|
| Name of Agency: | Texas Juvenile Justice Department | | |
| Governing Authority of Parent Agency: (if Applicable) | | | |
| Physical Address: | 11209 Metric Blvd Bldg H, Austin, TX 78758 | | |
| Mailing Address: (if different from above) | PO Box 12751, Austin TX 78711-2757 | | |
| Telephone Number: | 512-490-7130 | | |
| Agency Chief Executive Officer: | | | |
| Name: | David Reilly | | |
| Email Address: | david.reilly@tjtd.texas.gov | | |
| Telephone: | 512-490-7004 | | |
| Agency Wide PREA Coordinator: | | | |
| Name: | Jerome K. Williams | Title: | PREA Coordinator |
| Email: | jerome.williams@tjtd.texas.gov | | |
| Telephone Number: | 512-490-7671 | | |

AUDIT FINDINGS

NARRATIVE:

The PREA Audit was conducted at the Brownwood Halfway House, a Texas Juvenile Justice Department Facility (TJJD), on July 25, 2014. The audit was conducted by certified PREA Auditors Dwight Sadler and Lisa Hale, and assisted by Nicole Prather.

A tour of the facility was conducted and a random selection of twelve staff covering all three shifts, all eight youth assigned to this facility, and one volunteer were interviewed. Interviews with specialized staff included the Superintendent, First Responders, medical and mental health staff, investigator, SARB team member, and human resource personnel. Due to the size of this facility some of the staff members serve multiple roles. This facility is located on the same premises, but outside of the secure area, of the Ron Jackson State Juvenile Correctional Complex (Ron Jackson). Ron Jackson provides the halfway house with medical and mental health services and they utilize the same human resource staff and investigators. An interview was going to be conducted with a SAFE/SANE nurse, but it was discovered during the Ron Jackson audit that there is no longer a nurse with these credentials at the local hospital. Since the facility opened in 2013, there have been no criminal or administrative investigations conducted alleging sexual abuse.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Brownwood Halfway House is a medium restriction facility located in Brownwood, TX. The facility serves as a step-down from Ron Jackson. The facility has a capacity of eight residents and houses adolescent female offenders up to the age of nineteen. This facility was previously utilized as staff housing for the Ron Jackson facility and was converted into a halfway house. The Halfway House opened and started housing residents on October 1, 2013. There are four bedrooms in the home and the residents are housed two per bedroom.

SUMMARY OF AUDIT FINDINGS:

Designs and notes from planning meetings related to modifying this facility from a staff housing unit to a halfway house were requested but were not available as this process went through local maintenance and not the agency construction department. The facility has an extensive camera system but some blind spots were identified in a hallway and chemical closet during the tour. There are cameras in the residents' shared bedrooms but not in the restrooms or shower areas. The residents appeared to be well informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents. Most residents were unable to recollect any outside victim advocates for emotional support services related to sexual abuse other than the Office of the Independent Ombudsman. Postings for the TJJD sexual abuse hotline and the Office of the Independent Ombudsman were posted in the facility. Correctional staff members were knowledgeable regarding reporting procedures and most were aware of the agency's protocol and procedures if they were the first person notified of a sexual abuse allegation.

SINCE THE AUDIT: The Brownwood Halfway House was found to be non-compliant with 4 standards at the time the initial report of findings was issued. Since that time the Texas Juvenile Justice Department has provided additional documentation, drafted new procedures, and clarified practices in these areas that has resulted in the Brownwood Halfway House now being PREA complaint. Details of the changes made to achieve compliance are discussed with the individual standards.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 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 comments, including corrective actions needed if does not meet standard

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

The Brownwood Halfway House meets the standard. The Texas Juvenile Justice Department (TJJD) agency policy addresses the agency's zero tolerance policy towards all forms of sexual abuse and harassment. The agency has one dedicated PREA Coordinator and the Brownwood Halfway House has a designated PREA Manager. Both indicated that they have time to fulfill their PREA responsibilities during the interview process.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(e)(2)

The Texas Juvenile Justice Department requires all existing contracting facilities meet PREA standards upon renewal. All new contracts awarded by the agency include a clause requiring the contractor to adopt and comply with applicable PREA standards.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9955(d) and 380.9337(e)

The documentation provided does not demonstrate the development process described in 115.313(a) of the standard. At the time of the audit the facility had not deviated from their staffing plan. Documentation and a review of video showed frequent unannounced rounds are made on all shifts by mid or higher lever supervisors.

Corrective Action Requested:

Implementation and documentation of a staffing plan development process.

SINCE THE AUDIT: 1. A physical bed capacity report for the Brownwood Halfway House from April of 2014 has been provided which is used in the process of determining staffing levels for the

facility. This report is generated and reviewed annually by management in the budgetary planning process for each facility.

2. A revised Safe Housing Plan for the Brownwood HWH was provided for the facility.

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 comments, including corrective actions needed if does not meet standard

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

TJJD policy prohibits cross gender viewing and searches. All staff and residents interviewed verified that this practice does not happen under any circumstances. The residents and staff verified during the interview process that all staff announce their presence when entering a housing unit of the opposite gender. This practice is covered in TJJD policy and 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(e)

A contract between TJJD and San Marcos Interpreting Services for the Deaf was provided for review. English and Spanish PREA written material that is covered during orientation was reviewed as well. English and Spanish PREA orientation scripts were also provided for review.

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 comments, including corrective actions needed if does not meet standard

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

TJJD policy requirements address all elements of this standard. A sample of files was reviewed for new hires and promotions, and all contractor files were reviewed for compliance. Documentation was 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.

Standard §115.318 – Upgrades to Facilities and Technology

- 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(7)(a)(b)

The modifications made were minor in nature and formal plans were not provided for review. Discussions with the construction manager revealed that visibility and camera placement was talked about prior to construction. A recommendation would be to have future modifications go through the construction department or have documentation of facility modifications available for review.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(1) and 385.8183

TJJD is responsible for conducting both criminal and administrative investigations at the Brownwood Halfway House. A uniform evidence protocol is used that would maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol provided is titled "A National Protocol for Sexual Assault Medical Forensic Examinations, Second Edition, April 2013." The facility provided documentation verifying efforts to obtain the services of a local rape crisis center. The local rape crisis center does not have the funding to provide any additional services. The facility has qualified staff members to serve as advocates if needed.

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 comments, including corrective actions needed if does not meet standard

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

Allegations of sexual abuse are 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 Administrative Investigation Division. There were a total of eleven allegations resulting in administrative investigations and four allegations resulting in criminal investigations during the audit period.

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 comments, including corrective actions needed if does not meet standard

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 facility provides the required training for this standard through new hire orientation, annual block training, e-courses, and on the job training sessions. 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337 (g)

TJJD agency policy requires that all volunteers and contractors who have direct access to residents be trained on and understand their responsibilities regarding PREA. Records, training manuals, and interviews with volunteers and the volunteer coordinator 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)

Auditor comments, including corrective actions needed if does not meet standard

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. The date and and time of the resident's intake as well as the date and time the information is provided is documented. During the facility tour and during interviews, the residents acknowledged receiving this information during the intake process. The residents also acknowledged watching the PREA video that the facility shows to all residents during the intake process. Hotline numbers for reporting incidents of sexual abuse or sexual harassment are prominently displayed.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(g)

Training records provided by the Office of Inspector General and the Administrative Investigations Division and interviews conducted with investigators for the Brownwood Halfway House verified that all requirements of this standard have been met.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(g)

Medical services at the Brownwood Halfway House are provided by the Ron Jackson facility. Medical staff at Ron Jackson do not conduct forensic medical exams. All medical and mental health staff do receive the training mandated by this standard. Training records and interviews with staff verified compliance.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(h)

Intake screening is conducted at the agency's orientation and assessment facility. However, the screening instrument used by the agency does not contain the requirements of PREA standard 115.341(b)(2&10).

Corrective Action Requested:

Revise the screening instrument used by the agency to include items 2 & 10 under Standard 115.341.

SINCE THE AUDIT: The agency has provided the Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization (CCF-001) form that is used during the screening phase of orientation and assessment which was not provided prior to or during the audit of the Ron Jackson

Facility. The CCF-001 contains a question which covers the resident's own perception of vulnerability (2), and the form has been revised to include an observation question on gender non-conforming appearance. A definition for gender non-conforming is also included with the question on the form.

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 comments, including corrective actions needed if does not meet standard

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

Facility staff were able to demonstrate how their screening tool was used to make informed housing assignments. (Initial intake screening is completed at Ron Jackson; reassessments for safe housing are done upon entry to the halfway house.)

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(i) and (d)

TJJD policy provides multiple internal ways for residents to privately report allegations. One of the numbers provided is a toll free number maintained by the Office of the Independent Ombudsman which is a separate state agency. Interviews with staff and residents demonstrated compliance with this standard including staff acceptance of verbal reports and staff discussing ways to report allegations privately.

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 comments, including corrective actions needed if does not meet standard

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

The agency does not meet the requirements of PREA standard 115.352(d). There is no policy or practice in place requiring a final decision be made by the agency on the merits of any portion of a grievance or administrative investigation alleging sexual abuse within 90 days of the initial filing of the grievance. There is no policy or practice in place for the agency to claim an extension of time to respond and to notify the victim in writing of the extension along with a date on which a decision will be made. Seven allegations of sexual abuse or harassment were

made through the facility's grievance system during the time period being audited. There have not been any allegations filed alleging sexual abuse from this facility

Corrective Action Requested:

Policy revisions should be made to bring the agency into compliance with this standard.

SINCE THE AUDIT: 1. Operations procedures have been provided from the Office of Inspector General stating that their investigations are conducted and a completed investigative report is submitted to a supervisor within sixty days.

2. The Administrative Investigations Division of TJJJ provided a memo stating that their department recently revised their operating procedures to allow 60 business days from the receipt of the allegation to final disposition of the investigation. The AID procedures allow for the investigator to request an extension up to 70 calendar days to complete the investigation.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(i), 380.9301(I) and 380.9311

The Brownwood Halfway House does not provide residents with information about outside support services other than access to the Ombudsman's Office. Interviewed residents could not recall being provided additional information. Documentation was provided reflecting several attempts to enter into an MOU with a local community service provider which has not materialized. The facility does provide the residents with reasonable and confidential access to their parents or legal guardians. A recommendation would be for the facility to continue its efforts to obtain outside support services even reaching outside the local community.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(i)

The agency has established a method to receive third party reporting and this information is available on the TJJJ website.

Standard §115.361 – Staff and Agency Reporting Duties

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j), 380.9333(II)(g) and GAP 07.03

TJJD policy requires all staff to immediately report to the Office of Inspector General any allegation of abuse or retaliation. Policy also prohibits staff from revealing any information related to sexual abuse to anyone other than to the extent necessary. Staff interviews demonstrated good 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

Agency policy and interviews with 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

Agency policy 380.9337 addresses the requirements for this standard. The Brownwood Halfway House reported no cases requiring reporting to other facilities.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

The agency has established policies regarding first responder duties. Most staff interviewed were able to articulate an understanding of the first responder duties and procedures.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(5)

This standard requires a written institutional plan for each facility. The agency has developed a blanket policy 380.9337(j)(5) that covers all facilities.

Corrective Action Requested:

Provide a specific institutional plan for the Brownwood Halfway House.

SINCE THE AUDIT: The agency has provided a written institutional plan to coordinate actions in response to allegations of sexual abuse that is specific to the Brownwood Halfway House.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

The agency 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

The agency has a retaliation policy that protects all residents and staff members who report sexual abuse or sexual harassment or who cooperate with an investigation. The Brownwood Halfway House has designated staff members responsible for monitoring against retaliation. There have been no reported allegations of sexual abuse therefore there are no reports of 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(j)

TJJD's policy prohibits the use of segregated housing to protect residents who have alleged sexual abuse. There have been no allegations at this facility regarding sexual abuse.

Standard §115.371 – Criminal and Administrative Agency Investigations

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

Auditor comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(k)

TJJD policy covers all components of this standard. All investigations of sexual abuse or harassment are conducted by the Office of Inspector General or the Administrative Investigation Division. Training records and sample cases provided verified compliance with the standard. Interviews conducted with investigators for both offices verified compliance with the requirements of the standard.

Standard §115.372 – Evidentiary Standard for Administrative Investigations

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

Auditor comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(k)

Agency policy was reviewed, and an interview with the administrative investigator for the Brownwood Halfway House verified compliance with the 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(k)

There were no investigations conducted, however, the policy indicated that the residents are notified of the outcome of the investigations.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(l)

The Brownwood Halfway House reported no staff disciplinary action due to violating agency sexual abuse or sexual harassment policy during this period.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(l) and (j)

There have been no cases of volunteers or contractors at the Brownwood Halfway House reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of the residents.

Standard §115.378 – Disciplinary sanctions for residents

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

Auditor comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(l), 380.9503(i) and INS 75.13

There were no cases, either administrative or criminal, regarding resident on resident sexual abuse in the past 12 months at the facility. Policy 380.9337 (l)(3) covers all elements of this standard.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(m)

There was one incident where a resident disclosed prior sexual victimization. Documentation verified the resident was referred to mental health services.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(m)

There were no cases of sexual assault requiring medical attention at this facility 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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(m)

Agency policy 380.9337 (m)(3) addresses the components of this standard. Interviews with medical and mental health staff verify compliance with this standard.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(n)

Agency policy 380.9337(n) addresses the requirements of this standard.

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 comments, including corrective actions needed if does not meet standard

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 DOJ Survey of Sexual Violence. This was confirmed through an interview with the agency PREA Coordinator.

Standard §115.388 – Data Review for Corrective Action

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

Auditor comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(p) (1)

Agency policy mandates the review of aggregate sexual abuse data to assess and improve the effectiveness of the agencies policies, practices and training. Documentation provided verified the agency's preparation and review of the data with corrective action plans. The annual report is posted on the agency website.

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 comments, including corrective actions needed if does not meet standard

Policy Reviewed: 380.9337(o)(p)

TJJD policy ensures that all sexual abuse data is retained securely. This policy was verified through an interview with the agency PREA Coordinator.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Right Said

Auditor Signature

10/22/2014

Date