

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:	Ron Jackson State Juvenile Correctional Complex
Physical Address:	600 FM 3254, Brownwood, TX 76801
Date report submitted:	October 22, 2014

Auditor Information:

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Date of facility visit:	July 21-23, 2014		
Facility Information			
Facility Mailing Address: (if different from above)	PO Box 1267, Brownwood, TX 76804		
Telephone Number:	325-641-4200		
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	Other:
Name of PREA Compliance Manager	Karen Saucillo	Title:	Compliance Officer
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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		
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Agency Chief Executive Officer:			
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AUDIT FINDINGS

NARRATIVE:

The PREA Audit was conducted on July 21-23, 2014 at Ron Jackson State Juvenile Correctional Complex, a Texas Juvenile Justice Department (TJJD) facility. The audit was conducted by certified PREA Auditors Dwight Sadler and Lisa Hale and assisted by Allen Wallace, Nicole Prather and Debbie Unruh.

Following the entrance meeting a thorough tour of the facility was provided by the facility's administrative staff. On the first day of the audit, a comprehensive list of residents and staff was requested and provided. A random selection of at least 10 residents covering all housing units as well as correctional staff covering all three shifts were interviewed. Interviews with specialized staff included the Superintendent, PREA Compliance Manager, the agency PREA Coordinator, First Responders, medical and mental health staff, investigators, intake staff, SARB team member, and human resource personnel. An interview was going to be conducted with a SAFE/SANE nurse, but it was discovered during the audit that there is no longer a nurse with these credentials at the local hospital.

There were nine administrative and four criminal cases investigated alleging sexual abuse. All thirteen cases were reviewed as part of the audit.

Upon completion of the audit, an exit meeting was held with the Superintendent and PREA Compliance Manager. The facility could not be provided with final findings, but a general overview of the process was discussed.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Ron Jackson State Juvenile Correctional Complex is a high restriction facility located in Brownwood, Texas. The facility has a capacity of 268 and houses male and female offenders with ages ranging from ten to nineteen. Entry and exit from the facility is controlled through one secure gatehouse. There are fifteen buildings within the fenced area of the facility. There are five female and three male housing units. All of the housing units are single cell in design. This facility serves as the orientation and assessment unit for all residents committed to TJJD. Male residents only remain on this campus for the orientation process then are transferred to other locations or facilities. Ron Jackson is the only secure state operated facility for adolescent females in Texas. A unique program offered at this facility is the PAWS program, which consists of residents training dogs in preparation for adoption.

SUMMARY OF AUDIT FINDINGS:

Although the facility has an extensive camera system, several blind spots were identified and discussed with TJJD staff during the tour. As required by PREA standards, cameras do not capture the resident's showers, toilets or the inside of their rooms. Residents interviewed appeared to be well informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents. Residents interviewed were not able to recollect or discuss having knowledge of outside victim advocates for emotional support services related to sexual abuse. The facility has not provided any information regarding these services, and no postings were observed during the facility tour. Correctional staff members interviewed were knowledgeable regarding reporting procedures but many could not articulate the agency's protocol for collecting evidence or procedures to follow in a situation where they may be the first person notified of a sexual abuse allegation.

SINCE THE AUDIT: The Ron Jackson Facility was found to be non-compliant with 7 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 Ron Jackson Facility 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 Ron Jackson facility meets the standard. TJJD has a zero tolerance policy towards all forms of sexual abuse and harassment. The agency has one dedicated PREA Coordinator and the Ron Jackson facility 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 policy 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 during the audit did 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 revised Safe Housing Plan has been provided.
 2. A physical bed capacity report for the Ron Jackson Facility from April of 2014 has been provided which is used in the process of determining staffing levels for the facility.
 3. Emails have been provided showing discussion about the facility's safe housing plan during the development period.

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 addresses all elements of this standard. A sample of files were 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 design plans for all future modifications.

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(I) and 385.8183

TJJD is responsible for conducting both criminal and administrative investigations at the Ron Jackson facility. 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 of 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 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 throughout the facility.

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 Ron Jackson facility 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 staff at the Ron Jackson facility 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)

The screening instrument used by the agency and this facility does not contain the requirements of PREA standard 115.341(b)(2&10).

Corrective Action Requested:

Revisions to 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. 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 not able to demonstrate how the screening tool, which does not comply with 115.341(b) was used to make informed housing assignments.

Corrective Action Requested:

A revision to the agency's screening tool and additional training for staff on how to utilize the screening tool to make informed housing decisions.

SINCE THE AUDIT: The agency has provided a three page instruction document titled Instruction For Intake Screening: Potential Sexual Aggressive Behavior and/or Sexual Victimization which instructs employees on how to complete the revised CCF-001 form discussed in the previous standard.

Standard §115.351 – Resident Reporting

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

Auditor 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. 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.

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 TJJD 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 Ron Jackson facility does not provide residents with information about outside support services. Residents interviewed could not provide information on outside support contact information provided them nor could they recall being provided this information. Documentation was provided on 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 TJJD 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 addresses the requirements for this standard. Interviews demonstrated an understanding of the reporting requirements. The Ron Jackson facility 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. However, many staff interviewed were not able to articulate an understanding of the first responder duties and procedures. Additional training is recommended in this area.

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(j)(5)

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

Corrective Action Requested:

Provide a specific institutional plan for the Ron Jackson facility.

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 Ron Jackson Facility.

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 Ron Jackson facility has designated staff members responsible for monitoring against 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.

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 Ron Jackson facility 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)

A review of agency policy, a sample of the investigations completed, and interviews with the Superintendent and Criminal Investigator 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 Ron Jackson facility reported no staff disciplinary action during this 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 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 Ron Jackson facility 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 substantiated cases, either administrative or criminal, regarding resident on resident sexual abuse in the past 12 months at the facility.

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) and CMS 01.13

The Ron Jackson facility reported on the pre-audit questionnaire that there were no cases where residents disclosed prior sexual victimization during a screening pursuant to standard 115.341. During follow-up discussion, after the on-site audit, it was determined that this number was not correct. It was reported there were 77 male and 6 female residents screened in the Orientation and Assessment Unit at the Ron Jackson Facility who were referred to the agency's sex offender treatment program due to prior sexual perpetration. It was also reported that 43 females, including the previously reported 6, were involved in trauma counseling during the audit period.

Corrective Action Requested:

Provide verification of the number of residents who reported prior sexual victimization or prior sexual perpetration during their screening for the audit period. Provide verification that the resident who reported prior sexual victimization were offered a follow up meeting with medical or mental health practitioner within 14 days of the intake screening.

SINCE THE AUDIT: The Ron Jackson Facility provided a Case Management Standard that became effective on 7/15/2014 detailing protocol for mental health screenings and time frames for when the screenings take place. Per the policy all incoming residents receive a mental health screening conducted by a mental health professional (MHP) within 1 hour of the resident's admission to the Orientation and Assessment Unit. The policy further states that all youth meet with a MHP within 14 days at which time a psychological evaluation is completed. The facility also provided a sample of residents who disclosed prior perpetration or victimization with admission dates as well as the dates that screenings, psychological evaluations, and psychiatric evaluations were conducted. The follow up meeting with the mental health practitioner was within the 14 day time frame allowed by the standard in each of the cases.

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 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 addresses the requirements of this standard, however, the Ron Jackson facility had two administrative investigations that were administratively closed; the outcomes were not determined to be unfounded. Cases were administratively closed October of 2013 and February of 2014. A Sexual Assault Review Board (SARB) was not conducted for either of the investigations.

Corrective Action Requested:

Provide documentation that ensures that a SARB will be completed at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded.

SINCE THE AUDIT: The Ron Jackson Facility provided minutes from the two SARB meetings that have taken place in the months following the audit. Both cases were closed as Not Sustained by the Office of Inspector General.

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)

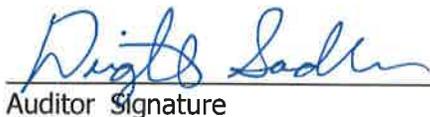
Auditor comments, including corrective actions needed if does not meet standard

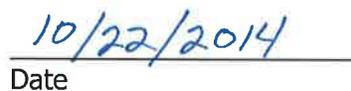
Policy Reviewed: 380.9337(o)(p)

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.


Auditor Signature


Date