

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report November 20th , 2017

Auditor Information

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Company Name: Texas Juvenile Justice Department	
Mailing Address: PO Box 81656	City, State, Zip: Austin, Texas 78708
Telephone: 512-490-7671	Date of Facility Visit: April 26th-27th, 2017

Agency Information

Name of Agency Ray West Juvenile Justice Center		Governing Authority or Parent Agency (If Applicable) Texas Juvenile Justice Department	
Physical Address: 818 FM 3254		City, State, Zip: Brownwood Texas 76801	
Mailing Address: same as above		City, State, Zip: same as above	
Telephone: 1-325-646-0923		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To operate a pre-adjudication, holdover facility in which juveniles can be held securely and safely, and provide a healthy atmosphere in which each juvenile can feel free from harm or danger.			
Agency Website with PREA Information: www.browncountytx.org			

Agency Chief Executive Officer

Name: Lisa Ritter	Title: Chief Probation Officer
Email: lisa.ritter@browncountytx.org	Telephone: 1-325-646-0923

Agency-Wide PREA Coordinator

Name: Lisa Ritter	Title: Chief Probation Officer
Email: lisa.ritter@browncountytx.org	Telephone: 1-325-646-0923

PREA Coordinator Reports to: N/A	Number of Compliance Managers who report to the PREA Coordinator None
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Facility Information

Name of Facility:	Ray West Juvenile Justice Center
Physical Address:	818 FM 3254 Brownwood, Texas 76801
Mailing Address (if different than above):	N/A
Telephone Number:	1325-646-0923

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
			<input checked="" type="checkbox"/> Other (Holding Facility)

Facility Mission: To operate a pre-adjudication, holdover facility in which juveniles can be held securely and safely, and provide a healthy atmosphere in which each juvenile can feel free from harm or danger.

Facility Website with PREA Information: www.browncountytx.org

Is this facility accredited by any other organization? Yes No

Facility Administrator/Superintendent

Name: Lisa Ritter	Title: Chief Juvenile Probation Officer
Email: lisa.ritter@browncountytx.org	Telephone: 1-325-646-0923

Facility PREA Compliance Manager

Name: N/A	Title:
Email:	Telephone:

Facility Health Service Administrator

Name: N/A	Title:
Email:	Telephone:

Facility Characteristics

Designated Facility Capacity: 14	Current Population of Facility: 0
Number of residents admitted to facility during the past 12 months	35

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		15
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	10-17 years old	
Average length of stay or time under supervision:		48 hours
Facility Security Level:		Secure, temporary holding facility
Resident Custody Levels:		Short-term pre-adjudication, secure
Number of staff currently employed by the facility who may have contact with residents:		12
Number of staff hired by the facility during the past 12 months who may have contact with residents:		3
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0
Physical Plant		
Number of Buildings:	1	Number of Single Cell Housing Units: 1
Number of Multiple Occupancy Cell Housing Units:	None	
Number of Open Bay/Dorm Housing Units:	None	
Number of Segregation Cells (Administrative and Disciplinary):	None	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>The Facility Administrator did indicate during her interview that they have 16 cameras installed throughout the facility which are located in the dorm, dayroom area, visitation room, outside recreation area, and hallway areas of the facility. The cameras installed on the dorm are positioned whereas a staff of the opposite gender who is working in the control center cannot view a youth during shower routine, restroom or when they are changing of clothing in their rooms. Video retention is only for 30 days.</p>		
Medical		
Type of Medical Facility:	None	
Forensic sexual assault medical exams are conducted at:	Llano Memorial Hospital and Hendrick Medical Center	
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	0	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0	

Audit Findings

Audit Narrative

The Brown County Juvenile Probation Department in Brownwood, Texas has, in agreement with the Texas Juvenile Justice Department is allowing Jerome K. Williams, a Department of Justice (DOJ) PREA Auditor for Juvenile and Adult Facilities, to conduct an audit of the Ray West Juvenile Justice Center on April 26th-27th, 2017. The purpose of this audit was to determine their degree of compliance with the Federal Prison Rape Elimination Act (PREA). Six weeks in advance of the audit several audit notice posters on colored paper were displayed throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided the youth, staff, volunteers and contractors with the auditor's contact information. Pictures were sent to the auditor via email verifying the posters were displayed consistent with DOJ's auditing expectations. Within one month of the onsite review, the Chief Juvenile Probation Officer/Facility PREA Coordinator submitted the PREA Audit Questionnaire and other supporting documentation to the auditor via USB drive. Prior to the onsite visit, this auditor conducted a comprehensive evaluation of the agencies policies, facility procedures, program documents and other relevant materials that was sent.

The onsite portion of the audit was conducted over a two day period: April 26th, 27th, 2017. During this time, the auditor conducted interviews with the facility leadership and its staff. Since this is a juvenile holdover facility, equivalent to an adult lockup facility, there were no youth in custody during the onsite audit. The requisite interviews were conducted consistent with DOJ's auditing expectations in content and approach, as well as individuals selected for interviews (i.e. Chief Juvenile Probation Officer/Facility PREA Coordinator, specialized staff, and random staff). An entrance meeting was held with the Chief Juvenile Probation Officer/Facility PREA Coordinator and two Juvenile Probation Officers. During this entrance meeting the auditor was provided with a comprehensive listing of the specialized and random staff to be interviewed than previously provided, which included the necessary adjustments (i.e. substitutes) to compensate for staff schedule changes and a revised copy of the PREA Audit Questionnaire whereas cited deficiencies were addressed since my initial review during the Pre-Audit phase. This auditor was then shown where the private interviews would occur, was explained the location of and how access would be gained to review the personnel and staff training files, and that the Chief Juvenile Probation Officer/Facility PREA Coordinator would be my point of contact for accessing any other required or requested documentation as needed. In addition, an extensive tour (site review) was conducted which included the dorm, the recreation area, and the administrative offices.

While on the tour (site review) this auditor was permitted access to all areas of the facility. It was noted during the facility tour (site review) this auditor could would be unable to assess any random youth regarding their knowledge of PREA, what it means, their knowledge of the reporting procedures, the outside services available if they or someone else was a victim of sexual abuse, the supervisory presence on their dorm, if unannounced visits occur by upper level or intermediate staff supervisor and if the opposite gender staff make a verbal announcement before entering their housing unit during restroom routines, showering and changing of their clothing because there were none present. The facility did have announcement signage posted as a reminder for staff in the dorm area and the random staff interviewed did indicate that opposite gender announcements are made, though none were heard or observed during the tour (site review). It was also noted during the facility tour (site review) that all of the Short Term Juvenile Detention Officers (STDO) perform the duties as Intake staff and when interviewed as to their knowledge of PREA, what it means, what questions needed to be asked of each youth for assessment purposes including those pertaining to LGBT (Lesbian, Gay, Bisexual, Transgender) for housing and placement considerations was revealed. It was noted that these staff do provide the youth with PREA related brochures and information during every Intake and that the youth do receive an orientation to the facility, but not the comprehensive youth education within 10 days of their Intake because of their limited time in the facility and because this process was not in place as of the onsite visit. The Chief Juvenile Probation Officer/PREA Coordinator did provide to this auditor a copy of the Intake packet that is completed on every youth, the PREA related brochures provided to the youth but not a copy of the DVD utilized as part of the comprehensive education to be provided to the youth within 10 days of Intake. This auditor reviewed and observed identified blind spots, staff posts and line of sight, supervisory presence and office proximity to the dorm area, reviewed their surveillance equipment to ensure that the cameras were not capturing areas where cross gender supervision

could occur and reviewed all required documentation to assist him in ascertaining this facility's compliance or non-compliance with the PREA standard.

This auditor conducted a total of eight (8) specialized staff interviews with the Chief Juvenile Probation Officer/Facility PREA Coordinator, who is also the Contract Administrator, Intermediate or Higher Level Facility Staff, a First Responder, a staff designated to Monitor for Retaliation, the Outside SANE Staff, Staff who Performs Screening for Risk of Victimization and Abusiveness, a member of the Incident Review Team and a Intake staff utilizing the Specialized Staff interview protocol questions and recorded each staff's individual responses. Several staff members perform multiple roles, as indicated above, in this facility. This auditor decided to interview the number of specialized staff above because of the facility's current number of employees of twelve (12), which would provide a better assessment of this facility's commitment towards preventing, detecting, reporting and responding to sexual abuse and sexual harassment process from the staff's perspective as well as to assess this facility's reporting culture among this classification of staff as it pertains to the facility's sexual safety reform efforts.

The staff was randomly selected to participate in the interview process by obtaining a current roster of staff and selecting all of the names due to the size of the facility. From this listing I conducted a total of eight (8) random staff interviews utilizing the Random Staff Interview protocol questions and recorded each staff's individual responses. One staff was out on bereavement leave and could not be interviewed. This auditor decided to interview the number of random staff above because of the facility's current number of employees of twelve (12), which would provide a better assessment of this facility's commitment towards preventing, detecting, reporting and responding to sexual abuse and sexual harassment process from the staff's perspective as well as to assess this facility's reporting culture among this classification of staff as it pertains to the facility's sexual safety reform efforts.

There were no youth initially randomly selected to participate in the interview process since this is a juvenile holdover facility and no youth have been brought to this facility during the onsite visit. This auditor will return to and or contact this facility to interview any random youth that become available during the onsite and post audit period, utilizing the Residents Interview Protocol and will record each youth's individual responses, once notified of an admission by the Chief Juvenile Probation Officer/PREA Coordinator and or her staff during the corrective action phase. The interview should provide a better assessment of this facility's Intake and orientation process from the youth's perspective, of the youth comprehensive PREA education training that is to be provided by the facility and to assess this facility's reporting culture among the classification of youth as it pertains to the facility's sexual safety reform efforts. There was no youth identified by the facility as limited in English Proficiency, LGBT or as having a disability during the onsite visit.

Be it known that this facility is a juvenile holdover facility, similar to a lock up, but youth can be detained in this facility for up to 7 days by their average length of stay has been for 48 hours. During the onsite audit, there were zero youth interviewed because this small, rural facility did not receive any youth from the surrounding counties for holding. During the post audit phase this auditor was able to interview seven (7) youth to assess their knowledge of PREA, what it means, their knowledge of the reporting procedures, the outside services available if they or someone else was a victim of sexual abuse, the supervisory presence on their dorm, if unannounced visits occur by upper level or intermediate staff supervisor and if the opposite gender staff make a verbal announcement before entering their housing unit during restroom routines, showering and changing of their clothing. All of the youth interview articulated their knowledge of PREA, what it means, how to report a sexual abuse and sexual harassment allegation, that staff of the opposite gender does announce their presence before entering the dorm area and that unannounced visits did occur by upper level and intermediate staff supervisors during their stay.

While at the facility, this auditor also reviewed fourteen (14) youth case records, there were no investigative reports to review because there were zero investigations in the last 12 months for sexual abuse and sexual harassment, and review additional program information and documents as pertaining to this audit. This auditor randomly sampled ever other youth record or half of the 35 available because of this facility's size. In addition, this auditor randomly sample nine (9) of the twelve (12) staff training and personnel records to review because of the facility's staff size. During the past 12 months the facility reported there were zero administrative and zero criminal investigative cases for sexual abuse and sexual harassment, as well as zero grievances filed alleging sexual abuse and sexual harassment in this facility, which was corroborated by the Chief Juvenile Probation Officer/PREA Coordinator and the selected specialized staff during their interviews. The Chief Juvenile

Probation Officer/PREA Coordinator also indicated during her interview that there have been zero reported instances where a sexual abuse had occurred at another facility and required reporting in the last 12 months

To obtain information about the Rape Crisis Center and or Advocacy services available to and or at the Ray West Juvenile Justice Center, a phone interview was conducted with a representative from the Ark Rape Crisis Center, who indicated that there have been no referrals from this facility for their services. Following the onsite visit, a meeting was held with the Texas Juvenile Justice Department's Administrative Investigative Division Director who corroborated that there have been zero allegations of sexual abuse and sexual harassment reported by this facility in the last 12 months. In total, there was eleven (11) staff interviews conducted during the onsite audit process. This facility did not have any SAFE and or SANE personnel working at this facility but the Chief Juvenile Probation Officer/PREA Coordinator did provide to this auditor the name and phone number of the SANE personnel at the Hendrick Medical Center of whom he could contact. This auditor did contact the SANE personnel at the Hendrick Medical Center and she did indicate that they are aware of the SANE protocol, that this facility has not brought a sexual abuse victim in for a SANE examination from the Ray West Juvenile Center in the last 12 months and that they are accessible to the facility's Chief Juvenile Probation Officer/PREA Coordinator and staff if the need arises.

On the final day of the onsite audit, a one hour debriefing meeting was held with the Ray West Juvenile Justice Center's Chief Juvenile Probation Officer/PREA Coordinator. The purpose of this meeting was to summarize preliminary audit findings, provide specific feedback including program strengths and areas for improvement as it related to PREA and to devise a plan to work closely with the agency PREA Coordinator in addressing any "do not meet" standards within the 180 days corrective action period if applicable.

Within forty five (45) days following the onsite audit, an initial finding report was submitted to the Ray West Juvenile Justice Center's Chief Juvenile Probation Officer/Facility PREA Coordinator. Of the 43 PREA standards this facility was found to have "exceeded" in 1 of the standards, "met" 9 of the standards, "did not meet" 33 of the standards at the conclusion of this onsite visit. At that time, the Ray West Juvenile Justice Center had entered into a six month (180 days) corrective action period to address the cited PREA standard deficiencies. During the corrective action phase the facility's PREA Coordinator/Facility Administrator did provide to this auditor the required documentation to address the 33 deficient standards in order to demonstrate that they have implemented the recommended procedures, protocols and demonstrated practices, including the training of the staff and youth, as part of the corrective action plan.

During the corrective action period that began on May 24th, 2017, the Ray West Juvenile Justice Center's Chief Juvenile Probation Officer/Facility PREA Coordinator and staff did contact this auditor by email and phone when youth was held over in this facility in order to interview them in accordance to the standards. This auditor was only able to interview seven (7) youth, though shy of the recommended ten (10) to be interviewed, and he recorded their responses regarding their knowledge of PREA, reporting and outside services available to them if they or someone else was a victim of sexual abuse on the Random Resident Interview Protocol form. In addition to the youth interviews, the facility's Chief Juvenile Probation Officer/Facility PREA Coordinator provided the required information, documentation and demonstrated the institutionalization of the required, cited practices and protocols thereby demonstrating full compliance in the 43 PREA standards. The PREA Coordinator/Facility Administrator was provided with a copy of this Final Report and was instructed that it must be posted on the agency's website within 90 days of the issuance of this document's date.

This report is considered to be the Final PREA Audit Report.

Facility Characteristics

The Ray West Juvenile Justice Center is a designed 14 beds, juvenile holdover, and coed facility for youths from ages 10 through 17 located in Brownwood, Texas. The Ray West Juvenile Justice Center provides secure, holdover placement of pre-adjudicated youth for up to 48 hours before being transferred to a long-term juvenile detention facility in this and other counties. The facility is operated by the Brown County Juvenile Board and their mission is to operate a pre-adjudication,

holdover facility in which juveniles can be held securely and safely, and provide a healthy atmosphere in which each juvenile can feel free from harm or danger.

The Ray West Juvenile Justice Center's physical plant is comprised of an outside fenced recreation court where basketball can be played, a dormitory containing the 14 cells that is self-contained with a dayroom area (i.e. that is utilized multi-facetedly for meals, leisure time, etc.), 2 separate shower area where a youth can shower individually with a privacy door whereas the dorm cameras cannot view inside the shower, restroom area or inside the youth's cell when they are changing clothes or utilizing the restroom. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator indicated during her interview that the shower routines are conducted by male staff for the male youth and by the female staff for the female youth on the dorm. This activity was not observed by this auditor since there were no youth present during the onsite visit. During the interviews with the specialized staff and the random staff they all corroborated the fact that staff of the opposite gender do knock and announce their presence before entering the dorm area when the opposite gender youth are present, especially during shower routine, changing of clothing and during restroom routines. It was observed during the facility tour (site review) that the entrance into the dorm area did have signs posted as a reminder to the staff of the opposite gender to announce their presence before entering.

The dorm has 14 cells that have a bed, a shelf, an intercom button so that they can communicate with the central control room when in their rooms for restroom routine, changing of their clothing and at night. The cells do not have a toilet or a sink in their rooms (dry cells) for hygiene routine but do have a separate area where this routine can occur. There are no cameras in the youth rooms but there are cameras in the dayroom, in the hallway entrance into the dorm and in the outside recreation area to augment the staff's supervision and monitoring of the youth while on and off the dorm. On the dorm there is also a kitchenette, 3 storage rooms, an exercise room with exercise equipment and 1 counselor's office.

The staff on each shift has the responsibility of monitoring the dorm from the floor and from the control room while monitoring the facility's 16 cameras during active and non-activity hours. This is inclusive of monitoring the outside facility cameras, the operating of the electronic doors throughout the dorm and when monitoring the movement of both staff and youth on the dorm. The Chief Juvenile Probation Officer/PREA Coordinator informed this auditor that the Short Term Detention Officers (STDO) along with G4S staff, a juvenile facility whose building adjoins theirs, do perform outside security perimeter inspections for them at the beginning of each shift.

In the administrative area of this building there is a sally port area where new youth are brought into the facility, a reception area for visitors, a private visitation room, an attorney office, an office for the Chief Juvenile Probation Officer/PREA Coordinator, two offices for the Juvenile Probation Officers (JPOs), a waiting area by the JPO's offices, 1 conference room with a restroom, a staff break room and 2 restrooms. There is a dedicated Reception/Intake area for new arrivals where the Intake screening occurs. This facility had twelve (12) employees, zero of volunteers, zero contractors and zero youth in this facility as of the day of the onsite audit. Navigating this facility was easy to do once in the reception area. To get to the dorm area one would go through the locked door into the hallway and make a left turn that leads straight to the entry door to the dorm area. From the reception area, one would make a right turn that will lead down a hallway into the office area of the Chief probation Officer, the two Juvenile Probation officers and the waiting area.

The facility was operating safely and was observably clean throughout during the days of this onsite audit visit.

Summary of Audit Findings

The Ray West Juvenile Justice Center's staff and the facility's PREA Coordinator stayed in constant communications with this auditor, were responsive to his requests for documentation and provided the required information during this six month corrective action period thereby demonstrating their full compliance with the federal PREA standards.

The Ray West Juvenile Justice Center's staff did implementation all of the audit recommendations put forth in the initial audit report, additional documents were submitted and reviewed by this auditor and seven (7) random youth interviews did occur during the corrective action period. Because this is a juvenile holdover facility, youth who are held in this facility come

from other smaller rural counties therefore the youth intakes were quite sporadic as previously mentioned in this report. This auditor did provide feedback and guidance to the Ray West Juvenile Justice Center agency's PREA Coordinator during this corrective action period to help her remedy the challenges presented during the onsite visit and that which was indicated in the Interim Report. By the end of the six month corrective action period the Ray West Juvenile Justice Center's administration and staff had implemented this auditor's recommendations and did provide ample documentation to support their compliance in the 33 deficient standards.

Among some of the Ray West Juvenile Justice Center's key accomplishments during the post onsite audit were the creation of the facility's website and the execution of a service agreement via the Memorandum of Understanding with the Ark to ensure that sexual abuse victims are offered rape crisis and follow-up services if this was to occur in the facility. In addition, the agency's Zero Tolerance policy was finalized and the staff was trained in it, which also streamlined the facility's procedure that address preventing, detecting, responding and reporting sexual abuse and sexual harassment allegations.

As was stated in the Interim Audit Findings Report, overall, the Ray West Juvenile Justice Center did demonstrate that they can meet and or exceed expectations as it pertains to sexual safety reforms and protocols in this facility. Some of the highlights from the post audit included that all the youth interviewed clearly understood their rights, they knew how to make a report if they were being sexually abuse; and they stated that they felt the staff genuinely cared about their safety and wellbeing. In addition, the seven (7) youth interviewed during the post audit, corrective action period supported the perception of this auditor that the staff did genuinely care for the youth in their care, were professional and dedicated towards ensuring that the youth are safe and receive treatment services they need in order to turn their lives around. On another note, the staff clearly understood their first responder's responsibilities and knew exactly what they needed to do in the event of a sexual abuse allegation.

An explanation of the findings related to each standard is provided in this report. It is important to note that the intention of this report is to provide the reader with a summary of the audit findings and highlight some examples of evidence to support these findings. The narrative in this report is not an "all inclusive" list of the supporting evidence needed to meet each PREA standard. However, each standard that was successfully met had been triangulated with the interviews protocols, observations made by this auditor, and review of all and additional documentation during the onsite visit and post audit phase to verify that the practices employed at Ray West Juvenile Justice Center were consistent with the agency's policies, facility protocols, were institutionalized and conforms to the PREA standards.

This final report retains much of the language of the Interim Audit Report and also includes information on the specific action taken by the Ray West Juvenile Justice Center's leadership and the facility staff which resulted in this facility achieving full PREA compliance.

The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor the required additional documentation for the cited 33 deficient PREA standards therefore demonstrating that they have implemented the recommended procedures, protocols, have trained the staff and youth and have institutionalized the practices as part of this collaborative corrective action plan with this auditor. Based on the receipt and review of this information as described above, this facility is certified as having demonstrated full compliance and institutionalization in all 43 standards. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator was provided with a copy of this Final Report and was instructed that it must be posted on the agency's website within 90 days of issuance of this document's date.

This is their Final Report

Number of Standards Exceeded: 1

115.317

Number of Standards Met: 42

115.311, 312, 313, 315, 316, 318, 321, 322, 331, 332, 333, 334, 335, 341, 342, 351, 352, 353, 354, 361, 362, 363, 364, 365, 366, 367, 368, 371, 372, 373, 376, 377, 378, 381, 382, 383, 386, 387, 388, 389, 401 and 403.

Number of Standards Not Met: 0

None

Summary of Corrective Action (if any)

Since this is the Final Report, a summary of the corrective actions that were recommended in the Interim Report to this facility are reflected in those specific standards having a “corrective action findings” and the steps taken are reflected as “resolution” as you read through this Final Report.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, Organizational Chart, Agency Website, PREA Audit Questionnaire (PAQ), Training Records and Interview with the Chief Juvenile Probation Officer/Facility PREA Coordinator and the Random Staff

Findings: A. The Ray West Juvenile Justice Center does have a written draft Zero Tolerance policy towards preventing, detecting and responding to all forms of sexual abuse and sexual harassment which was obtained and reviewed by this auditor. The facility's Zero Tolerance policy does include a description of how the agency responds to allegations of sexual abuse and sexual harassment as well as how they will go about reducing and preventing these incidents. They also have definitions in this draft policy that is relevant to PREA. The facility's draft Zero Tolerance policy does contain program sanctions for youth, staff, volunteers and contractors who participate in the listed prohibited behaviors of sexual abuse, sexual harassment and policy violations with sanctions including and up to termination. A review of the training files and roster by this auditor corroborated that all of the staff have been trained on this policy. The facility's draft Zero Tolerance policy is not posted on the agency's website because it is not finalized yet and because they do not have agency website as of the onsite visit. B. The facility does have one dedicated PREA Coordinator who reports to the Juvenile Board as indicated by the provided organizational chart reflecting this position. They do not have a PREA Compliance Manager assigned to this facility because of its size fourteen (14) nor do they have multiply facilities. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that she does have sufficient time to fulfill her responsibilities as the PREA Coordinator, which was corroborated through the interviews with the specialized selected staff.

Corrective Action Findings: The facility must develop a standalone and finalized their Zero Tolerance policy, train the staff in it, provide a copy of it including signed training rosters for the staff acknowledging receipt of said training and then post this policy on a bulletin board in the reception area of the facility and on the County Court's bulletin board since they do not have an agency website. A picture reflecting the posted Zero Tolerance policy in these areas must be provided to this auditor for verification via USB drive or email in order to demonstrate compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did develop and implement their finalized standalone Zero Tolerance policy, has created an agency website since the onsite visit and provided a link to the page, and she did post the finalized PREA policy on the webpage as observed by this auditor. She also provided signed acknowledgment training rosters from all of the staff verifying that they have been trained on this new policy therefore demonstrating their compliance with this standard.

Standard 115.312: Contracting with other entities for the confinement of residents

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other

entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Sample Residential Contracts and Interview with the Chief Juvenile Probation Officer/Facility PREA Coordinator

Findings: The Ray West Juvenile Justice Center's draft Zero Tolerance policy does require that all of their residential contracts for contracting residential facilities the PREA compliance language requirement, which states that they will adopt and comply with the PREA standards. A. During the interview with the agency's Chief Juvenile Probation Officer/Facility PREA Coordinator she did provide this auditor with five (5) contracts between them and other detention facilities for the confinement of their youth (other detention facilities), which was reviewed during the pre-audit process for verification of this language and existence. The agency's Contract Administrator, which is also the Chief Juvenile Probation Officer/Facility PREA Coordinator, did indicate during her interview that this language is included and is reviewed by each contracting entity prior to their annual contract renewal with her facility. B. The Chief Juvenile Probation Officer/Facility PREA Coordinator furthermore indicated that she is monitored by these entities for PREA compliance annually and that each contracting agency is or has been working independently towards achieving their own PREA compliance certification by August of 2017. A listing of contracting agencies who have already had a PREA audit or that have received their Final Report was provided to this auditor for his review and verification, therefore this facility has demonstrated compliance with this standard.

Standard 115.313: Supervision and monitoring

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policies and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Ray West Juvenile Justice Center's Operating Procedure, Safe Housing Staffing Plan, Staffing Plan, Cooperative Agreement with G4S, PREA Unannounced Rounds Documentation, Dorm Log Book, Youth Rosters, Daily Population Reports, Video Monitoring if applicable, Chief Juvenile Probation Officer/Facility PREA Coordinator, Intermediate and Higher Level, Random Staff and Youth Interviews.

Findings: The Ray West Juvenile Justice Center's draft Zero Tolerance policy and the Safe Housing Staffing Plan do require the direct supervision and monitoring of the youth throughout the facility. A. The daily average number of youth in this facility on the day of this audit was zero but the staffing plan is predicated on the average daily population total of fourteen (14) youths. This is a holdover facility in a rural area and when a youth will be held in this facility is unpredictable and sporadic. B and C The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor a copy of their Staffing Plan and the Staffing Plan Assessment and did allow him to review the facility's budget spreadsheet and Juvenile Board meeting minutes during the onsite visit as a means of demonstrating their compliance with this standard. The agency's PREA Coordinator did provide written evidence in the form of a memorandum that at no time has the facility deviated from their staff-to-youth ratio of 1:7 during waking hours and 1:14 during sleeping hours, that is inclusive in their staffing plan which was corroborated by the Facility Administrator as being accurate. D. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide written evidence demonstrating that she, the Facility Administrator and members the agency's leadership team do review the staffing plan annually, which includes video monitoring and do work incessantly towards their adherence to this plan. She further indicated that any and all deviations from this plan would be documented but there were no such deviations during the last 12 months. For fiscal year 2016-17 the Staffing Plan did not include the hiring of any full time equivalents (FTEs) but did include the hiring of short term equivalents (STEs) as a continuing effort to keep their staff -to-youth ratio to 1:8 during waking hours and 1:16 during sleeping hours by October 1st, 2017, exceeding the required staff to youth ratio per this standard. E. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did also provide written evidence in the form of logs to demonstrate that the higher level supervisors are conducting unannounced rounds on all shifts in an effort to prevent sexual abuse. The Ray West Juvenile Justice Center does have a cooperative agreement with G4S Youth Service, a private facility that is connect to the same building, to conduct

unannounced rounds for them as well. In return, Ray West Juvenile Justice Center occasionally provides short term detention placement for G4S's youth. The facility's Zero Tolerance policy does indicate that disciplinary action will occur if a staff alert other staff of these unannounced rounds and during the random staff interviews, especially with those STDO's who were working on the dorm, were able to articulate their awareness of this policy. During this auditor's visit to the dorm area he did observe the opposite gender staff utilized the knock and announce method to announce their presence before entering the dorm as well as observed signage of the same as a reminder to the opposite gender staff to make the announcement. During the interviews with the specialized staff, random staff and post-audit interviews with the youth, they all were able to articulate that this practice is occurring especially during shower routine, restroom breaks and changing routines, thus demonstrating their compliance with this standard

Standard 115.315: Limits to cross-gender viewing and searches

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Youth Search Procedures, Memorandum on Cross Gender Searches, Pat Search Training PowerPoint, Search logs, Cross Gender Training Curriculum and Video, Signed Staff Training Rosters, Random Staff and Youth Interviews.

Findings: A and B. The Ray West Juvenile Justice Center's draft Zero Tolerance policy and the Youth Search Procedures do prohibit the cross gender viewing during restroom routines, changing of clothes and during shower routine. It also prohibits cross gender pat, visual body and strip searches absence exigent circumstances. The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that there were no cross gender pat, visual or strip searches conducted by the staff, medical personnel and or for an exigent circumstance during the last 12 months. C and E A review of the facility's search logs that were provided to this auditor as well as excerpts extrapolated from the random staff interviews verified that this prohibited practice does not exist in this facility. This included the searching or physically examining of a Transgender or Intersex youth in order to determine their genitalia. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor a listing of youth formerly in this facility and she did not identified any current youth as Transgender or Intersex at the time of this audit. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide written evidence in the form of a memorandum that further demonstrated that cross gender pat search, physically examining a transgender or Intersex youth for the sole purpose of determining their genitalia is prohibited. D. There were no random youth available to interview that would be able to definitively articulate that the male staff and the female staff do knock and announce their presence before entering the opposite gender housing unit (dorm), that they are able to shower, use the restroom, dress and change clothing without being observed by the opposite

gender or that at no time have a staff member of the opposite gender pat searched their person. The sixteen (16) cameras located and positioned on the dorm including the dayroom area, are in a position whereas a youth cannot be viewed by the opposite gender staff during shower, restroom routines and during the changing of clothing. The Chief Juvenile Probation Officer/Facility PREA Coordinator, supervisory staff, and the control center staff have access to viewing the facility's cameras. A copy of the training curriculum on searches was provided by the agency's Chief Juvenile Probation Officer/Facility PREA Coordinator for this auditor's review which also emphasized that all searches would be conducted professionally and in a respectful manner consistent with the security needs of the facility. The eight (8) of random staff interviewed definitively articulated that this practice of cross gender viewing and searches was not occurring, though during the facility tour (site review) no searches were observed because there were no youth were in custody. F. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide this auditor with a copy of the signed staff training rosters as evidence to demonstrate that all of the facility's staff had been trained in cross gender pat searches, thus demonstrating their compliance with this standard.

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Intake and Orientation Documentation, Memorandum on Interpreters, Youth Handbook, Posters and Keeping Safe Brochure in English and Spanish, Staff Interpreter’s Listing, Intake, Random Staff and Youth Interviews.

Findings: A. The Ray West Juvenile Justice Center did provide to the auditor their draft Zero Tolerance policy as well as copies of their written PREA material that is in English and Spanish e.g. brochures, etc. of which the Intake staff provides to the youth during Intake and at orientation. This auditor did observe the PREA posters in English and Spanish being displayed throughout the facility during the tour (site review). B. The facility’s Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide to this auditor a copy of the contract for the acquisition of Interpreting and Translation Services through an interpreting company and or agency or from the Brownwood Independent School District for those youth who may be deaf, speech impaired, limited in English proficiency, blind and or low vision, or who are psychiatric or intellectually disabled. During the interview with the Chief Juvenile Probation Officer/Facility PREA Coordinator she further stated that these services are not available through contract or from the Brownwood Independent School District because of the short term placement of the youth in this facility. A listing of the facility staff that would be to be utilized as interpreters for those youth who are Limited in English (Spanish) speaking or other languages was not provided for this auditor’s review though several random staff interviewed indicated that they are bilingual and could provide interpreting services as needed. The facility’s Chief Juvenile Probation Officer/Facility PREA Coordinator did not identify any youth who were Limited in English speaking during this audit because there were no youth in custody or in their population during this onsite visit. The facility’s Chief Juvenile Probation Officer/Facility/PREA Coordinator did indicate that there were no interpreting services i.e. deaf, vision impaired, etc. required of any youth held in this facility in the last 12 months. C. The facility’s draft Zero Tolerance policy does state that they do not utilizing youth interpreters, youth assistants or youth readers for any PREA-related activity in this facility. This draft Zero Tolerance policy statement was corroborated with the responses made by the specialized and random staff during their interviews. The Chief Juvenile Probation Officer/Facility PREA Coordinator did provide this auditor with a copy of the Youth Orientation Manual, which was also in Spanish, which is given to those youth who are of Spanish decent or who are limited in English proficiency, even though an interpreter would be provided them if needed.

Corrective Action Findings: The facility must provide to this auditor a listing of those staff that would be utilized as an interpreter for those youth who are limited in English proficiency in order to demonstrate compliance with this standard.

Resolution: The agency’s Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor that identified the staff members who would be utilized as interpreters for those youth who are Limited in English Proficiency, therefore demonstrating their compliance with this standard

Standard 115.317: Hiring and promotion decisions

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
 Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Volunteer and Contractor Policy and Agreements if applicable, Criminal Records and Child Abuse Registry Check Documentation, Brown County Applicant/Employee PREA Disclosure Forms, Application Packet, Training Records and interviews with the Chief Juvenile Probation Officer/Facility PREA Coordinator, Specialized and Random Staff.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance and Human Resources policies does consider any incident of sexual abuse and sexual harassment in determining whether to hire, promote or enlist the services of contractors

who have contact with the youth. These policies do state that by providing false information or for omitting information of misconduct will be grounds for termination, and that it also provides that a former employee's misconduct would be provided to another agency for substantiated findings of sexual abuse and sexual harassment. This policy assertion was also corroborated and extrapolated from the specialized and random staff interview notes. B. Regarding volunteers and contractors, these policies do state that their services will be terminated if they violate the agency's draft Zero Tolerance policy and the finding, as it pertains to a contractor, it will also be reported to their licensing authority. This facility does not utilize the services of volunteers. During the interview conducted with the Chief Juvenile Probation Officer/Facility PREA Coordinator it was revealed to this auditor that the agency does conduct criminal background checks and child abuse registry checks prior to all hiring and promotions. Copies of the criminal background and child abuse registry checks were reviewed in the staff files by this auditor during the onsite visit. There were no volunteer or contractors files to review since they do not have either providing services at this facility. C, D and E The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide written evidence in the form of copies of the FAST and Child Abuse registry checks in the last 12 months from the law enforcement and child abuse agency that corroborates that they do conduct background checks and child abuse registry checks on all of their current employees. The Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that these checks are also performed every year by the agency and or five (5) times within a five years period by the agency, which exceeds the standard. F. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor written evidence of the employee's self-reporting disclosure requirement and that omissions regarding misconduct shall be grounds for termination. A copy of the agency's employee self-disclosure form was provided to this auditor for his review onsite for each employee. The facility's Chief Juvenile Probation Officer/Facility/PREA Coordinator also provided documented evidence of the FAST and Child Abuse Registry Check to support that 100% of her staff have had background and child abuse registry checks performed during the last 12 months. The agency reported that there were three (3) new hires, zero volunteers put into services and zero service contractors hired whereas background and child abuse registry checks were conducted in the last 12 months, thus demonstrating their compliance with this standard

Standard 115.318: Upgrades to facilities and technologies

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, Onsite Facility Visit, and Memorandum on Monitoring Technology, PREA Audit Questionnaire (PAQ), and the Facility Schematics reflecting the camera locations, viewing of Control Room/Facility cameras and interview with the Specialized and Random Staff and the Chief Juvenile Probation Officer/Facility PREA Coordinator.

Findings: A. The Ray West Juvenile Justice Center agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate that they have not made any substantial expansions, modifications or any renovations in this facility since August 20, 2012 but has installed and or update their video monitoring system since August 20, 2012. A copy of the facility's schematics reflecting the installation of the new cameras was provided to this auditor during the pre-audit phase. The Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that they have sixteen (16) cameras installed throughout the facility which are located on the dorm, in the dayroom area, the hallways and in the outside recreation court area. A staff of the opposite gender who is working in the control room cannot view any cameras of a youth during shower routine, restroom and the changing of clothing. This was corroborated by this auditor observing the cameras in the control room and through interviews conducted with some of the specialized staff who has access to the camera live and archival footage, therefore verifying that opposite gender viewing by staff is limited according to the cross gender supervision standard. B. It was recommended by this auditor to the Chief Juvenile Probation Officer/Facility PREA Coordinator that if funding becomes available that cameras be purchased for placement and installation in areas of the facility including the identified blind spots on the dorm, in the breakroom, in the water closets, etc. and in other identified areas throughout the facility to further augment the staff's supervision and monitoring towards preventing, detecting and responding to sexual abuse and sexual harassment allegations. The facility has demonstrated their compliance with this standard

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly

comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Memorandum from Brown County Sheriff Department, The Llano Memorial Hospital, Hendrick Medical Center, Memorandum of Understanding from the Ark, Specialized Staff and Chief Juvenile Probation Officer/Facility PREA Coordinator Interviews.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline their protocol for conducting investigations of sexual abuse and sexual harassment as well as requesting information from the respective external investigative entities, as applicable, on the progress of each investigation. B. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide this auditor with a copy of and stated that they do follow the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents developed after 2011 for obtaining usable evidence for administrative and criminal investigations. The Texas Department of Juvenile Justice (TJJD) is responsible for conducting administrative investigations for the agency and the Brown County Sheriff Department is responsible for conducting criminal investigations of sexual abuse. This assertion was corroborated by the facility's Chief Juvenile Probation Officer/Facility PREA Coordinator and the specialized staff during their interviews. C. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator indicated also during her interview that the Hendrick Medical Center and the Llano Memorial Hospital is where a youth would receive routine and emergency medical care including where they would also be taken by local law enforcement in the event a forensic examination (SANE) for sexual abuse incident is required. D. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor written evidence in the form of a Memorandum of Understanding from the Ark, the designated Rape Crisis Center, which indicated they have obtained outside emotional support and crisis counseling services for a victim of sexual abuse, if and when needed. In the last 12 months the facility's Chief Juvenile Probation Officer/Facility PREA Coordinator indicated during her interview that there have been no SANE examinations required in the last 12 months of which was also corroborated by the SANE Nurse from Hendrick Medical Center, who was interviewed. A review of the fourteen (14) randomly selected youth files by this auditor while onsite also corroborated this assertion. E. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that they do not have a qualified staff members available to serve as an advocate, if needed, for a victim of sexual abuse but the Memorandum of Understanding from the Ark that was executed would assist them in this area if and when applicable. F. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide written evidence in the form of a memorandum that the Brown County Sheriff Department will follow the requirements of the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents developed after 2011 for obtaining usable evidence for criminal investigations or similar protocol.

Corrective Action Findings: The facility must provide a memorandum from the Brown County Sheriff Department indicating that they agree to follow the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents developed after 2011 for obtaining usable evidence for criminal investigations of a similar protocol in order to demonstrate compliance in this standard.

Resolution: This agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor from the Brown County Sheriff Department indicating that they will follow the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents developed after 2011, therefore demonstrating their compliance with this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), and the Chief Juvenile Probation Officer/PREA Coordinator Interview.

Findings: A and B. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does require that all allegations of sexual abuse and sexual harassment are to be reported to the facility's Chief Juvenile Probation Officer/PREA Coordinator and to be investigated. This policy further describes that the Texas Juvenile Justice Department is charged with conducting the administrative investigations and that the Brown County Sheriff Department will conduct all criminal investigations referred to them. The agency's Chief Juvenile Probation Officer/PREA Coordinator did provide the auditor with a copy of their Incident Report that is shared with the Brown County Sheriff Department and the Texas Juvenile Justice Department in the event of an Administrative and or Criminal investigation. The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator reported during her interview that there were zero allegations of sexual harassment that resulted in an administrative investigation and zero allegations of sexual abuse that resulted in an administrative investigation during the last 12 months. The Chief Juvenile Probation Officer/Facility PREA Coordinator reported zero allegations of sexual abuse and sexual harassment incidents resulting in a criminal investigation. During the onsite visit it was ascertained that this facility does not have a website to post their administrative and external investigative policy and must display it by other means so as to inform the public of this process.

Corrective Action Findings: The facility must provide to this auditor, once the Zero Tolerance policy is finalized, pictures of where this document is posted, since they do not have a website e.g. in the reception area of the facility and or at the Brown County Courthouse, and highlight what entity will conduct the administrative and criminal investigation for the public's knowledge in order to demonstrate compliance in this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor a copy of their finalized PREA policy, has since created a website and has provided to this auditor with the link to this website whereas their investigative policy is published, as reviewed by this auditor, therefore demonstrating their compliance with this standard

TRAINING AND EDUCATION

Standard 115.331: Employee training

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), The Project on Addressing Prison Rape Modules 3 and 5, The Oaks of Brownwood PowerPoint, Signed Staff Training Rosters and Acknowledgement Forms, Training Certificates, Random Staff and Chief Juvenile Probation Officer/Facility PREA Coordinator interviews, and a review of dorm log book for searches.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does require that the facility provide PREA and PREA- related training to all its employees who may have contact with the youth in this facility. The agency Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor a copy of the various PREA trainings that have been provided to the staff e.g. training modules and PowerPoints on LGBTI, communication boundaries, reporting, trauma informed care, etc. She did not provide to this auditor the training curriculum utilized for the cross gender pat down search training as required for all of their Short Term Detention Officers (STDO) otherwise known as the security staff. B. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that their PREA refresher training for staff occurs annually and at the certification training for STDO's, which will also include PREA training every year. She did provide copies of the employee signed training rosters with the various training headings affix for this auditor's review. C. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate that the number of facility staff trained during the last 12 months were twelve (12) with 100% of them being trained with training rosters provided. The eight (8) selected random staff to be interviewed was chosen to ascertain their knowledge of PREA, their reporting and first responder responsibilities, the agency's sexual safety efforts and the reporting culture in the facility.

It was determined that the required staff training does address the following areas: 1. its Zero Tolerance policy for sexual abuse and sexual harassment 2. How the facility's staff will fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, 3. Resident's right to be free from sexual abuse and sexual harassment 4. The right of the resident and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. The common reactions of juvenile victims of sexual abuse and sexual harassment, 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; 8. How to avoid inappropriate relationships with residents; 9. How to communicate effectively and professionally with residents, including

lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorizes; and 11. Relevant laws regarding the applicable age of consent.

The training modules provided by the agency's Chief Juvenile Probation Officer/Facility PREA Coordinator corroborated these assertions. Furthermore, as noted during the 8 random staff interviews the staff seemed well versed and trained in the areas of PREA, its definitions, and regarding their reporting duties. They were quite knowledgeable of their first responder responsibilities regarding instructing the victim/perpetrator not to eat, drink, urinate, defecate, change clothing, etc. thus preserving evidence, and what individuals and or entities would conduct the administrative and or criminal investigations as well as fully understanding their responsibilities as mandatory reporters. The random staff interviewed was not able to fully articulate the distinction between cross gender search and the search of a Transgender youth. They all were able to name the individual entity and or agency responsible for conducting the administrative and or criminal investigations. This auditor did not observe any staff receiving PREA training during the onsite visit. D. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a written copy of the signed employee trainee training rosters with the course title and descriptions for each training class for the auditor's review. The agency's Chief Juvenile Probation Officer/PREA Coordinator did indicate during her interview that the agency also provides trauma informed care, Abuse, Neglect and Exploitation and will provide PREA refresher training to all of the facility staff annually.

Corrective Action Findings: The facility must provide training to all of the staff on how to conduct a cross gender pat search and search of a Transgender youth, which it was recommended that she review the PREA Resource Center's website or similar resources for this type of training, and provide to this auditor a copy of the curriculum utilized including signed training rosters once this training has been provided, in order to demonstrate compliance in this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor a copy of the finalized Zero Tolerance policy and a copy of the cross gender pat search training curriculum along with the signed acknowledgement staff training rosters of when this training was provided to their staff, therefore demonstrating compliance with this standard.

Standard 115.332: Volunteer and contractor training

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Volunteer and Contractor Acknowledgement Form of PREA Training and the Chief Juvenile Probation Officer/PREA Coordinator interview.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does require that all volunteers and contractors who have direct access to youth are notified and trained on understanding their reporting responsibilities regarding PREA. Also, as indicate 115.317 the agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide to this auditor a copy of the FAST and Child Abuse registry checks on each identified volunteer and contractor in the last 12 months because there were none. B. The agency's Chief Juvenile Probation Officer/PREA Coordinator did provide a written copy of the PREA training packet that would be utilized for training any volunteers and contractors. C. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide written evidence in the form of a memorandum to corroborate that there were no volunteers and contractors trained in PREA during the last 12 months but did indicate this assertion on the agency's PREA Audit Questionnaire for this provision, which was provided during the pre-audit phase. This auditor did not observe any volunteer and or contractors receiving PREA training during the onsite visit. There were no volunteers and contractors to be interviewed in order to ascertain their knowledge of PREA, how and when they received training, and if they knew their reporting responsibilities if a sexual abuse and sexual harassment allegation is made to them during the onsite visit. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator indicated during her interview that because this is a holdover facility and the youth are only in their custody up to 48 hours, they do not utilize volunteers and contractors for services.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum indicating that there were no volunteers and contractors trained in PREA during the last 12 months in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor a memorandum that indicated they have not utilized volunteers and contractors nor trained any during the last 12 months, therefore demonstrating compliance with this standard.

Standard 115.333: Resident education

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Youth Intake and Orientation Manual, Keeping Safe PREA Video, End the Silence Posters, Juvenile Case management System (JCMS) Client Management Database, PREA Resident Education Acknowledgement Forms, PREA English and Spanish Education Materials, and Random Staff and Youth Interviews.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does state that all youth will be provided with a facility orientation packet of information in English and or in Spanish upon Intake that is inclusive of basic PREA information currently. That they are shown the Keeping Safe PREA video as part of their comprehensive education within 10 days of Intake, are given additional PREA brochures, and is provided other information e.g. hotline number, phone location, advocacy agency contact information, etc. during that time. During this onsite visit there were no random youth available for an interview to corroborate this policy and practice assertion or to ascertain if they have received the comprehensive education as required by this standard. The agency's draft Zero Tolerance policy does indicate that this information be provided to the youth in an age appropriate manner and the agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide this auditor with a copy of the youth orientation packet. Upon review of this packet it was determined to be written in an age appropriate manner which had also been translated into Spanish, therefore corroborating with the agency's policy. During a review of the fourteen (14) randomly selected youth's files onsite it was ascertained that the date and time of the youth's intake, their orientation, including the comprehensive education was being provided within the prescribed time frame as per this standard. This included a review of this agency's electronic juvenile case management system database (JCMS), as reviewed by this auditor onsite. B. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that the comprehensive PREA education does occur within 24 hours days of a youth's Intake since the youth are in her facility for less than 72 hours. This assertion was corroborated from the notes taken during the 8 random staff interviews. C. The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator indicated on the PREA Questionnaire and during her interview that they admitted and educated 35 youth from the 45 youth who came into Intake during the last 12 months. D and E The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide to this auditor a written memorandum indicating that Brown County Independent School District would provide services to those youth who are hearing, vision impaired, psychiatric and disabled because of their limited stay in this facility. She indicated that the youth are not held in their custody long enough in this facility for these services and that they have not received a youth who would fall into this category in the last 12 months. The Chief Juvenile Probation Officer/PREA Coordinator did not provide to this auditor a listing of facility staff that could provide assistance to those youth who are intellectually, psychiatric disabled and limited in English proficiency. This is just a juvenile holdover facility that keeps a youth in custody for less than 72 hours. F. During the facility tour (site review) and afterwards this auditor did not conduct any random youth interviews to ascertain their knowledge of PREA, reporting requirements, their rights, outside supportive services and the overall culture in the facility because there were none in their custody. This auditor will return to and or call to the facility when they have youth in their custody to interview in order to ascertain if they have received the PREA information e.g. brochures, youth packet, etc. during the Intake and if during the Orientation process they have received the comprehensive education that is required by this standard on their knowledge regarding what PREA is, how to report allegations of sexual abuse and sexual harassment, about 3rd part reporting and if they have unimpeded access to make a hotline call if needed. This auditor did not observe any youth receiving PREA training during the onsite visit, so no random youth were able to point out the PREA related posters, brochures with the hot line numbers for reporting incidents of sexual abuse and sexual harassment or if the outside sexual abuse victim services provider number were all being prominently displayed throughout the facility and in the Youth Handbook. These poster and other informational displays were observed by this auditor during the facility tour (site review).

Corrective Action Findings: The facility must provide written evidence to this auditor demonstrating that the youth, who would come to be in their custody during the corrective action phase, receives the comprehensive education that is required by this standard on their knowledge regarding what PREA is, how to report allegations of sexual abuse and sexual harassment, about

3rd part reporting and their unimpeded access to make a hotline call if needed. The facility must notify this auditor when they receive youths who will be in their custody for more than 24 hours for interviews and must provide a memorandum listing the staff members who will provide assistance to those youth who are Limited in English proficiency in order to demonstrate compliance in this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor signed training roster demonstrating that the seven (7) youths that were received in their custody during this corrective action period did receive the comprehensive education within 10 days of Intake on their knowledge regarding what PREA is, how to report allegations of sexual abuse and sexual harassment, about 3rd part reporting and their unimpeded access to make a hotline call if needed. The facility's Chief Juvenile Probation Officer/PREA Coordinator and her staff did notify this auditor when the seven (7) youths were received in their custody for more than 24 hours for interviews, since this is a holdover facility. This auditor did conduct the youth interviews utilizing the Random Youth Interview protocols to ascertain their knowledge regarding what PREA is, how to report allegations of sexual abuse and sexual harassment, about 3rd party reporting, on their unimpeded access to make a hotline call if needed, on outside services and if they received the comprehensive education. All seven (7) of the youth interviewed indicated that they had received the comprehensive education within 24 hours of their intake, gained knowledge on how to report a sexual abuse and sexual harassment allegation, about 3rd party reporting, and that they do have unimpeded access to make a hotline call if needed to report an allegation of sexual abuse and sexual harassment. The facility's Chief Juvenile Probation Officer/PREA Coordinator did provide to this auditor a memorandum listing the staff members who will provide assistance to those youth that may come to be in their custody who are Limited in English proficiency, therefore demonstrating compliance with this standard.

Standard 115.334: Specialized training: Investigations

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), and the Chief Juvenile Probation Officer/Facility PREA Coordinator Interview.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does indicate that the Texas Juvenile Justice Department is the entity that will conduct their administrative investigations and that the Brown County Sheriff Department is the outside law enforcement entity who conducts the criminal investigations for sexual abuse and sexual harassment allegations. B. The Ray West Juvenile Justice Center does not have internal investigators but if they did the agency's Chief Juvenile Probation Officer/Facility PREA Coordinator indicated that they would have received the specialized investigator's training that is offered on the National Institute of Corrections training website on interview skills training, training on Miranda and Garrity warning, evidence collection, etc. to assist him or her in conducting sexual abuse and sexual harassment investigations even though criminal investigations would be referred to the brown County Sheriff Department. The Ray West Juvenile Justice Center has had no administrative investigators assigned to their facility which was corroborated by this auditor's review of the agency's organizational chart and the PAQ. C. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide to this auditor copies of their investigator's training records because they have no internal investigators on staff since the outside investigative entities e.g. Texas Juvenile Justice Department and the Brown County Sheriff Department would conduct their administrative and criminal investigations when they occur, therefore demonstrating their compliance with this standard.

Standard 115.335: Specialized training: Medical and mental health care

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Llano Memorial Hospital and Hendrick Medical Center, memorandum of Agreement from the Ark, the designated Rape Crisis Center and the Chief Juvenile Probation Officer/Facility PREA Coordinator Interview.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does states that they do not conduct forensic medical exams on a youth for sexual abuse but and when applicable they will refer the alleged victim to either the Llano Memorial Hospital or the Hendrick Medical Center where the examinations would occur free of charge to the youth. B. There

were no medical and or mental health staff selected to interview at this facility in order to ascertain their knowledge of PREA, how, when they received this training and if they know of their reporting responsibilities if a sexual abuse and sexual harassment allegation is made to them because this facility does not employ nor have any contracting with them due to this just being a juvenile holdover facility for less than 72 hours. The Chief Juvenile Probation Officer/Facility PREA Coordinator indicated during her interview that by policy and practice that they do no conduct SANE examination nor has the Llano Memorial Hospital or the Hendrick Medical Center had any referrals from them to conduct a SANE examination for this facility's youth in the last 12 months. This assertion was corroborated when this auditor contacted and interviewed the SANE nurse at the Hendrick Medical Center. She indicated that she is aware of the protocol at Ray West Juvenile Justice Center and have not received nor provided services to a youth who was sexually abused in this facility in the last 12 months. C. The Ray West Juvenile Justice Center does not have any medical and or mental health personnel at the facility but will refer the youth to the Llano Hospital, to the Hendrick Medical Center for services and to the Ark, the designated rape crisis center when applicable, so the need for the specialized training in PREA for medical and mental health practitioners is not required. Since this facility has this procedure in place for a youth to receive medical and mental health services, they have therefore demonstrated their compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Juvenile Case Management System (JCMS), Electronic and Hard Copy of the Pre-Screening Form, PREA Risk Assessment Form, Memorandum from Chief Juvenile Probation Officer on Medical and Mental Health Practitioners, and the Random Staff and the PREA Coordinator's Interviews.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline that the screening of youth during Intake must occur within 72 hours of their admission. B, C and D The agency's Pre-Screening and PREA Risk Assessment Form, which is also in their electronic juvenile case management system database called JCMS, does contain, upon this auditor's review, all of the eleven screening elements (1-11) required of this standard including containing the questions which covers the youth own perception of vulnerability, any observations of the Intake staff regarding a youth's gender non-conforming or perceived vulnerable appearance. This auditor did not observe any new commitments being Intake during the onsite visit. The selected eight (8) Random staff (known also as the Short Term Detention Officers) have been trained as Intake Officers and were interviewed to ascertain their knowledge of PREA, if they know of their reporting responsibilities if a sexual abuse and sexual harassment allegation is made to them, do they ask the youth whether they are Lesbian, Gay, Bisexual, Transgender, Intersex or record their observations if a youth is Gender Non-Conforming and where do they document this information on. During the interview with the Intake staff she indicated that they have a process, in accordance with their policy, to make an initial assessment but not for a re-assessment of a youth every 30 days because the youth's length of stay is usually less than 72 hours. E. During the selected Intake staff interviewed she indicated that the information obtained by her during the initial Intake screening, including the sensitive information obtained, does have limited dissemination e.g. only accessible to case management (juvenile probation officers) and upper level supervisory staff to prevent exploitation to the detriment of the youth and that appropriate controls are in place, e.g. locked file cabinet, the JCMS system is password protected and that the policy does indicate who have access to it. This assertion by the Intake Staff was corroborated by reviewing the interview notes of the Chief Juvenile Probation Officer/Facility PREA Coordinator and the specialized staff. Furthermore, a review of the screening instrument that was provided during the pre-audit and reviewed while onsite further demonstrated their compliance with this standard.

Standard 115.342: Use of screening information

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents

to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, Hard Copy of the Pre-Screening Form, PREA Risk Assessment Form, and Memorandum on Protective Isolation Usage, PREA Audit Questionnaire (PAQ), Seclusion Logs, Intake Officer Interview, Specialized, Random Staff and the Chief Juvenile Probation Officer/PREA Coordinator’s interviews.

Findings: A. The Ray West Juvenile Justice Center’s draft Zero Tolerance policy and Protective Isolation Procedures were provided to the auditor for his review to understand how this facility makes usage of the screening information. The selected Intake staff was able to explain to this auditor how the screening instrument is used, how an informed housing assignment is made, what staff is included in this discussion and the frequency of these meetings. B. The facility’s draft Zero Tolerance policy does prohibit the placement of any youth in isolation due to risk of sexual victimization. The agency’s Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview but did not provide a memorandum, that seclusion (isolation) has not been used for sexual abuse and or a sexual harassment victims and or perpetrators in the last 12 months. This assertion was corroborated from the interview notes of the selected specialized, random staff and from the intake log for the last 12 months. C and D The Intake Staff did provide to this auditor during her interview with a copy of the Pre-Screening and PREA Risk Assessment forms utilized by this facility for his review and was informed that all housing assignments are not based on a youth’s LGBTGNC status, perceived status or identification status as an indicator of likelihood of being sexually abusive but is made on an case by case basis. This auditor did not observe any new commitments being Intake during the onsite visit. The agency’s Chief Juvenile Probation Officer/ PREA Coordinator did not identified any Transgender or Intersex youth in their population when she submitted the original youth interview listing to him before and during this onsite visit. E, F and G The facility’s draft Zero Tolerance policy does allow, when applicable, for an Intersex and Transgender youth to shower separately and to be reassessed twice a year to review any threats experienced by the youth with serious considerations being given with respect to their safety as applicable. This assertion was corroborated from the PAQ, the interview notes of the Chief Juvenile Probation Officer/Facility PREA Coordinator, specialized and random staff. H and I The agency’s Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that during the last 12 months the facility reported that there were zero youth placed in isolation as a result of their risk to sexual victimization, that zero youth were denied daily access to services and that the average time of a youth had been in isolation for a risk to sexual victimization was zero. The Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide a written to corroborate this assertion besides the policy.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum indicating that there were zero youth placed in isolation as a result of their risk to sexual victimization, that zero youth were denied daily access to services and that the average time of a youth had been in isolation for a risk to sexual victimization was zero in order to be in compliance with this standard.

Resolution: The agency’s Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that there were zero youth placed in isolation as a result of their risk to sexual victimization, that zero youth were denied daily access to services and that the average time of a youth had been in isolation for a risk to sexual victimization was zero in the last 12 months, therefore demonstrating compliance with this standard.

REPORTING

Standard 115.351: Resident reporting

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance, PREA Audit Questionnaire (PAQ), memorandum on Civil Immigration, PREA Posters, Hotline Numbers, Notice to Employees, Interns and Volunteers, Chief Juvenile Probation Officer/PREA Coordinator, Random Staff and Youth Interviews.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does provide for multiple internal ways (e.g. sick call, grievance, trusting adult) and several external numbers e.g. hotline number for a youth to privately report an allegation of sexual abuse and sexual harassment. B. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide one such number for reporting an allegation during the pre-audit phase which is the Texas Juvenile Justice Department's (TJJD)'s 1-877 toll free numbers that is posted on the dorm and throughout the facility on posters, as observed by this auditor during the facility tour (site review). Pictures of these posters and where they were being displayed were sent to this auditor via email during the pre-audit phase. C. This auditor conducted interviews with eight (8) random selected facility staff that were chosen to ascertain their knowledge of the resident reporting procedures. Of the eight (8) selected staff interviewed they all demonstrated knowledge of their first responder responsibilities if a youth reported an allegation of sexual abuse and sexual harassment to them, that the youth do have unimpeded access to report a sexual abuse and sexual harassment allegation via a facility staff, the hotline, etc. All of the selected facility staff interviewed indicated that they do and will accept, document and will immediately report all verbal reports of sexual abuse and sexual harassment made to them from a youth to the appropriate upper level supervisory and or administrative staff in the facility in accordance with the draft Zero Tolerance policy. D. The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that any youth would also be provided with a grievance form from staff without question according to policy as one of the other tools available to them for reporting a sexual abuse and sexual harassment allegation. E. The eight (8) random staff selected for interviews all indicated that that they can report a sexual abuse and sexual harassment allegations privately; confidentially, anonymously and or through a 3rd party as afforded the youth. The eight (8) selected random staff also indicated that they can use the same 1-877-number for making such reports or can privately report it to their supervisor. This auditor did not observe any youth and or staff making a report of sexual abuse and sexual harassment during the onsite visit. The facility's draft Zero Tolerance policy does state that they do not detain youth solely for civil immigration purposes though during the facility's Chief Juvenile Probation Officer/Facility PREA Coordinator interview she indicated, but did not provide, written evidence corroborating this policy assertion that detaining a youth solely for immigration purposes has not occurred.

Corrective Action Findings: The facility must notify this auditor by phone and or email of any new youth intakes in order for him to conduct an interview of these youths to determine if the youth have been educated on the multiply internal way to report a sexual abuse and sexual harassment allegation. The facility must provide written evidence in the form of a memorandum attesting that they do not detain youth solely for civil immigration purposes in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator and its staff did notify this auditor via phone and email five times when new youth Intakes were being held in the facility since the completion of the onsite visit. This auditor was able to interview 6 youths over the phone regarding their knowledge for reporting a sexual abuse and sexual harassment allegation, multiple ways to report an allegation and if they could do so privately, confidentially or through a 3rd party. The Chief Juvenile Probation Officer/Facility PREA Coordinator also provided to this auditor a memorandum that attested to the various ways for a youth to report a sexual abuse and sexual harassment and that they do and have not in the last 12 months detained youth for civil immigration purposes, therefore demonstrating compliance with this standard.

Standard 115.352: Exhaustion of administrative remedies

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Youth Grievance Form and Logs, memorandum on Exhaustion of Administrative Remedies and Grievances, Youth Handbook, Random Staff and Chief Juvenile Probation Officer/Facility PREA Coordinator Interviews.

Findings: A, B and C. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does state that the agency does not impose a time limit regarding the filing of an allegation for sexual abuse, that a youth cannot resolve a sexual abuse grievance with the alleged staff person informally, and that the grievance will not be referred to the alleged staff member for resolution. This policy assertion was corroborated from the interview notes taken of the Chief Juvenile Probation Officer/Facility PREA Coordinator and the Random selected staff. D. The facility's draft Zero Tolerance policy does state that it shall issue a final decision within 30 days of the initial filing which this auditor also observed as being stated in the youth handbook. E. The facility's draft Zero Tolerance policy also indicates that a 3rd party e.g. parent, counselor, etc. can file a grievance on behalf of a youth and that a youth will be monitored for retaliation up to 90 days or until the investigation is closed or is Unfounded. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator indicated that she has the responsibility to monitor youth and staff against retaliation and corroborated this policy assertion during her interview. F. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did show this auditor the locations of the grievance lock boxes where a youth could file their grievance during the facility tour (site review) and she did provide him with a copy of the grievance form and a copy of the Youth Handbook that describes the youth grievance procedure including the filing of emergency grievances. This auditor did not observe any youth make a report of sexual abuse and sexual harassment through the grievance process during the onsite visit because there were no youth in the population. G. The facility's draft Zero Tolerance policy does state that disciplinary action can be taken against a youth if a grievance is filed in bad faith. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did state during her interview but did not provide a written evidence to demonstrate that there were zero grievances filed in the last 12 months for sexual abuse and sexual harassment, that there were zero emergency grievances filed in the last 12 months, and that there were zero sexual abuse and sexual harassment grievances filed or that administrative and criminal investigations that were not completed within 90 days or that required extensions up to 70 days in the last 12 months.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum indicating that in the last 12 months there have been no sexual abuse and sexual harassment grievances, emergency grievances filed nor administrative or criminal investigations that were not completed within 90 days or that required extensions up to 70 days; and that she has designated herself to monitor both youth and staff against retaliation in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that in the last 12 months there have been no sexual abuse and sexual harassment grievances, emergency grievances filed nor administrative or criminal sexual abuse and sexual harassment investigations that were not completed

within 90 days or that required extensions up to 70 days; and that she has designated herself to monitor both youth and staff against retaliation when applicable, therefore demonstrating their compliance with this standard.

Standard 115.353: Resident access to outside confidential support services and legal representation

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)
- Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance, PREA Audit Questionnaire (PAQ), Llano Memorial Hospital, and The Ark Rape Crisis Center Memorandum of Understanding, memorandum on Civil Immigration, PREA Posters and other PREA-related documentation in English and Spanish (Keeping Safe Brochure), Parent Grievance Process, Facility's Schematics of Visitation Area, Random Staff, Youth and Chief Juvenile Probation Officer/Facility PREA Coordinator Interviews.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline how a youth would have access to outside confidential support services and legal representation while in this facility. The selected facility's Intake Staff did indicate that the facility does not provide all the youth with information regarding their access to outside but does provide it on the other services i.e. visitation hours and days, on 3rd party reporting, and the 1-877-hotline number information during their Intake and Orientation sessions. The facility's Intake staff also indicated that the youth are provided with a copy of a youth brochure which contains the toll free and a local phone number for reporting PREA allegations internally, externally, including access to PREA related services. This auditor did not observe any youth having to contact an outside agency for emotional support and crisis counseling as a victim of sexual abuse and sexual harassment during the onsite visit because there were no youth in custody during this time. A copy of the youth brochure had been provided to this auditor during the pre-audit phase with the information highlighted for his review. B and C The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor also during the pre-audit phase a copy of the Memorandum of Agreement from the Ark, the designated Rape Crisis Center for the provision of emotional support and crisis counseling services as needed for victims of sexual abuse in this facility as applicable. There were no random youth selected to be interviewed or chosen to ascertain their knowledge of this outside emotional support and crisis intervention services and where the number is displayed in the facility because there were none available during the onsite visit. The question could not be asked if they could recall being given this information on the outside support services during the Orientation process or had knowledge of this information from a previous placement; or to articulate if they could communicate with outside service providers privately and that this conversation would be confidential because there were no youth to interview during the site visit. D. The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that they do provide the youths with reasonable and confidential access to communicate with their parents, legal guardians and lawyers including visitation. The eight (8) Random Staff interviewed were able to show this auditor the identified visitation space available which was also corroborated by reviewing the facility's schematics.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that the youth are being informed and have access to the outside confidential support services through the Ark and the facility must display this information throughout the facility by sending pictures where it is displayed, in order to be in compliance with this standard

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor a memorandum indicating that the youth are being informed of the outside confidential support services through the Ark at intake, that they have access to these services when applicable and she did provide pictures of where this information was being displayed throughout the facility e.g. probation officer's number and counseling office. This auditor was able to ascertain and corroborate this assertion by interviewing the seven (7) youth regarding their knowledge of these outside services and the display of the Ark's information throughout the facility, therefore demonstrating their compliance with this standard.

Standard 115.354: Third-party reporting

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance, Random Staff Interviews, copy of the Youth Grievance, Parent and Public Guide for Recognizing and Reporting in English and Spanish, and the Chief Juvenile Probation Officer/PREA Coordinator's Interview.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does establish the method for staff to receive a 3rd party report of sexual abuse and sexual harassment on behalf of a youth e.g. via phone call letter, etc. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator stated in her interview, but did not provide written evidence containing a link to this agency's website directing this auditor to the 3rd party reporting icon and information. During the onsite visit the facility had not created and launched an agency website, though she did provide to this auditor a 3rd party brochure for reporting, which was displayed and made available in the facility's lobby and detention housing area. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide to this auditor written evidence that describes how they receive a 3rd party report for sexual abuse and sexual harassment and the action to be taken once received. She did provide the auditor with a copy of the Parent brochure on PREA in English and in Spanish, which is mailed to them, which also describes the 3rd party reporting process. This agency's draft Zero Tolerance policy, the grievance procedure and 3rd party practices was corroborated from the notetaking of the interviews with the Chief Juvenile Probation Officer/Facility PREA Coordinator and the selected Random Staff. There were no youth available to interview to ascertain their knowledge of the 3rd party reporting procedure and who can be considered as a 3rd party during the onsite visit because there were none in their population.

Corrective Action Findings: The facility must provide written evidence in the form of signed youth training rosters that the youth who will be intake during this post audit phase will receive education on the 3rd party reporting process. The facility must notify this auditor of all new intakes either by phone or email so that he can interview them to ascertain their knowledge of the 3rd party reporting procedure in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide memorandum to this auditor indicating that there have not been any 3rd party reports in the last 12 months and that with the launching of their agency website there has not been a 3rd party report of sexual abuse and sexual harassment. The facility's staff did notify this auditor of the seven (7) new intakes of whom he did interview to ascertain their knowledge of this 3rd party reporting procedure, and the facility did provide a training roster demonstrating that the youths had received education on the 3rd party reporting procedure, therefore demonstrating their compliance with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No

- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, the Ark, designated Rape Crisis Center Memorandum of Agreement, the PREA Audit Questionnaire (PAQ), Intake Staff, and the Chief Juvenile Probation Officer/Facility PREA Coordinator and Random Staff Interviews

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does require that all staff immediately report to the Chief Juvenile Probation Officer/Facility PREA Coordinator or upper level supervisor any suspicion, knowledge, or information of an allegation of sexual abuse, sexual harassment, retaliation and staff policy violation for neglect of their responsibilities that may have contributed to the incident or retaliation, including 3rd party reports. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator also provided to this auditor other related policies regarding their internal processes, personnel action to be taken and the first responder's responsibilities and duties of the staff including making referrals to the Ark, the designated Rape Crisis Center program for mental health assessment and treatment as necessary. B and D The facility's draft Zero Tolerance policy does state that all staff are mandatory reporters and this assertion was also corroborated from the notetaking during the selected random and specialized staff interviews. The facility's draft Zero Tolerance policy also indicates and directs all the facility staff that they are mandatory reporters of child abuse, that they must immediately report the alleged information; they must complete a serious incident report and then forward it to the Chief Juvenile Probation Officer/Facility PREA Coordinator. This practice was corroborated from the notetaking from the interviews with Chief Juvenile Probation Officer/Facility PREA Coordinator, specialized the random selected staff. C. The facility's draft Zero Tolerance policy does prohibits the staff from revealing any information related to the sexual abuse and sexual harassment allegation to anyone other than to the extent necessary which was also corroborated during the selected random staff, specialized staff, PAQ, and the first responder interview notes. This auditor did not observe any staff member making a report of sexual abuse and sexual harassment during the onsite visit. E and F The Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that once the report is made by a staff member that she would then forward the allegation to the Texas Juvenile Justice Department and or to the Brown County Sheriff Department as

applicable. Of the selected eight (8) random staff who were chosen for interviews to ascertain their knowledge of the agency's reporting policy, they all demonstrated sufficient knowledge regarding their reporting responsibilities including notification of their immediate supervisor, the Chief Juvenile Probation Officer/Facility PREA Coordinator, to the Texas Juvenile Justice Department, the Brown County Sheriff Department, to the alleged victim's parent, legal guardian, lawyers and to the court of jurisdiction as applicable, thus demonstrating their compliance with this standard.

Standard 115.362: Agency protection duties

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)
- Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Seclusion Log, and Memorandum on the Agency's Protection Duties, Chief Juvenile Probation Officer/Facility PREA Coordinator and Random Staff Interviews.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline their internal processes regarding the agency's protection duties when informed that a youth is subject to a substantial risk of imminent sexual abuse. Three (3) selected specialized and the eight (8) random selected staff were chosen to be interviewed to ascertain their knowledge of the agency's policy regarding its protection duties. The selected staff was able to articulate their knowledge of these protections and indicated that to their knowledge, zero youth had been placed in isolation for a substantial risk of sexual abuse in the last 12 months. This auditor did not observe any staff having to protect a youth who was subject to a substantial risk of imminent sexual abuse during the onsite visit because there were none in their custody. The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide to this auditor a written evidence indicating that they had zero youth in isolation during the last 12 months who were subject to any type of substantial risk of imminent sexual abuse while in their facility though she asserted such during her interview.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there were zero youth held in isolation and/or who were subject to any type of substantial risk of imminent sexual abuse in this facility in the last 12 months in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide to this auditor a memorandum indicating that there were zero youth held in isolation and/or who were subject to any type of substantial risk of imminent sexual abuse in this facility in the last 12 months, therefore demonstrating their compliance with this standard.

Standard 115.363: Reporting to other confinement facilities

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Juvenile Case Management System (JCMS) review and interview with the Chief Juvenile Probation Officer/Facility PREA Coordinator, Specialized Staff and the Random Staff.

Findings: A. and B The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline the staff's requirement for reporting to other confinement facilities within 72 hour after being informed during Intake of an allegation being made by a youth of sexual abuse and sexual harassment. The selected Intake staff did indicate during her interview that the reporting process would be documented in the youth's electronic file (JCMS) as well as on the Intake Pre-Assessment form. This auditor did not observe any staff having to make a report to another facility within 72 hours of an allegation of sexual abuse and sexual harassment during the onsite visit. Interviews were conducted with the Intake staff as well as with the selected random and specialized staff to ascertain their knowledge of this policy and to see if it was being practiced. The Intake staff and the three (3) selected specialized staff did demonstrated their knowledge and understanding of this reporting requirement, the need for policy adherence and that they had not had to make a report to another confinement facility in the last 12 months. The random staff selected for interview corroborated the same assertion of the specialized staff. C. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide to this auditor written evidence indicating that they had documented zero reported cases of having to report to another confinement facility an allegation of sexual abuse that occurred within the past 12 months. It was also noted during the selected random staff interviews that they too were able to articulate this notification protocol for reporting to other confinement facilities. D. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide to this auditor written evidence indicating that during the last 12 months they did not receive an

allegation of a sexual abuse incident that had occurred at another facility, although she did indicate that if one had occurred that notification would have been made within 72 hours and that she would ensure that an investigation would occur.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that during the last 12 months they did not make nor received an allegation of a sexual abuse incident that had occurred at their or another facility, that if one had occurred that notification would have been made within 72 hours and that they would ensure that an investigation would occur in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that during the last 12 months they did not make nor received any allegation of a sexual abuse incident that had occurred at their facility or another facility, that if one had occurred notification to the other facility would have been made within 72 hours and that she would ensure that an investigation would occur, therefore demonstrating their compliance with this standard.

Standard 115.364: Staff first responder duties

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), memorandum on First Responder Duties, First Responder, Non-Security Staff, Random Staff (Short Term Detention Officer-STDO), and the Chief Juvenile Probation Officer/Facility PREA Coordinator Interviews.

Findings: A and B. The Ray West Juvenile Justice Center has established a draft Zero Tolerance policy that outlines the first responder duties and responsibilities for responding to sexual abuse and sexual harassment allegations in this facility. The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator indicate during her interview but did not provide written evidence, that there were zero allegations of sexual harassment and zero allegations of sexual abuse in the last 12 months whereas the collection of evidence was not applicable and if it had been, it would have been collected in the appropriate time frame e.g. witness statements, video footage, etc. in accordance to their policy. This assertion was corroborated from the notetaking during the First Responder and Random selected staff interviews. Furthermore, she stated that there was zero times that the crime scene and or evidence needed to be preserved, zero times it was requested of a victim not to take any action, zero times it requested of the abuser not to take action, zero times that non-security staff had to respond, and that in this instance was the security staff (STDO) notified and had responded to an allegation. Eight (8) selected random staff and three (3) specialized staff were chosen to be interviewed to ascertain their knowledge of the first responder duties and responsibilities in this facility. All of the selected random and specialized staff interviewed were able to articulate their knowledge, understanding, responsibilities and duties if they were to become a first responder which included how they would inform the youth (victim and the abuser) not to destroy any evidence by washing, eating, changing clothes, drinking, defecating or their brushing teeth and that the youth will be in close proximity to them until taken to a secure location and or hospital by the investigator or law enforcement official. This auditor did not observe any staff having to employ these first responder duties and responsibilities during the onsite visit. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did state but did not provide to this auditor any written evidence indicating that there were zero allegations of sexual harassment and zero allegations of sexual abuse made during the past 12 months and that the first responders have or would had acted in accordance with the agency's policy and the facility's protocol.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum indicating that there were zero allegations of sexual harassment and zero allegations of sexual abuse made during the past 12 months, that the first responders would have acted in accordance with the agency's policy and the facility's protocol if an allegation was made, in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that there were zero allegations of sexual harassment and zero allegations of sexual abuse made during the past 12 months and that the first responders would have acted in accordance with the agency's policy and the facility's protocol if an allegation was made, therefore demonstrating their compliance with this standard,

Standard 115.365: Coordinated response

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (Substantially exceeds requirement of standards)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Ray West Facility's Written Plan for Coordinated Response to Sexual Abuse Allegation, Sexual Abuse Review Team Member and the Chief Juvenile Probation Officer/Facility PREA Coordinator's Interviews.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy and the Written Coordinated Response Plan does outline a planned procedure for identified, specific staff, to respond to allegations of sexual abuse and sexual harassment in this facility. The facility does have and did provide to this auditor a facility-wide coordinated response plan whereas it describes the roles and responsibilities of the facility administrator, the supervisor/manager on duty, the medical and mental health personnel, the investigator and the responsibility of first responders. The written plan was provide to this auditor by the Chief Juvenile Probation Officer/Facility PREA Coordinator as well as was corroborated from the notes taken during the interviews with a member of the Sexual Abuse Review Team and with the Chief Juvenile Probation Officer/Facility PREA Coordinator. This auditor did not observe the convening of this Sexual Abuse Review Team during the onsite visit. Both the Chief Juvenile Probation Officer/Facility PREA Coordinator and the member of the Sexual Abuse Review Team indicated during their interviews that they understood the process for reporting a sexual abuse and sexual harassment allegations, that they knew the responsibilities of the facility administrator, the supervisor/manager on duty, the first responder and the medical and mental health personnel, though they have none employed or contract with at this time. Furthermore, that they are familiar with the responsibilities of the investigator, though external to the facility and the responsibility of the first responders that results in the coordinated response to a sexual abuse and sexual harassment allegation. The Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a training roster reflecting that all staff have been trained on this plan, thus demonstrating their compliance with this standard.

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Policy and Evidence reviewed: Draft Zero Tolerance, PREA Audit Questionnaire (PAQ), memorandum on Collective Bargaining Agreement, and the Chief Juvenile Probation Officer/Facility PREA Coordinator Interview.

Findings: A and B The Ray West Juvenile Justice Center's draft Zero Tolerance policy does states that they do not enter into any collective bargaining agreements and that this policy does allow for an alleged staff abuser to be removed from contact with a youth pending an investigation or of a determination of whether and what extent discipline is warranted. This policy assertion was corroborated by the Chief Juvenile Probation Officer/Facility PREA Coordinator from the notes taken during her interview. This auditor did not observe any staff having to be removed from contact with a youth pending an investigation during the onsite visit. The Chief Juvenile Probation Officer/Facility PREA Coordinator stated during her interview but did not provide to this auditor written evidence corroborating this policy assertion.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum indicating that they do not enter into any collective bargaining agreements and that the facility's finalized Zero Tolerance policy will allow for an alleged staff abuser to be removed from contact with a youth pending an investigation or of a determination of whether and what extent discipline is warranted in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that they do not enter into any collective bargaining agreements and that the facility's finalized Zero Tolerance policy does allow for an alleged staff abuser to be removed from contact with a youth pending an investigation or of a determination of whether and what extent discipline is warranted, therefore demonstrating their compliance with this standard.

Standard 115.367: Agency protection against retaliation

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ) and interview with the Chief Juvenile Probation Officer/Facility PREA Coordinator.

Findings: A. The Ray West Juvenile Justice Center’s draft Zero Tolerance policy does outline their response to retaliation against a staff or youth and the protection for all youth and staff members who report an allegation of sexual abuse and sexual harassment; and or who cooperate with an investigation. The facility’s Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that she is the designated staff who would be responsible for monitoring a youth and or staff against retaliation for reporting a sexual abuse and sexual harassment allegation. B. The facility’s draft Zero Tolerance policy does state that they will employ multiple protective measures to protect a youth from retaliation ranging from changing their housing assignment, removing them from the facility into another, removing the abuser or alleged staff member from contact with the victim and in the provision of providing emotional support to the victim. C and D The facility’s draft Zero Tolerance policy does state that a youth’s conduct would be monitored up to 90 days against retaliation, including periodic status checks that the designated staff would promptly remedy any such retaliation, and that treatment services will be provided as needed. Since a youth is only in this holdover facility for less than 72 hours periodic checks will occur while the youth in in their custody. The notes taken from the Chief Juvenile Probation Officer/PREA Coordinator’s interview did corroborate this policy assertion. E. The facility’s draft Zero Tolerance policy does state that they will protect any other individual who cooperates with an investigation who may express fear of retaliation also. This auditor did not observe any youth or staff having to be monitored for retaliation or to protect a staff or youth who reported an allegation of sexual abuse and sexual harassment during the onsite visit. F. The facility’s draft Zero Tolerance does state that their obligation to monitor a youth or staff against retaliation shall be terminate if the allegation is determined to be Unfounded. The facility’s Chief Juvenile Probation Officer/Facility PREA Coordinator did report that at zero times protective measures were they required to protect staff and or youth against retaliation in the last 12 months during her interview.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum indicating that at zero times were protective measures required to protect staff and or youth against retaliation in the last 12 months in order to be in compliance with this standard.

Resolution: The agency’s Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that at zero times were protective measures required to protect staff and or youth against retaliation in the last 12 months, therefore demonstrating compliance with this standard.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance policy, PREA Audit Questionnaire (PAQ), memorandum on Post Allegation Protective Isolation, Seclusion Logs, Random Staff and Chief Juvenile Probation Officer/Facility PREA Coordinator Interviews.

Findings: A. The Ray West Juvenile Justice Center’s draft Zero Tolerance policy does state the prohibition of the use of segregation and or seclusion housing to protect a youth who have alleged sexual abuse and sexual harassment. The agency’s Chief Juvenile Probation Officer/Facility PREA Coordinator did state during her interview but did not provide to this auditor written evidence indicating that there were zero youths who were held in isolation (seclusion) who alleged sexual abuse and sexual harassment or who suffered sexual abuse in the last 12 months. This auditor did not observe any youth being held in isolation during the onsite visit because there were none in custody. Interview notes taken from the agency’s Chief Juvenile Probation Officer/Facility PREA Coordinator corroborated the policy assertion that they do not use seclusion to protect a youth who have alleged sexual abuse or sexual harassment or who suffered sexual abuse.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum indicating that there were zero youths who were held in isolation (seclusion) who have alleged sexual abuse and sexual harassment or who suffered sexual abuse in the last 12 months in order to be in compliance with this standard.

Resolution: The agency’s Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that there were zero youths who were held in isolation (seclusion) who alleged sexual abuse and sexual harassment or who suffered sexual abuse in the last 12 months, therefore demonstrating their compliance with this standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ) and the Chief Juvenile Probation Officer/Facility PREA Coordinator Interview.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline that the Texas Juvenile Justice Department (TJJD) will conduct all administrative investigations and that the Brown County Sheriff Department will conduct all criminal investigations of sexual abuse and sexual harassment. B. The agency's Chief Juvenile Probation Officer/Facility

PREA Coordinator indicated during her interview that the Ray West Juvenile Justice Center does not have any internal investigators and the organizational chart corroborates this assertion. C. Furthermore, the facility has no internal investigators to describe their gathering process i.e. evidence, videos, interviews, etc., and how they review prior complaints and reports of sexual abuse of the alleged perpetrator when conducting an investigation. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator stated during her interview but did not provide written evidence, indicating that there were zero cases where sexual abuse and zero sexual harassment allegations had occurred in this facility, zero sexual abuse and zero sexual harassment incidents that had occurred in another facility, which if it had, they would have been investigated by the appropriate investigative entities. D and F The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator reported that there were zero sexual abuse case and zero sexual harassment cases and that if one had occurred and that they would have been closed in accordance with the agency's policy. G, H, I and J The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator also reported during her interview that there were zero substantiated investigative cases that had been referred for prosecution and that if it had been referred that they would retain these case files as long as the abuser is incarcerated or as long as the staff was employed, five (5) years plus according to their policy and applicable law. K. The facility's draft Zero Tolerance policy also state that an employee's termination or the departure of the victim and or perpetrator's being out of the control of the facility shall not be cause for the investigation to be terminate and that polygraphs are not utilized. M. During the Chief Juvenile Probation Officer/Facility PREA Coordinator interview when asked how she would work collaboratively or in conjunction with an outside investigative agency, she described how she would remain in contact with the outside investigative entities from the initiation to completion of the investigation and would provide them with the necessary documentation and demonstrative evidence to assist them in the investigation e.g. video footage as applicable.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum indicating that there were zero cases where sexual abuse and zero sexual harassment allegations had occurred in this facility, zero sexual abuse and zero sexual harassment incidents that had occurred in another facility, which if it had, they would have been investigated by the appropriate entities. That polygraph will not be utilized, and that there were zero substantiated investigative cases that had been referred for prosecution, if one had been referred, that they would retain these case files as long as the abuser is incarcerated or as long as the staff was employed five (5) years plus according to their policy and applicable law in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that there were zero cases where sexual abuse and zero sexual harassment allegations had occurred in this facility, zero sexual abuse and zero sexual harassment incidents that had occurred in another facility, which if it had, they would have been investigated by the appropriate entities. That polygraph will not be utilized and that there were zero substantiated investigative cases that had been referred for prosecution, if one had been referred, that they would retain these case files as long as the abuser is incarcerated or as long as the staff was employed five (5) years plus according to their policy, therefore demonstrating their compliance with this standard.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ) and the Chief Juvenile Probation Officer/Facility PREA Coordinator's Interview.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does state that the standard used by the Texas Juvenile Justice Department's (TJJD) Administrative Investigation Division for proof when determining the substantiation of an allegation for sexual abuse and sexual harassment in an administrative investigations is the preponderance of evidence. This policy assertion was corroborated during the interview with the Chief Juvenile Probation Officer/Facility PREA Coordinator and she did provide written evidence in the form of a memorandum attesting to this practice, thus demonstrating their compliance with this standard.

Standard 115.373: Reporting to residents

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ) and interview with the Chief Juvenile Probation Officer/PREA Coordinator.

Findings: A and B. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline the facility's responsibility in notifying a youth regarding the initiation and the outcome of an administrative and or criminal investigation for sexual abuse in this facility. C and D The facility's Zero Tolerance policy also outlines the notification process for a staff-on-youth allegation and a youth-on-youth allegation. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview but did not provide to this auditor, a sample of the notification letter that would be issued to the staff and or youth during an investigation. The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator did state during her interview as well as on the PAQ that there were zero allegations of sexual abuse and zero

allegations of sexual harassment during the past 12 months, and if the facility would have reported one, that they would have informed a youth of the initiation and outcome of the investigation; and that no investigation was required to be completed by an outside investigative entity. E. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide to this auditor written evidence verifying that there were zero notifications given to a youth at the initiation and conclusion of the investigation, whether it was a youth-on-youth or a staff-on-youth allegation because there were none. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did also indicate during her interview that there were zero notifications made and or documented for any sexual abuse or sexual harassment allegations in the last 12 months. This auditor did not observe any youth being provided notification of an investigation during the onsite visit. This auditor recommended to the facility's Chief Juvenile Probation Officer/Facility PREA Coordinator as a "best practice" that they notify the youth when an administrative investigation is initiated and concluded not just for sexual abuse but for sexual harassment also. The facility's Chief Juvenile Probation Officer/PREA Coordinator also stated during her interview that there have not been any indictments, any referrals for prosecution or convictions of an abuser for sexual abuse and sexual harassment in the last 12 months.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there were zero allegations of sexual abuse and zero allegations of sexual harassment during the past 12 months, and if the facility would have reported one, that they would have informed a youth of the initiation and outcome of the investigation; that no investigation was required to be completed by an outside investigative entity, and that there have not been any indictments, any referrals for prosecution or convictions of an abuser for sexual abuse and sexual harassment in the last 12 months in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that there were zero allegations of sexual abuse and zero allegations of sexual harassment during the past 12 months, if the facility would have reported one, that they would have informed a youth of the initiation and outcome of the investigation; and that no investigation was required to be completed by an outside investigative entity and that there have not been any indictments, any referrals for prosecution or convictions of an abuser for sexual abuse and sexual harassment in the last 12 months, therefore demonstrating their compliance with this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)
- Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), memorandum on Disciplinary Sanctions for Staff, and Chief Juvenile Probation Officer/Facility PREA Coordinator Interview.

Findings: A and C. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline the steps to be taken to discipline a staff for sexual abuse and sexual harassment and that sanctions for this violation will be commensurate with the nature and circumstances of the act committed. B. The Chief Juvenile Probation Officer/Facility PREA Coordinator was asked during her interview if there were any staff disciplined in the last 12 months for violating the agency's Zero Tolerance policy. She indicated during her interview that there have not been any staff disciplinary actions taken during the past 12 months due to a violation of the agency's policy of sexual abuse and sexual harassment and that termination would be the presumptive disciplinary sanction. This assertion by the Chief Juvenile Probation Officer/Facility PREA Coordinator was corroborated by the agency's draft Zero Tolerance policy and the response on the facility's PAQ. This auditor did not observe any staff receiving a disciplinary sanction for violating the agency's sexual abuse and sexual harassment policy during the onsite visit. D. The Chief Juvenile Probation Officer/Facility PREA Coordinator stated during her interview that there were zero referrals made to a law enforcement or relevant licensing entity for a sexual abuse and sexual harassment allegation in the last 12 months.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there have not been any staff disciplinary actions taken during the past 12 months due to a violation of the agency's policy of sexual abuse and sexual harassment and that termination would be the presumptive disciplinary sanction in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that there have not been any staff disciplinary actions taken during the past 12 months due to a violation of the agency's policy of sexual abuse and sexual harassment and that termination would be the presumptive disciplinary sanction, therefore demonstrating their compliance with this standard.

Standard 115.377: Corrective action for contractors and volunteers

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), memorandum on Volunteer and Contractor's Disciplinary Sanction and Chief Juvenile Probation Officer/Facility PREA Coordinator Interview.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does prohibits volunteers and contractors from contact with youth who have engaged in sexual abuse and outlines the steps to be taken when disciplining volunteers and contractors for sexual abuse and sexual harassment violations. B. The Chief Juvenile Probation Officer/Facility PREA Coordinator was asked if there were any volunteers or contractors disciplined for violating of the agency's Zero Tolerance policy and she reported during her interview that there were zero cases where a volunteer and zero cases where a contractor received disciplinary action during the past 12 months due to violation of the agency's policy of sexual abuse and sexual harassment. This auditor did not observe any volunteer or contractor receiving a disciplinary sanction for violating the agency's sexual abuse and sexual harassment policy during the onsite visit. It was further noted that this facility does not employ or utilize the services of volunteers or contractors in this holdover facility. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide this auditor written evidence stating that there were zero reports made to local law enforcement or to a relevant licensing body for a contractor or volunteer who had engaged in sexual abuse of a youth in this facility in the last 12 months.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there were zero reports made to local law enforcement or to a relevant licensing body for a contractor or volunteer who had engaged in sexual abuse of a youth in this facility in the last 12 months in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that there were zero reports made to local law enforcement or to a relevant licensing body for a contractor or volunteer who had engaged in sexual abuse of a youth in this facility in the last 12 months, therefore demonstrating their compliance with this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Youth Brochure, Intake Staff and Chief Juvenile Probation Officer/Facility PREA Coordinator's Interviews.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does prohibits the denying a youth large muscle exercise, daily visits, educational programming, access to other programs as a disciplinary sanction for engaging in sexual abuse. It also outlines the process for taking disciplinary action against a youth when they participate in sexual misconduct with another youth, staff, volunteer or contractor in the facility. B and E The facility's draft Zero Tolerance policy also outline the formal due process hearing that must occur following an administrative finding whereas the sanctions are to be commensurate with the nature and circumstances of the abuse committed including when a finding of sexual contact with a staff proves that they did not consent to such contact. C and D The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator when asked during her interview about the disciplinary sanction imposition on a youth, she indicated that the disciplinary process, in accordance with their draft Zero Tolerance policy does allow consideration to be given if the youth's mental disabilities and mental illness contributed to the behavior when determining sanctions and if therapy, counseling or other interventions shall be considered for the youth to participate in. This draft Zero Tolerance policy and standard adherence was corroborated from the interview notes taken from the interview with the Chief Juvenile Probation Officer/Facility PREA Coordinator and the Intake staff. This auditor did not observe any youth receiving a disciplinary sanction for violating the agency's sexual abuse and sexual harassment policy during the onsite visit because they did not have any in custody. F. The facility's draft Zero Tolerance policy does state that they do not impose disciplinary sanctions if a youth makes a report of sexual abuse and sexual harassment in good faith. When asking the question if one could be disciplined for making a sexual abuse or sexual harassment allegation in good faith, there were seven (7) random youth interviewed to ascertain if they would not receive a sanction if one was made in good faith. They all indicated during their interview that they would not be sanctioned if they reported a sexual abuse and sexual harassment allegation in good faith. G. The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator did state during her interview and on the PAQ that there were zero administrative findings of a youth-on-youth sexual abuse and zero administrative findings of a youth-on-youth sexual

harassment, zero criminal findings of a youth-on-youth sexual abuse and zero criminal findings of a youth-on-youth sexual harassment and no instances where disciplinary sanctions was imposed for a sexual abuse and sexual harassment for a substantiated allegation. The facility's draft Zero Tolerance policy does prohibit all forms sexual abuse, sexual harassment and sexual misconduct in the facility as reviewed by this auditor. During this reporting period the agency's Chief Juvenile Probation Officer/Facility PREA Coordinator stated but did not provide written evidence, indicating that there were zero youths who were placed in isolation as a disciplinary sanction for a youth-on-youth sexual abuse and or sexual harassment allegation in the past 12 months.

Corrective Action Findings: The facility must inform the auditor via phone or by email when new intake youths are available in order to interview them regarding the provision of this standard. The facility must provide written evidence in the form of a memorandum to corroborate that there were zero administrative findings of a youth-on-youth sexual abuse and zero administrative findings of a youth-on-youth sexual harassment, zero criminal findings of a youth-on-youth sexual abuse and - zero criminal findings of a youth-on-youth sexual harassment and no instances were disciplinary sanctions was imposed for a sexual abuse and sexual harassment for a substantiated allegation. Also, that there were zero youths who were placed in isolation as a disciplinary sanction for a youth-on-youth sexual abuse and or sexual harassment allegation in the past 12 months in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator and staff did notify this auditor of the seven (7) new intake youth that were available for interviews in order to ascertain their knowledge of this provision. None of the youth interviewed made any allegations of sexual abuse and sexual harassment but they knew that if they made an allegation in good faith that they would not receive a sanction for it. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator also provided a memorandum to this auditor corroborating that that there were zero administrative findings of a youth-on-youth sexual abuse and zero administrative findings of a youth-on-youth sexual harassment, zero criminal findings of a youth-on-youth sexual abuse and zero criminal findings of a youth-on-youth sexual harassment and that there were no instances were disciplinary sanctions was imposed for a sexual abuse and sexual harassment for a substantiated allegation. She also indicated in the memorandum that there were zero youths who were placed in isolation as a disciplinary sanction for a youth-on-youth sexual abuse and or sexual harassment allegation in the past 12 months, therefore demonstrating their compliance with this standard.

MEDICAL AND MENTAL CARE

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Juvenile Case Management System (JCMS) Database Review, Youth Files, the Chief Juvenile Probation Officer/Facility PREA Coordinator and the Random Staff Interviews.

Findings: A. The Ray West Juvenile Justice Center’s draft Zero Tolerance policy does outlines the procedure to follow for medical and mental health screenings consisting of the youth's history of sexual abuse, if applicable. There were no selected Medical and Mental Health staff to be interviewed to ascertain their knowledge of this policy and practice, because there are none employed or contracted with by this facility. There were no selected Medical and Mental Health staff employed or contracted with to interview about their familiarity with the agency’s draft Zero Tolerance policy on mental health and medical screenings and on how to complete a medical screening on all youth including obtaining the youth’s sexual abuse history during the Intake process. But the Chief Juvenile Probation Officer/PREA Coordinator did state during her interview that this information is store on their electronic files (JCMS) database, and that it does contain some sensitive information that is not accessible to non-treatment staff. B. The facility’s Chief Juvenile Probation Officer/Facility PREA Coordinator did not identify any youth during the pre-audit and onsite phases who had disclosed a prior sexual victimizations in the past 12 months which occurred either at another confinement facility or in a community setting. The facility’s draft Zero Tolerance policy does indicate that medical and mental health follow up assessments would be offered to these and other youths within 14 days of Intake and or when prior sexual victimization was alleged to have occurred. Since this is a holdover facility and the youth’s stay is less than 72 hours, the follow up services would occur within this timeframe. This policy practice was corroborated with the Intake staff during her interview and this auditor did not observe a medical or mental health screening during the onsite visit. The agency’s Chief Juvenile Probation Officer/Facility PREA Coordinator stated but did not provide written evidence corroborating this practice. C. There were no secondary information maintained in the youth’s files, but all hard files are kept in an office under lock and key whereas only the Chief Juvenile Probation Officer/PREA Coordinator and the specialized staff only have access to them. The facility's draft Zero Tolerance policy does state that all staff are considered mandatory reporters of child abuse according to the State law, which would include any medical and mental health practitioners if employed and or contracted with. D. The facility's draft Zero Tolerance policy also states how informed consent is to be obtained from a youth, unless they are under the age of 18, when sexual abuse does not occur in an institutional setting.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that a medical and mental health follow up assessments would be offered to youths within 14 days of Intake and or when prior sexual victimization was alleged to have occurred in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that medical and mental health follow up assessments would be offered to youths within 14 days of Intake and or when a prior sexual victimization was alleged to have occurred during Intake, therefore demonstrating their compliance with this standard.

Standard 115.382: Access to emergency medical and mental health services

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)
- Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), memorandum on Access to Emergency Medical and Mental Health Care, Youth Files Review, and interview with the Chief Juvenile Probation Officer/PREA Coordinator.

Findings: A. The Ray West Juvenile Justice Center's reported that there were zero cases of sexual abuse requiring medical attention at this facility during the past 12 months and that the facility's draft Zero Tolerance policy does outline how a youth will have access to these emergency services in a timely, unimpeded manner. B and C The facility's draft Zero Tolerance policy does indicate that if no qualified medical or mental health practitioner is on duty the first responders responsibilities are to protect the victim, notify the appropriate on call medical (Llano Memorial Hospital and or Hendrick Medical Center) and a mental health practitioner (The Ark), and that the victim would be offered timely information and access to emergency contraception and STI prophylaxis. This auditor did not observe any youth needing access to emergency medical and mental health care during the onsite visit because there were none in custody. D. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did state during her interview but not provide written evidence, that access to emergency medical and mental health services would be provided at the Llano Memorial Hospital, the Hendrick Medical Center and the Ark, and that these treatment services shall be provided at no cost to the victim whether they name the abuser or cooperates with the investigation. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did state during her interview but did not provide written evidence, that there were zero sexual abuse cases to review that required a youth emergency access to medical and mental health services in the last 12 months.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that access to emergency medical and mental health services would be provided at the Llano Memorial Hospital, the Hendrick Medical Center and the Ark, and that there were zero sexual abuse cases to review that required a youth emergency access to medical and mental health services in the last 12 months in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that access to emergency medical and mental health services would be provided at the Llano Memorial Hospital, the Hendrick Medical Center and the Ark, and that there were zero sexual abuse cases to review that required a youth emergency access to medical and mental health services in the last 12 months, therefore demonstrating their compliance with this standard.

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance policy, PREA Audit Questionnaire (PAQ), memorandum on Ongoing Medical and Mental Health Care, and Chief Juvenile Probation Officer/PREA Coordinator Interview

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline the procedure for a sexual abuse victim and or abuser to be offered an evaluation who has been victimized including receiving ongoing medical and mental health care. B, D, E, F and G The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator did not identify on the PAQ or state during her interview any youth who required ongoing medical and mental health care as a sexual abuse victim and or abuser. She did not provide written evidence that these services would be provided to these youth who have been adjudicated, because her facility is for pre-adjudicated youths who are assigned to her pre-detention, holdover facility, and that these services would be provided free of charge to the youth, as well as other treatment i.e. STI's as deemed appropriate by the medical and mental health practitioner will be offered including that pregnancy tests would be offered. This auditor did not

observe any youth needing ongoing medical and mental health care as a sexual abuse victim or abuser during the onsite visit because there were none in custody. C. There were no selected Medical and Mental Health staff to ask if their services are consistent with the care provided in the community but during the interview with the Chief Juvenile Probation Officer/PREA Coordinator she indicated the youth receives their mental health and medical services in the community and are at no cost to the victim whether they name the abuser or cooperates with the investigation. H. The facility's draft Zero Tolerance policy does state that they will attempt to conduct an evaluation on the committed youth abuser within 60 days of learning of the abuse history and offer treatment when deemed appropriate by an outside mental health practitioner of which the facility reported that there were none. Since the youth are in this facility for less than 72 hours these services for a youth abuser would be conducted by a community provider with a referral from the youth's probation officer or at the permanent placement facility. The facility's Chief Juvenile Probation Officer/Facility PREA Coordinator stated during her interview that there were zero youth identified as a sexual abuse victim and or abuser who required ongoing medical and mental health services during the last 12 months.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there were zero youth identified as a sexual abuse victim and or abuser who required ongoing medical and mental health services during the last 12 months in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that there were zero youth identified as a sexual abuse victim and or abuser who required ongoing medical and mental health services during the last 12 months, therefore demonstrating their compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ) and interviews with a Sexual Abuse Review Team member and the Chief Juvenile Probation Officer/PREA Coordinator.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline the process for conducting sexual abuse reviews for substantiated and unsubstantiated cases of sexual abuse with the understanding that a review would not be held for unfounded cases. B and C The facility's Sexual Abuse Review Team is represented by the Chief Juvenile Probation Officer/Facility PREA Coordinator, a Probation Officer, the First Responder, a designated Investigator from the Texas Juvenile Justice Department (TJJD), and a representative from the Ark (mental health practitioner), which is convened within 30 days of the conclusion of an administrative and or criminal investigation for sexual abuse. D and E The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that the Team would, once convened, considers the six (6) elements pertaining to the review of the allegation and then submits its findings. Furthermore, that this meeting would be facilitated by the Chief Juvenile Probation Officer/Facility PREA Coordinator as Chair, who would prepare the minutes and report recommendations for improvement to her Juvenile Board. This facility's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide written evidence to indicate that there were any sexual abuse reviews in last 12 months even though there were no sexual abuse allegations made. This auditor did not observe any SART Team reviews during the onsite visit. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator stated but did not provide to this auditor written evidence, that their initial meeting had occurred, its date and time, and who was present. This auditor recommended that a memorandum be generated monthly to the team members when there are no allegations to review to demonstrate that the sexual abuse review team is active. The facility's Chief Juvenile Probation Officer/Facility

PREA Coordinator reported on the PREA Audit Questionnaire and during her interview that there were zero allegations of sexual abuse during the last 12 months and that the Sexual Abuse Incident Review Team did not convene.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum of the meeting minutes for their initial Sexual Abuse Review Team meeting, that there were zero allegations of sexual abuse and sexual harassment during the last 12 months and provide to this auditor email notifications for the months of May, June, July, August, and September that the Sexual Abuse Incident Review Team did not convene and provide meeting minutes if a sexual abuse allegation and subsequent SART Team meeting does occur, whether the investigation is closed as substantiated or unsubstantiated in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor of the initial SARB meeting minutes for their initial Sexual Abuse Review Team meeting, indicating that there were zero allegations of sexual abuse and sexual harassment during the last 12 months and did provide email notifications for the months of May, June, July, August and September that the Sexual Abuse Incident Review Team did not convene because there were zero substantiated or unsubstantiated investigation, therefore demonstrating their compliance with this standard.

Standard 115.387: Data collection

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ) and the Chief Juvenile Probation Officer/Facility PREA Coordinator's Interview.

Findings: A. The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline the procedure for collecting uniform data on all allegations of sexual abuse and sexual harassment at all their facilities including private contractors as applicable, including the utilization of a standardized instrument to demonstrate compliance with this standard. B and C The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did not provide to this auditor a copy of the annual DOJ Survey of Sexual Victimization for 2015 and 2016 because they do not participate in this annual survey and she stated that they do not utilize a standardized instrument for capturing this aggregate data annually. This was corroborated through her interview as well as no aggregated data being posted on their website, since they do not have one as of the onsite visit. D and E The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did indicate during her interview that she would review, collect all the data, including investigative reports and files as applicable, including those from private facilities, if applicable, for the confinement of its youth. That she would identify trends, implements recommendations and would document the reason for not doing so locally. During the agency's Chief Juvenile Probation Officer/Facility PREA Coordinator interview, when asked do she participate in the annual DOJ Survey of Sexual Victimization she stated that they do not but upon request, this information would be provided to DOJ no later than June 30th of each year or as otherwise directed by DOJ.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that they will collect all the aggregated data, including investigative reports and files as applicable, including those from private facilities if they were to contract with for the confinement of its youth, that she would identify trends, implements recommendations and document the reason for not doing so locally in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that they will collect all the aggregated data, including investigative reports and files as applicable, including those from private facilities if they contracted with for the confinement of its youth; would identify trends, implement recommendations and that she would document the reason for not doing so locally, therefore demonstrating their compliance with this standard.

Standard 115.388: Data review for corrective action

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ) and Chief Juvenile Probation Officer/Facility PREA Coordinator Interview.

Findings: A and B The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline the review of aggregate sexual abuse and sexual harassment data, including that of private contractors if contracted with; how they will assess it to improve the effectiveness of the agency's policies, practices and training, identify problems and to provide directions for taking corrective action. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did state during her interview but did not provide written evidence, that a review of the data collected, identification of trends, problem areas, and subsequent corrective action would have been taken in the last 12 months in accordance with this provision. This auditor did not observe of the agency's aggregated sexual abuse and sexual harassment data on the agency's website during the onsite visit because they do not have one nor was any data available since they have not had any sexual abuse and sexual harassment allegation in the last 12 months. C and D The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator, when asked about any corrective actions required to be taken based on the review of the collected data, she did indicate during her interview that if she prepared a report from any findings that she would compare the current year's data with the prior year data, that she would redact any information that may present a clear and specific threat to the safety and security of the facilities, and seek approval, if necessary from her Juvenile Board, then she would make this report available on the agency's

website once created or by any other means e.g. posting in the facility's lobby or at the Brown County courthouse's lobby, and would provide a copy of this report to the Department of Justice upon their request.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that they will 1. Review, collect and aggregate any sexual abuse and sexual harassment data including that from private contractors if they every contract for their services, 2. Discuss how they will assess this data to improve the effectiveness of the agency's policies, practices and training, to identify problems and 3. How they will provide directions to staff for taking the necessary corrective action. The memorandum must also indicate that they will redact any information that may present a clear and specific threat to the safety and security of the facilities and would make this report available by other means i.e. displaying in the reception area and at the Brown County courthouse, making this information available to the public, and would provide a copy of this report to the Department of Justice upon their request in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that they will 1. Review, collect and aggregate sexual abuse and sexual harassment data including that from private contractors if they every contract for their services, 2. Discuss how they will assess it to improve the effectiveness of the agency's policies, practices and training, to identify problems and 3. How they will provide directions to staff for taking the necessary corrective action. She also indicated in the memorandum that they will redact any information that may present a clear and specific threat to the safety and security of the facilities and would make this report available on the agency's new website just created, thus making this information available to the public, and would provide a copy of this report to the Department of Justice upon their request, therefore demonstrating their compliance with this standard.

Standard 115.389: Data storage, publication, and destruction

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Draft Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Data Collection Memorandum, Data Collection and Storage Policy and the interview with the Chief Juvenile Probation Officer/Facility PREA Coordinator.

Findings: The Ray West Juvenile Justice Center's draft Zero Tolerance policy does outline that all sexual abuse data is under their control, that all personal identifiers are redacted and that this information collected is retained securely. Based on the Chief Juvenile Probation Officer/Facility PREA Coordinator interview notes and the PAQ, they corroborate this policy adherence and practice. Furthermore, the facility's draft Zero Tolerance policy does state that all sexual abuse data is retained securely and will be maintained for at least ten (10) years after the date of the initial collection which was corroborated by agency's document retention schedule.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that all sexual abuse data is under their control, that all personal identifiers are redacted and that this information collected is retained securely and will be maintained for at least ten (10) years after the date of the initial collection in order to be in compliance with this standard.

Resolution: The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide a memorandum to this auditor indicating that all sexual abuse data that is under their control and all personal identifiers would be redacted, that the information collected will be retained securely and maintained for at least ten (10) years after the date of the initial collection, therefore demonstrating their compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Scheduled onsite Facility Audit Visit, PREA Audit Questionnaire (PAQ), accompanying documentation provided via USB Drive, Pictures of Audit Notice postings, and interviews with the Random Youth and the agency's PREA Coordinator.

Findings: The Ray West Juvenile Justice Center's agency's Chief Juvenile Probation Officer/Facility PREA Coordinator indicated during her interview that this is her facility's first PREA audit and that it has never been audited against the PREA standards in the last three (3) years. This auditor was able to and did have access to all areas of the facility, he did receive all requests for and relevant documentation (including electronically stored documentation) pertaining to this audit without resistant, and was permitted to interview not only the youth, once admitted but also the staff privately during the onsite visit and during the post audit phase. During this auditor's introduction to the random youth when interviewed, they all indicated that they were aware of the Audit Notice postings in their housing unit and the facility as well as were informed that they could contact him in writing if they experience any negative consequences, such as retaliation or the threat of retaliation as a result of the interview. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator did provide pictures to this auditor of the Audit Notice being posted through the facility during the pre-audit phase and this auditor did confirm the display of these notices during the onsite visit. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator also indicated that the youth are permitted to send confidential correspondence to this auditor utilizing the contact information provided on the posted Audit Notices in the same manner as they would communicate with their legal counsel, though no correspondence has been received by this auditor as of this report, therefore demonstrating their compliance with this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy and Evidence reviewed: Interview with the agency's Facility Administrator and review of the PREA Audit Questionnaire (PAQ)

Finding: The Ray West Juvenile Justice Center's agency's Chief Juvenile Probation Officer/Facility PREA Coordinator indicated during her interview that this is her facility's first PREA audit and that it has never been audited against the PREA standards in the last three (3) years. Therefore, no Final Report has been issued or has been published on the facility's website as of this report. This assertion was corroborated based on a review of the PAQ submitted to this auditor during the pre-audit phase, a review of the facility's new website by this auditor and as indicated during the interview with the agency's Chief Juvenile Probation Officer/Facility PREA Coordinator. The agency's Chief Juvenile Probation Officer/Facility PREA Coordinator was instructed by this auditor that upon issuance of this Final Report that it must be published on her website within 90 days of its issuance, of which she acknowledged that she would do so therefore demonstrating compliance with this standard.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Jerome K. Williams

Auditor Signature

November 20th, 2017

Date