

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Interim Report

Date of Final Report June 9th, 2020

### Auditor Information

<b>Name:</b> Jerome K. Williams	<b>Email:</b> wjerome27@yahoo.com
<b>Company Name:</b> N/A	
<b>Mailing Address:</b> 749 Rutherford Dr	<b>City, State, Zip:</b> Crowley, Texas 76036
<b>Telephone:</b> 512-636-8137	<b>Date of Facility Visit:</b> April 22nd, 23rd, and 24th, 2020

### Agency Information

<b>Name of Agency</b>		<b>Governing Authority or Parent Agency (If Applicable)</b>	
Ray West Juvenile Justice Center		Brown County Juvenile Probation Department	
<b>Physical Address:</b> 818 FM 3254		<b>City, State, Zip:</b> Brownwood, Texas 76801	
<b>Mailing Address:</b> Same as above		<b>City, State, Zip:</b>	
<b>The Agency Is:</b>	<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
<b>Agency Website with PREA Information:</b> <a href="http://www.browncountytexas.org/page/brown-probation">www.browncountytexas.org/page/brown-probation</a> .			

### Agency Chief Executive Officer

<b>Name:</b> Lisa Ritter, Chief Probation Officer	
<b>Email:</b> lisa.ritter@browncountytexas.org	<b>Telephone:</b> 325-646-0923

### Agency-Wide PREA Coordinator

<b>Name:</b> Lisa Ritter Chief Probation Officer / PREA Coordinator	
<b>Email:</b> lisa.ritter@browncountytexas.org	<b>Telephone:</b> 325-646-0923
<b>PREA Coordinator Reports to:</b> 35 <sup>th</sup> District Juvenile Board	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 0

## Facility Information

**Name of Facility:** Ray West Juvenile Justice Center

**Physical Address:** 818 FM 3254

**City, State, Zip:** Brownwood, Texas 76801

**Mailing Address (if different from above):**

**City, State, Zip:**

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** [www.browncountytexas.org/page/brown.probatation](http://www.browncountytexas.org/page/brown.probatation)

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe**  
N/A

### Facility Administrator/Superintendent/Director

**Name:** Lisa Ritter Chief Probation Officer/PREA Coordinator

**Email:** [lisa.ritter@browncountytexas.org](mailto:lisa.ritter@browncountytexas.org)

**Telephone:** 325-646-0923

### Facility PREA Compliance Manager

**Name:** N/A

**Email:**

**Telephone:** [Click or tap here to enter text.](#)

### Facility Health Service Administrator N/A

**Name:** N/A

**Email:** [Click or tap here to enter text.](#)

**Telephone:** [Click or tap here to enter text.](#)

## Facility Characteristics

Designated Facility Capacity:	14
Current Population of Facility:	0
Average daily population for the past 12 months:	0.1246
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	10 to 16 years of age
Average length of stay or time under supervision	2 days
Facility security levels/resident custody levels	Secure, minimum
Number of residents admitted to facility during the past 12 months	46
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	4
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
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: Contracting county detention facilities <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	7
Number of staff hired by the facility during the past 12 months who may have contact with residents:	4
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0

Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
Number of single resident cells, rooms, or other enclosures:	14
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	1
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<p><input type="checkbox"/> On-site  <input checked="" type="checkbox"/> Local hospital/clinic  <input type="checkbox"/> Rape Crisis Center  <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p>
<b>Investigations</b>	
<b>Criminal Investigations</b>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	0
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<p><input type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input checked="" type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p><input type="checkbox"/> Local police department  <input checked="" type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)  <input type="checkbox"/> N/A</p>
<b>Administrative Investigations</b>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	0
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<p><input type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input checked="" type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p><input type="checkbox"/> Local police department  <input type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input checked="" type="checkbox"/> Other (please name or describe: Texas Juvenile Justice Department's Office of the Inspector General (OIG))  <input type="checkbox"/> N/A</p>

## Audit Findings

### Audit Narrative

Ray West Juvenile Justice Center (RWJJC) is headquarters is located at 818 FM 3254 in Brownwood, Texas. RWJJC is governed by the 35<sup>th</sup> District Juvenile Board and managed daily by an experienced on-site probation management team and detention staff. This facility 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 in other counties.

The PREA Audit of Ray West Juvenile Justice Center (RWJJC) was conducted over two days on April 22<sup>th</sup> and 23<sup>rd</sup>, 2020. This audit followed the facility's first completed PREA audit on April 27<sup>th</sup>, 2017. Jerome K. Williams, a Certified Department of Justice Auditor for Juvenile and Adult Facilities conducted that audit. The audit contract was executed on June 24, 2019 between Jerome K. Williams and Ray West Juvenile Justice Center's Chief Probation Officer. Throughout the audit, the auditor found the Chief Probation Officer and the detention staff to be responsive to auditor's requests for documentation, scheduling of the interviews, site review and were knowledgeable about the PREA standards. No barriers were encountered in the completion of this audit.

The audit was conducted in three distinct phases: the pre-onsite audit, the onsite audit, and the post-audit phase.

### **Pre-Audit Phase**

Pre-Audit phase methodology included four core activities conducted by this auditor that included:

1. Audit planning and logistics
2. Posting notice of the audit
3. Requested and reviewed the facility's policies, procedures, and other pertinent documentation
4. Conducted research, outreach to advocacy and community organizations

During the pre-onsite phase this auditor communicated by phone with Chief Probation Officer Lisa Ritter and conducted a "kick-off" call. The phone meeting was conducted on June 24, 2019. During the call the following was discussed:

- a. Re-introduction of the PREA audit process to the facility management team members. The discussion surrounded everyone's role in the audit process.
- b. Explanation of the PREA Audit process, timelines, purpose of corrective action to improve practices, and the overall goal of a successful final PREA report.
- c. Logistics, the need for unimpeded access to the facility and staff during the on-site phase, and document that will be required to complete the audit,
- d. Agreement on the best form of communication (e-mail and telephone) and schedule for continued communications.
- e. Goals, timeline expectations, and objectives of the PREA audit of Ray West Juvenile Justice Center.
- f. Notice of audit posting and timeline requirements. Discussion included steps necessary to maintain resident confidentiality in communicating with the auditors.

This auditor followed the "kick off" call meeting with an email summarizing the conversation, reviewed the PREA process map, and the documentation required by the facility before the on-site audit phase.

Ray West Juvenile Justice Center's original audit was conducted 3 years ago on April 26<sup>th</sup> through April 27<sup>th</sup>, 2017, and they received their Final Report on November 20<sup>th</sup>, 2017. The facility's management staff were familiar with the process of the "paper audit", therefore, the overall audit method was the "paper audit" instead of through the PREA On-line Audit System (OAS). During the pre-onsite phase,

the facility's management and support staff gathered documents, completed the Pre-Audit Questionnaire (PAQ), and forwarded the information to this auditor via USB drive by certified mail. During this phase, communication between this auditor and the facility's administrator included numerous phone calls, the mailing of the USB drive that included the requested documentation, and numerous e-mails and text messages.

This auditor provided RWJJC with the required notice of audit posting with his name, address, and phone number affixed. Directions on how and where to post the notice of audit were also provided. Proof, in the form of pictures of the audit notice being posted at least 6 weeks in advance of the audit were received from the facility's administrator on January 11th, 2020 (more than 8 weeks in advance of the on-site audit). Pictures included proof of posting in the resident housing unit, in the common and visitation areas, as well as in the administrative offices and reception areas. During the on-site phase of the audit this auditor did observe and verified that the notice of audit postings was on blue colored paper in the following locations:

- a. Administration building lobby area
- b. Administration hallway
- c. Detention housing unit
- d. Administrative offices
- e. Chief Probation Officer's Office

This auditor also conducted a search of the internet for any PREA related incidents on RWJJC. There were no news articles or law enforcement reports related to sexual abuse or sexual harassment that were found.

A review of the agency's website was conducted at [www.browncountytx.org/page/brown.probation](http://www.browncountytx.org/page/brown.probation), which also included RWJJC's Zero Tolerance policy, 3<sup>rd</sup> party reporting of suspected sexual abuse, and their annual data report. The November 20<sup>th</sup>, 2017 Final PREA Audit Report was also observed as being posted on the agency's website. The agency did have the following number listed for reporting anonymously an allegation of sexual abuse or sexual harassment: Texas Juvenile Justice Department's Hotline 877-786-7263 (877-STOP-ANE). Also listed was the e-mail address of the RWJJC Chief Probation Officer, Lisa Ritter, for reporting an allegation of sexual abuse and sexual harassment directly.

To obtain information about the Rape Crisis Center and or Advocacy services available to the RWJJC, a phone interview was conducted with a representative from The Ark, a Rape Crisis Center, who indicated that there have been no referrals from this facility for their services in the last 12 months. This facility does not have any SAFE and or SANE personnel working there so the Chief Juvenile Probation Officer/PREA Coordinator provided to this auditor the name and phone number of the SANE personnel at the Hendrick Medical Center of whom he could contact. In contacting the SANE personnel at the Hendrick Medical Center it was ascertained that they are aware of the SANE protocol, that RWJJC has not brought a sexual abuse victim in for a SANE examination in the last 12 months and that accessibility for their services are available to the facility's Chief Juvenile Probation Officer/PREA Coordinator and her staff, if the need arises.

The Chief Probation Officer did provide documentation reflecting that in the last 12 months there have been zero reported sexual abuse and sexual harassment allegations thereby resulting in no criminal or administrative investigations. It was also noted that during the past 3 years RWJJC reported zero allegations of sexual abuse and sexual harassment investigations.

This auditor was provided with a memorandum from the Texas Juvenile Justice Department's Office of the Inspector General (OIG) Administrative Investigative 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 7 staff interviewed, utilizing multiple interview protocols, and 10 residents interviewed during the onsite audit process. There were no targeted resident interviews conducted during the onsite visit because there were no residents who had been identified either with disabilities or as lesbian, gay, bisexual, transgender or intersex in the population.

Prior to the on-site phase of the audit this auditor reviewed all documentation submitted by the facility via USB drive and email, and developed an "issue log" of items that deserved additional follow up or clarification from the facility administrator. The issue log instrument was used to identify gaps, missing information or requested clarity regarding information provided on the PREA Audit Questionnaire (PAQ), which was e-mailed to the facility's management team on March 23<sup>rd</sup>, 2020.

Items requested prior to the on-site audit phase of the audit were as follows:

1. Pre-Audit Questionnaire (PAQ). The paper PAQ was discussed at the Kick Off meeting.
2. Description of the agency and facility
3. Organizational Chart
4. PREA related posters, brochures, resident handbooks, and videos in English and Spanish.
5. Staffing Plan
6. Facility schematics
7. Resident, staff, volunteer and contractor rosters including but not limited to;
  - a) Complete list of residents
  - b) Residents with disabilities
  - c) Residents who are Limited in English Proficiency (LEP)
  - d) Residents who identify as LGBTQI
  - e) Residents in isolation was not applicable because RWJJC does not use isolation.
  - f) Residents in segregated housing was not applicable because RWJJC does not use segregation.
  - g) Residents who reported sexual abuse.
  - h) Residents who reported sexual victimization during risk screening.
  - i) Staff rosters including staff duties to identify specialized staff.
  - j) A list of all contractors that have contact with residents.
  - k) A list of all volunteers who have contact with residents.
8. Grievances, allegations of sexual abuse and sexual harassment, all hotline calls made, and incidents from 12 months preceding the audit.
9. Contracts/agreements with other residential facility providers
10. Memorandum of Understanding/Agreement with outside emotional support providers
11. Criminal and administrative investigative reports of sexual abuse and sexual harassment cases (since the last PREA audit was in June of 2016).
12. Investigative Flow Chart
13. Written Coordinated Response Plan.
14. Sexual Abuse Review Team meeting minutes (for the last 12 months)
15. RWJJC's Zero Tolerance Policy
16. Documents listed in the PREA Compliance Audit Tool Checklist of Policies/Procedures and Other Documents.



This auditor did not receive any confidential correspondence from residents, staff, contractors, or volunteers prior to, while on-site, or during this post on-site phase of this audit.

### **On-Site Phase:**

The audit methodology for the on-site phase included:

1. Site/Facility Review
2. Interviews of Staff, Volunteers and Residents
3. Documentation selection and file reviews (staff, volunteers and residents)

As indicated above, the RWJJC 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. On Wednesday April 22nd, 2020 the facility census was zero residents due to the COVID-19 pandemic and its nature as a “holdover” facility. An entrance briefing meeting was attended by the following people at the administrative office of RWJJC:

- a. Lisa Ritter, Chief Probation Officer
- b. Jerome K. Williams, PREA Auditor

### **Entrance Meeting:**

During the entrance meeting this auditor and the Chief Probation Officer re-introduced themselves and discussed the three-phased audit process and what the on-site phase would encompass. The Chief Probation Officer/PREA Coordinator re-explained the facility’s staff roles, location of files and logs, and the location of where the confidential interviews would occur during the audit. In addition, she provided the following documentation:

- a) Current facility resident roster.
- b) Current facility staff roster.
- c) Current facility staff work schedule.
- d) Facility census during the past 12 months.
- e) Video: PREA Orientation Video created by the Office of Justice Programs and the Idaho State Police (English and Spanish)

The Chief Probation Officer/PREA Coordinator reiterated that there had been zero sexual abuse and zero sexual harassment allegations since the last audit and that there were zero sexual abuse and zero sexual harassment allegations in the past 12-month period.

The following external reporting agencies were contacted, since their numbers are listed on the agency’s website for reporting sexual abuse and sexual harassment. The purpose of these test calls was to ascertain the process for receipt and forwarding these calls to the appropriate entity for investigation.

- The Ark, a local rape crisis center
- The Hendrick Medical Center’s Sexual Assault Nurse Examiner (SANE) Office
- The Texas Juvenile Justice Department’s (TJJD) Sexual Abuse Hotline

The operator for the Ark did describe the process and the provision of emotional support and crisis counseling services to victims of sexual abuse. In citing the confidentiality law, she indicated that she could neither confirm nor deny that there had been any referrals from RWJJC for emotional support or crisis counseling due to a sexual abuse allegation in the last 12 months. The operator for the TJJD

Hotline did described the process for receiving allegations of sexual abuse and sexual harassment, reporting back to the facility and that they would be referred for administrative investigation. In citing the confidentiality law, she indicated that she could neither confirm nor deny that there had been any allegations of sexual abuse and sexual harassment allegations received from RWJJC in the last 12 months. The SANE nurse that was contacted at the Hendricks Medical Center described the process for performing a SANE examination on a victim of sexual abuse. She also stated that all referrals made through the Ark that come to this hospital would be initiated by the Brown County Sheriff Department (BCSD), who would conduct the criminal investigations for the sexual abuse.

A review of the pre-audit, on-site audit, and post audit document reviews, observations, and interviews confirmed there were zero allegations of sexual abuse and zero allegations of sexual harassment since the last audit. There were also zero allegations of sexual abuse and zero allegations of sexual harassment in the last 12 months as charted below:

Types of allegation	Total since last audit	Substantiated	Unsubstantiated	Unfounded	Pending investigation
Sexual Abuse	0				
Sexual Harassment	0				
Types of allegations	Total in the last 12 months	Substantiated	Unsubstantiated	Unfounded	Pending Investigation
Sexual Abuse	0				
Sexual Harassment	0				

### Site Review:

Following the entrance meeting a detailed site review (tour) of the facility was provided by the facility's administrator, the Chief Probation Officer/PREA Coordinator.

The standards used to evaluate RWJJC facility were those listed in the PREA Compliance Audit Tool – Instructions for PREA Audit Tour. The RWJJC's physical plant is comprised of an outside fenced recreation court where basketball can be played, a dormitory containing the 14 cells that are self-contained, a dayroom area (i.e. that is utilized multi-facely 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, the resident's cell is utilized for sleeping and changing clothes in private. The Facility Administrator indicated during her interview that the shower routines are conducted by male staff for the male residents and by the female staff for the female residents in the unit. This activity was not observed by this auditor since there were no residents present during the onsite visit. During the interviews with the specialized and the random staff they corroborated the fact that staff of the opposite gender do knock and announce their presence before entering the unit when the opposite gender residents are present, especially during shower routine, changing of clothing and during restroom routines. It was observed during the site review that the entrance into the unit area did have signs posted as a reminder to the staff of the opposite gender to announce their presence before entering. The unit has 14 cells that have a bed, toilet, sink, 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. There are 2 separate shower areas where these routines can occur. There are no cameras in the resident cells but there are cameras in the dayroom, in the hallway entrance into the unit and in the outside recreation area to augment the staff's supervision and monitoring of the resident

while on and off the unit. On the unit there is also a control room, 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 unit from the floor and or 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, operating the electronic doors throughout for the unit and when monitoring the movement of both staff and residents on/off the unit. The Facility Administrator informed this auditor that the Short-Term Detention Officers (STDO) along with the True Core 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 residents 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 7 employees, zero of volunteers, zero contractors and zero residents were in their population as of the day of the onsite audit. Navigating this facility was easy to do once in the administrative reception area. To get to the detention unit one would go through the locked door into the hallway and make a left turn that leads straight to the entry door to the unit area. From the reception area, one would make a right turn that will lead down a hallway into the administrative office area of the Chief Probation Officer, the two Juvenile Probation officers and the waiting area.

This auditor was able to randomly interview residents and staff as to their knowledge of the PREA standards and the facility's sexual safety practices. Those random residents interviewed, in a structured confidential manner acknowledged the following:

1. Receiving an explanation of the facility's Zero Tolerance Policy and a PREA brochure upon admission.
2. Receiving written information upon admission and watching the PREA video within two (2) hours of their intake.
3. Understanding the facility's Zero Tolerance Policy towards sexual abuse, sexual harassment, and their right to be free from retaliation for reporting sexual abuse or sexual harassment allegations.

There was not an actual intake/admission to be observed during the onsite audit phase. This auditor did ask the intake staff to describe in detail how and where the intake, screening, and classification processes takes place. This auditor did review the intake screening documents utilized and received blank copies for his auditing records. There were no identified items of concern regarding intake privacy, confidentiality, PREA education, or PREA notifications.

### **Staff Interviews:**

RWJJC provided this auditor with a private interview space in the administration building to conduct the private and confidential interviews of both the staff and residents. This space, the conference room, had a closing door, was out of view and earshot from the other staff and residents.

A total of 20 staff interviews were conducted. 16 were specialized staff interview protocols and 4 were random staff interview protocols. The random staff interviewed included the following:

- a. Male and female staff
- b. Day, evening and overnight staff.
- c. New staff (hired in 2019) and veteran staff (hired before 2019).

The PREA interview protocols were used to ensure the proper questions were asked during the staff interviews. The number of staff and the correct positions that were interviewed corresponded with the

standards listed in the PREA Auditor Handbook. Both specialized and random staff were interviewed. This auditor received a staff roster showing names, tenure, position, and shift assignment. The selection process involved identifying and interviewing specialized staff to match the protocol requirements and the selection of as many random staff that would be available on the dates April 22nd and 23<sup>rd</sup> and 24th, 2020.

Staff Interviews	Minimum Required	Completed
Agency Head	1	1
Contract Administrator	1	1
PREA Coordinator	1	1
PREA Compliance Manager (if have multiple facilities)	1	N/A
Human Resources	1	1
Random Staff (minimum number required)	12	4
Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds	1	1
Education staff – none at RWJJC	1	N/A
Intake Staff	1	2
Medical Staff – none at RWJJC	1	N/A
Mental Health Staff -none at RWJJC	1	N/A
Non-medical staff involved in cross gender searches	1	1
Administrative (human resources) staff	1	1
Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff (external personnel)	1	1
Volunteers and contractors who have contact with inmates-none	2	N/A
Investigative staff-none at RWJJC	1	N/A
Staff who perform screening for risk of victimization and abusiveness	1	1
Staff who supervise residents in segregated housing-none at RWJJC	1	N/A
Staff on the sexual abuse incident team	1	2
Designated staff member charged with monitoring retaliation	1	1
First responders – All RWJJC staff serve as First Responders	1	2
Total Staff Interviews Completed		20

**Note:** Because this is a residential “holdover facility” for up to 48 hours and that the four (4) detention staff are all Short-Term Detention Officers (STDO) who are on an on-call status, this auditor and facility could not meet the random staff requirement number for interviews, according to the Auditor’s Handbook.

RWJJC’s Chief Probation Officer did provide the required documentation to demonstrate that all staff completed the required PREA trainings to meet every 3 years and 2-year refresher training for this standard’s provision.

**Resident Interviews:**

RWJJC provided this auditor with a private interview space in the administrative conference room, which was out of the view and earshot from other staff and residents to conduct the resident interviews.

**Note:** Because of the COVID-19 pandemic, the Facility Administrator did provide this auditor with a memorandum indicating that as of March 16<sup>th</sup>, 2020, no juveniles would be admitted to the facility until after May 8<sup>th</sup>, 2020. Because of the pandemic this auditor was able to conduct 5 interviews of residents detained in this facility via the phone during the pre and onsite phase and 5 during the post-onsite phase thereby ensuring his safety as well as theirs. A total of 10 resident interviews were conducted

during the pre, onsite and post audit phase due to the infrequent use of this short-term holdover facility during the Covid-19 pandemic season.

10 of 10 residents were interviewed during the pre, onsite and post-onsite phase of the audit (8 male and 2 female). There were zero residents in their population each day of the audit. There was no methodology used to select resident since all of the residents to be detained would be interviewed. There were no sexual abuse and sexual harassment allegations reported by any resident in the last 12 months. The resident files reviewed provided documentation that corroborated with the Chief Probation Officer/PREA Coordinator’s assertion that there were no residents present who met the targeted resident criteria for interviews in the last 12 months or during the onsite audit phase.

Resident interviews were conducted in compliance with the standards set forth in the PREA Compliance Instrument – Interview Guides for Residents. The breakdown of resident number and type of interviews conducted is below. The resident interviews were conducted in compliance with the standards set forth in the PREA Auditor Handbook. There were no targeted residents interviewed due to none being identified in their population, so in accordance with the Auditor’s Handbook, this auditor interviewed all of the residents in order to meet the minimum requirement of interviews for this facility’s size.

Total population during on-site interviews 0	Total bed capacity 14
Overall minimum number of resident interviews 10	Number required 10
Minimum number of random resident interviews 5	Number interviewed 10
Minimum number of targeted resident interviews 5	Number interviewed 0 (No residents at the facility meeting this criteria)
Breakdown of required targeted resident interviews	
Residents with a physical disability 1	Number interviewed 0 (No resident at the facility meeting this criteria)
Residents who are blind, deaf, or hard of hearing 0	Number interviewed 0 (No resident at the facility)
Residents that are LEP 0	Number interviewed 0 (No resident at the facility)
Residents with a cognitive disability 0	Number interviewed 0 (No resident at the facility)
Residents that identify as lesbian, gay, bisexual, transgender or intersex 1	Number interviewed 0 (No residents at the facility meeting this criteria)
Residents in isolation 1	Number interviewed 0 (No residents at the facility meeting this criteria)
Residents who reported sexual abuse 1	Number interviewed 0 (No residents at the facility meeting this criteria)
Residents who reported sexual victimization during risk screening 1	Number interviewed 0 (No residents at the facility meeting this criteria)
	Total Residents Interviewed 10

10 of 10 (100%) residents interviewed acknowledged receiving PREA information upon intake, that they watched the ‘Sexual Abuse Video,’ observed displayed in the facility the “End the Silence” posters, brochure and that they do have access to the hotline number posted in various locations within the unit. The poster and brochure did include phone number and were located within view of the phone where the residents use for making phone calls. The poster was posted throughout the unit, in the administrative building lobby, sally port, waiting area, and in the hallway. Each of the resident interviewed could explain the meaning of the zero-tolerance policy towards sexual abuse and sexual,

how to report a sexual abuse and sexual harassment allegation, as well as explain their rights to be free of sexual abuse and sexual harassment while in this facility.

10 of 10 (100%) residents interviewed said that they felt safe, sexually safe, and that the staff at RWJJC cared about their safety.

**Resident Files:**

This auditor conducted a review of all of the resident files. The file selection methodology were all of the same names of the random residents to be interviewed. The review was conducted using the PREA Audit – Juvenile Facilities Documentation Review – Resident Files/Records template.

Types of information verified in resident files	For Random Residents-10	For Targeted Resident – N/A - there were no targeted residents in the population
PREA Intake Screening w/in 72 hours of admission	10	N/A
Potential Victim, Aggressor, Periodic Reassessment during stay,	10	N/A
PREA Information at Intake	10	N/A
PREA comprehensive education w/in 10 days of Intake	10	N/A

The 10 resident files revealed that they all had received a PREA screening well within 72 hours of the admission. This usually occurs within the first 2 hours of admission by the Intake staff. The Intake staff interviewed stated during their interviews that they conduct the intake screenings within the first 2 hours of all residents admitted to the facility and that they are assessed utilizing the risk screening instrument to ascertain if they are a potential victim or aggressor; as well as having other factors that would make them vulnerable for sexual abuse and sexual harassment victimization.

**Staff Training Files Review:**

This auditor conducted a review of all current 7 staff’s training files. The file selection methodology were all of the same names of the random and specialized staff to be interviewed since the facility’s workforce is small. The review was conducted using the PREA Audit – Juvenile Facilities Documentation Review – Employee Files Records template. The review of staff files revealed that the staff had received PREA training as part of the new employee training, refresher training and annual training requirements. Documentation reviewed demonstrated that RWJJC had conducted their annual PREA training for all staff in August of 2019, prior to the on-site audit. The Facility Administrator provided a memorandum indicating that the staff PREA training curriculum utilized was from the PREA Resource Center’s PREA Employee Training that was created by the Moss Group including the Cross-Gender Pat Search training and the PREA Training created by the Juvenile Justice Training Academy of the Texas Juvenile Justice Department (TJJD). The staff training file documentation also revealed that they have received PREA training related to the standard prohibiting cross gender pat down searches, this is a co-ed facility. During the random staff interviews the female staff stated they do not conduct cross gender pat down searches of the male residents and the male staff indicated that they have not conducted cross-gender pat search on the female residents. All of the residents interviewed stated that no opposite gender staff had pat searched them at any time during their stay in the facility.

**Personnel Files Review:**

This auditor conducted a review of all 7 current staff personnel files. The file selection methodology were the same names as the random staff interviewed. The review was conducted using the PREA Audit – Juvenile Facilities Documentation Review – Employee Files Records template. Required documentation for staff files were reviewed for compliance during the last 12 months.

The review of staff files demonstrated compliance with the initial and five-year requirement of criminal records check and child abuse registry checks. All the staff files reviewed had documentation of criminal background checks, mandated reporter training, initial, refresher and annual PREA training as well as child abuse registry checks. The staff files did not contain any documentation related to institutional reference checks since neither of the 2 new hires or current employees came from an institutional employer.

Types of information verified information in personnel files	For Specialized staff- 3	For Random Staff -4
Criminal Background Checks every 5 years	3	4
Child Abuse Registry Checks	3	4
Institutional Reference Checks for new hires in last 12 months	0	0
Mandatory PREA Training every 3 years	3	4
Refresher Training every 2 years	3	4
Specialized Training	3	0
Affirmative Duty to Report	3	4

This auditor was unable to find any staff that had been hired in the past three years or in the last 12 months that listed previous employment at a juvenile or adult institution, therefore RWJJC was not out of compliance with this standard’s provision. This auditor was provided with a sample letter that would be sent to an applicant’s previous institutional employer who would be seeking to be employed with RWJJC that included the applicable institutional reference questions, therefore RWJJC was complaint with this standard.

**Investigative Files Review:**

RWJJC Facility Administrator reported zero sexual abuse and zero sexual harassment investigations in the last 12 months during her interview. She further stated that if a sexual abuse or sexual harassment allegation would arise that the administrative sexual abuse investigations would be conducted by the Texas Juvenile Justice Department’s Office of the Inspector General (OIG) and the criminal investigations would be completed by the Brown County Sheriff Department (BCSD).

Types of allegations	Total number since last audit (11/2017)	Substantiated	Unsubstantiated	Unfounded
Sexual Abuse	0	0	0	0
Sexual Harassment	0	0	0	0

Types of allegations	Total in last 12 months (4/1/2019-4/1/2020)	Substantiated	Unsubstantiated	Unfounded
Sexual Abuse	0	0	0	0
Sexual Harassment	0	0	0	0

### Exit Briefing:

On Thursday April 22nd, 2020 at 10:00am the facility census was still at zero residents. The onsite phase of the audit was completed for RWJJC and an exit briefing meeting was held with the following people:

- a. Lisa Ritter, Chief Probation Officer/PREA Coordinator
- b. Jerome K. Williams, Certified PREA Auditor

This auditor led the discussion about the preliminary results of the audit including:

- The three-phase process of the PREA audit.
- The three forms of verification (triangulation) used to determine compliance
- The facility's strengths
- The facility's weaknesses
- Any barriers experienced during the audit (which were none).
- The post-audit steps towards completing this audit including the preparation of Interim Report, Corrective Action steps over a 180-day period as applicable and then issuance of a Final Report.

### Post Audit Phase:

The audit methodology used and activities in the post audit phase included:

1. This auditor's triangulation of all the information (evidence) received, learned from the interviews, documentation and observations from the first two phases of the audit. The sources of verification were determined through the use of the Auditor Compliance Tool for Juvenile Facilities.
2. This auditor's preparation and writing of the RWJJC PREA Audit Report (Interim and or Final) including corrective actions as applicable.
3. Sending the Interim PREA Audit Report to RWJJC, if applicable, for corrective action and response within 45 days of the last day of the onsite audit phase. Make a compliance audit determination upon receipt of the corrective action items and issue the Final PREA Audit Report within 180 days, if applicable.
4. Make a compliance audit determination based on the auditor's triangulation of all the information (evidence) received and issue a Final PREA Audit Report within 45 days of the onsite audit phase, if applicable.

## Facility Characteristics

Ray West Juvenile Justice Center (RWJJC) is headquarters is located at 818 FM 3254 in Brownwood, Texas. RWJJC is governed by the 35<sup>th</sup> District Juvenile Board and managed daily by an experienced onsite management team and detention staff. RWJJC is a 14-bed co-ed, holdover, pre-adjudicated facility that detains juveniles ages 10 to 17 in a secure setting until transferred to a long-term detention



facility. This facility provides secure, holdover placement of pre-adjudicated juveniles for up to 48 hours before being transferred to a long-term juvenile detention facility in this and in other counties.

Over the past 12 months the facility population has averaged 1.1 resident per month. On each day of the onsite audit the facility's population was zero residents. At the time of the on-site audit, RWJJC had 7 total staff, 0 contractors, 0 volunteers and 0 residents.

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

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded:** 1

**List of Standards Exceeded:** 115.331

### Standards Met

**Number of Standards Met:** 42

**List of Standards Met:** 115.311, 312, 313, 316, 317, 318, 321, 322, 332, 333, 334, 335, 342, 351, 353, 354, 361, 362, 363, 364, 365, 366, 367, 368, 371, 372, 373, 376, 377, 378, 381, 382, 383, 386, 387, 388, 389, and 403

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** N/A

## PREVENTION PLANNING

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

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

#### 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 upper-level 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*)

The following evidence was analyzed in the making the compliance decision:

1. Documents reviewed included:
  - a. PREA Audit Questionnaire (PAQ)
  - b. Ray West Juvenile Justice Center's Zero Tolerance Policy (RWJJC)
  - c. Acknowledgement of receipt and understanding of PREA policy signed by staff, contractors, and volunteers.
  - d. Zero Tolerance posters (including phone numbers to report allegations)
  - e. Organizational Chart
2. Interviews included:
  - a. Chief Probation Officer/PREA Coordinator
3. Site Review / Observation:
  - a. Zero Tolerance Sexual Abuse and Sexual Harassment Postings
  - a. Agency's Webpage: [www.browncountytx.org/page/brown.probaton](http://www.browncountytx.org/page/brown.probaton)

**115.311 (a)** RWJJC has a zero-tolerance policy towards all forms of sexual abuse, and sexual harassment. The purpose of the policy, (pg. 2), states:

“The purpose of this rule is to establish the RWJJC’s zero-tolerance policy for any form of sexual abuse, sexual harassment, or sexual activity involving resident in the agency’s care. This rule also addresses RWJJC’s obligations under federal Prison Rape Elimination Act (PREA) standards for preventing, detecting, and responding to sexual abuse and sexual harassment.”

**b.** The RWJJC Zero Tolerance Policy is available to staff, volunteers, contractors, and to members of the public from the agency’s web page at [www.browncountytx.org/page/brown.probation](http://www.browncountytx.org/page/brown.probation) Under the general provisions section of RWJJC’s PREA policy it outlines the agency’s approach towards preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is in compliance with this provision.

**115.311 (b)** The agency Zero Tolerance policy states (pg. 3 e, 1 a), “RWJJC a designates upper-level staff member as the agency wide PREA Coordinator”. The agency has a designated PREA Coordinator, which is the Chief Probation Officer. She holds an upper level position and has stated during her interview that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in her facilities. This facility is in compliance with this provision.

**115.311 (c)** The agency’s Zero Tolerance policy states, (pg. 3 e, 1 b) “RWJJC a designates a PREA compliance manager at each RWJJC operated residential facilities. This staff member’s duties must be structured to allow sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards”. RWJJC does not operate multiple facilities therefore there is no need for a PREA Compliance Manager. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

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

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

### **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 adopt and 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.)  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*)

The following evidence was analyzed in the making the compliance decision:

1. Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy (RWJJC)
- c. Contracts with Tom Green County Juvenile Justice Center (TGCJJC)
- d. Contract with Taylor County Juvenile Justice Center (TCCJC)
- e. Contract with Gulf Coast Trade Center (GCTC)
- f. Contract with True Core, Behavioral Solutions, LLC. (TCBS)
- g. Contract with Garza County Regional Juvenile Center (GCRJC)

2. Interviews included:

- a. Chief Probation Officer/ PREA Coordinator
- b. Agency Contract Administrator

3. Site Review / Observation:

- a. Office where contracts are stored

**115.312 (a)** RWJJC PREA Coordinator stated on the PAQ that the agency has not entered into and or renewed a contract for the confinement of their residents. The agency's Chief Probation Officer/PREA Coordinator confirmed during her interview that the agency does not contract for the confinement of their residents with other entities but do contract with Tom Green County, Gulf Coast Trade Center, Taylor County Juvenile Justice Center, True Core Behavioral Solutions, LLC and Garza County Regional Justice Center to provide holdover confinement services for their residents. RWJJC did provide this auditor with copies of all five (5) stated county contracts. This facility is in compliance with this provision.

**115.312 (b)** RWJJC contracts with Tom Green County, Gulf Coast Trade Center, Taylor County Juvenile Justice Center, True Core Behavioral Solutions, LLC and Garza County Regional Justice Center to provide residential services for their residents. A review of the contracts with these five (5) counties do state that they will "comply with the Final Rule of the Prison Rape Elimination Act (PREA) of June 20, 2012 and with all applicable PREA standards". This was confirmed during the interview of the Agency Contract Administrator, which is the Chief Probation Officer/PREA Coordinator. These five (5) counties also have a clause in their contracts for monitoring RWJJC to ensure that they are in compliance with the PREA standards during the contract period. This facility is in compliance with this provision.

This facility is in compliance with this standard.

## Corrective Action Findings: None

### Standard 115.313: Supervision and monitoring

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

##### 115.313 (a)

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)  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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)  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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)  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*)

The following evidence was analyzed in the making the compliance decision:

1. Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. RWJJC Staffing Assessment and Staffing Plan- need cleaning up
- d. RWJJC Unannounced Rounds Logs
- e. RWJJC Facility Schematics
- f. Memorandum for Supervision and Monitoring Review of Staffing Plan

2. Interviews included

- a. Random residents
- b. Random staff
- c. Chief Probation Officer/PREA Coordinator

3. Site Review / Observation:

- a. N/A

**115.313 (a)** RWJJC's Zero Tolerance Policy, (pg. 3, A, I), states that "RWJJC develops and implements a written staffing plan to provide adequate levels of staffing or video monitoring (if applicable) to protect resident against sexual abuse". The PAQ reflected no instances of a deviation from the planned staff to resident ratio, which is 1 to 8 during waking hours and 1 to 16 during sleeping hours. RWJJC is a secure residential holdover facility and by PREA definition, is required to be PREA audited. The Chief Probation Officer/PREA Coordinator has elected to have RWJJC PREA audited once again because of her desire to receive and provide secure, holdover detention services to juvenile justice youth from Tom Green County, Gulf Coast Trade Center, Taylor County Juvenile Justice Center, True Core Behavioral Solutions, LLC and Garza County Regional Justice Center. With this being said, RWJJC had no residents in their population during the onsite audit.

RWJJC's staffing plan was provided during the pre-audit phase and reviewed by this auditor. Based on the average resident population by month for the past 12 months, which is 0.1246 and taking into consideration a low staff turnover rate in the past 12 months, this auditor found no obvious reason to believe there had been any deviation from the facility's staffing plan. Over the last 12 months the staff to resident ratio has been 1 to 2 during waking hours and 1 to 2 during sleeping hours. This is well below the PREA requirement of staff to resident ratio. RWJJC does use surveillance cameras to aid the facility staff in monitoring the residents. There are 16 cameras in the facility that monitor the unit itself, the outside recreation area, the hallway, the sally port, the administrative area/lobby and the exterior of the building. Through the staff interviews, this auditor found no reports of short staffing or ratio deviations in the daily monitoring and supervision of the residents. There were no findings of judicial inadequacy, inadequacies from a Federal investigative agency, or inadequacies from an internal or external oversight body (e.g. Brown County Juvenile Probation or from the Office of the Inspector). During the site review this auditor did not identify any blind spots or areas in the facility where staff or residents may be isolated.

The staffing plan also takes into consideration the following:

- The number and placement of supervisory staff
- Employees work shifts,
- Applicable state, local laws, regulations and standards
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Other relevant factors

Further evidence of compliance with this standard was ascertained during the interview of the Chief Probation Officer/PREA Coordinator. She confirmed that RWJJC's staffing plan was developed to ensure that adequate staffing is maintained in the facilities to protect the residents, and that the video monitoring is employed as part of the staffing plan to further detect, prevent and protect residents against sexual abuse. This facility is in compliance with this provision.

**115.313 (b)** The RWJJC Zero Tolerance Policy as well as their contracts with Tom Green County, Gulf Coast Trade Center, Taylor County Juvenile Justice Center, True Core Behavioral Solutions, LLC and Garza County Regional Justice Center requires constant supervision and monitoring of the residents while in this facility. The policy states that the facility maintains a 1 to 8 ratio during waking hours and a 1 to 16 staff ratio during sleeping hours except during limited or discrete exigent circumstances. This auditor was unable to observe the staff to resident ratio since no residents were in the facility during the onsite audit phase. The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no deviations from the ratio in the last 12 months. This facility is in compliance with this provision.



**115.313 (c)** RWJJC facility staff roster showed 3 full time Probation Officers (1 being the Chief Probation Officer) and 4 part time Short-Term Detention Officers (STDO) as employed. The resident roster provided during the pre-audit phase reflected their current population of 0 residents. This auditor found no evidence nor was there a report of the staff to resident ratio deviating from the planned ratio of 1:8 during the daytime. This auditor found no evidence nor was there a report of the staff to resident ratio deviating from the planned ratio of 1:16 during sleeping hours. RWJJC did not document any deviations from the staffing ratio of any limited or discrete exigent circumstances. This facility is in compliance with this provision.

**115.313 (d)** RWJJC's Chief Probation Officer/PREA Coordinator indicated during her interview that in last 12 months during the development of the staffing plan assessment and plan itself, she discussed what adjustments were needed to the staffing plan with the Juvenile Board of which the approved plan was provided to this auditor during the pre-audit phase. She indicated that they also considered the following in the development of the staffing plan:

- Prevailing staffing patterns
- Deployment of video monitoring systems and other technologies
- Available resources needed to adhere to the staffing plan

Based on the documentation provided, this facility is in compliance with this provision.

**115.313. (e)** RWJJC's Chief Probation Officer did indicate during her interview that she conducts unannounced rounds to identify and deter staff sexual abuse and sexual harassment. During the interview with the Chief Probation Officer/PREA Coordinator and the Intermediate Level Staff, they both indicated that they do conduct unannounced round in the facility at least twice a month on all three shifts. The Unannounced Logs which was provided during the pre-audit phase, upon review, does reflect the dates, times and staff who conducted the unannounced rounds for the last 12 months thereby corroborating their interview statement. This auditor also found evidence on the PAQ reflecting that higher-level staff do conduct unannounced rounds on all shifts.

RWJJC's Zero Tolerance Policy does states that disciplinary action will occur if staff alert other staff of the unannounced rounds. During the random staff interviews the staff did explain that unannounced rounds do occur and that they are aware of the consequences if they alert other staff of the unannounced rounds. RWJJC Zero Tolerance policy, (pg. 4, C ii) states that it "does prohibit staff from alerting other staff of an unannounced round being made by an intermediate and or higher-level staff member". This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

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

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

### 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 have policies 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 have 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Staff training files
- d. PREA Training Rosters
- e. Cross Gender Pat Search Training Video by the Moss Group
- f. Search logs

Interviews included:

- a. Random residents
- b. Random staff
- b. Non-security staff involved in cross gender searches
- c. First Responder, security and non-security staff

Site Review / Observation:

- a. Residential housings
- b. Administrative areas

**115.315 (a):** RWJJC Zero Tolerance policy, (pg. 4, A-D), states “that they will maintain restrictions and limitations on cross-gender searches and shall always refrain from conducting cross gender strip or cross gender visual body cavity searches, except in exigent circumstances or by a medical practitioner”. The PREA Coordinator stated during her interview that all staff have been trained on how to conduct a cross gender pat search and that no cross gender pat search, strip search or visual body cavity searches have occurred in the last 12 months.

The random staff training files and interviews revealed that they were trained on how to conduct a cross gender pat down search. All of the random detention staff interviewed stated that at no time do female staff conduct pat down searches on the male residents or male staff conduct a pat search on female residents at any time. They further indicated that there has not been an exigent circumstance in the last 12 months to warrant such a cross gender pat down search. This facility is in compliance with this provision.

**115.315 (b):** RWJJC is a co-ed facility and interviews conducted with the 4 random and 3 specialized staff, inclusive of the female detention staff, revealed that the male and female staff have not conducted cross gender pat down searches in non-exigent circumstances in the last 12 months. This facility is in compliance with this provision.

**115.315 (c):** RWJJC Zero Tolerance policy (pg. 4, A-D) states “that they will maintain restrictions and limitations on cross-gender searches and shall always refrain from conducting cross gender strip or cross gender visual body cavity searches, except in exigent circumstances or by a medical practitioner”. RWJJC Chief Probation Officer/PREA Coordinator stated during her interview it is prohibited to conduct cross gender strip searches and cross gender visual body cavity searches in her facility. Therefore, there is no need to document these protocols. This facility is in compliance with this provision.

**115.315 (d):** RWJJC Zero Tolerance policy, (pg. 4, A-D) states that “staffing patterns and physical barriers are implemented to 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”. The facility’s cells are designed to prohibit cross gender viewing of resident performing toileting or changing of clothes except for incidental viewing when conducting headcounts counts. The facility schematic shows two (2) resident shower area with shower curtains to provide privacy of the resident when showering. A review of the facility’s schematic plans of these areas confirmed these areas during the site review.

RWJJC requires staff of the opposite gender to announce their presence when entering the housing unit. During the random staff interviews they all confirmed that the female staff do make an announcement saying “female staff in the unit” and or “male staff in the unit” before they proceed to the cell area. 8 out of 8 random male residents interviewed stated that the female staff do enter their cells during shower, changing of clothes or during restroom routines. They further stated that they do announce their presence before approaching their cell area. The 2 female residents interviewed stated that the male staff do enter their cells during shower, changing of clothes or during restroom routines. They further stated that they do announce their presence before approaching their cell area.

This auditor did not observe any female and or male staff announce their presence before approaching the cell area of a residents because there were none in the facility. This facility is in compliance with this provision.

**115.315 (e)** RWJJC Zero Tolerance Policy, (pg. 4, A-D) states that “staff do not search or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status. The status may be determined during conversations with the resident, by reviewing medical records, or as part of a broader medical examination conducted in private by a medical practitioner”. The Chief Probation Officer/PREA Coordinator stated during her interview that this policy is adhered to by her staff and that there have been no transgender or intersex residents in her population in the last 12 months. A review of the resident files revealed that there were no transgender or intersex residents in the facility in the last 12 months. This facility is in compliance with this provision.

**115.315 (f)** RWJJC did provide evidence that all of the detention staff have been train on 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 including how to conduct searches of transgender and intersex residents in a professional and respectful manner. A review of the employees training records revealed that all staff have received cross gender pat search training, searches of transgender and intersex residents followed by an acknowledgement statement and signature on the training roster. This facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action: None.

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

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Intake Screening Forms
- d. Resident Orientation Handbook (English and Spanish)
- e. PREA Zero Tolerance Posters
- f. Memorandum from Chief Probation Officer on Educational Service

Interviews included:

- a. Random residents
- b. Random staff
- c. PREA Coordinator

- d. First Responder, security and non-security staff

Site Review / Observation:

- a. Residential Unit postings
- b. Administrative Building postings

**115.316 (a)** The RWJJC Zero Tolerance Policy, (pg. 5, A) states that “RWJJC will take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts prevent, detect, and respond to sexual abuse and sexual harassment residents who are:

- Deaf or hard of hearing
- Blind or have low vision
- Limited English Proficient
- Intellectually disabled
- Psychiatric disabled
- Speech disability

And that appropriate steps will be taken to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s effort to prevent, detect, and respond to sexual abuse and sexual harassment.

RWJJC PREA Coordinator indicated that they have taken steps to ensure that there is effective communication with residents who are:

- Deaf or hard of hearing
- Blind or have low vision
- Limited English Proficient
- Intellectually disabled
- Psychiatric disabled
- Speech disability

RWJJC PREA Coordinator stated during her interview that they do not provide educational services to residents because this is a short-term facility, that the residents are only there less than 48 hours and those who may need the above services are not brought to her facility by law enforcement personnel. She did provide this auditor with a copy of a memorandum to substantiate why they do not provide educational services. This facility is in compliance with this provision.

**115.316. (b)** RWJJC Chief Probation Officer/PREA Coordinator did indicate during her interview that they will do whatever is necessary to ensure the residents understand the PREA standards and their rights. They will utilize, when necessary, staff as translators and the language line as resources for residents who may be deaf, speech impaired, limited in English proficiency, blind and or low vision or who are psychiatric or are intellectually impaired. At the time of the audit nor in the past 12 months, did the facility have any resident who were assessed as needing interpreting services, had a disability or were limited English proficient. This determination was made based on interviews of the Intake staff and a review of the resident files. This facility is in compliance with this provision.

**115.316 (c)** RWJJC Zero Tolerance policy states, (pg. 5, B-C), that RWJJC does not use other residents to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first responder duties, or an investigation”. The Chief Probation Officer/PREA Coordinator and Intake staff stated during their interviews that RWJJC does not use resident interpreters or assistants for reporting sexual

abuse and sexual harassment allegations in the last 12 months. During the random staff interviews all of the detention staff indicated that RWJJC has not utilized resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action: None**

## Standard 115.317: Hiring and promotion decisions

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

### 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 who may have contact with residents?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether 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

#### 115.317 (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)

- 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Criminal Records Check Documentation
- d. Child Abuse Registry Check Documentation
- e. Employment Application
- f. Employee PREA Self-Disclosure Forms
- g. Staff Training Records
- h. Resident Orientation Handbook (English and Spanish)
- i. PREA Sexual Abuse and Sexual Harassment Posters
- j. Sample Institutional Memorandum for Employment Verification of Prospective Applicant

Interviews included:

- a. Chief Probation Officer / PREA Coordinator
- b. Human Resources

Site Review / Observation:

- a. N/A

**115.317 (a).** RWJJC Zero Tolerance policy, (pg.5 A), states that “RWJJC does not hire or promote anyone who may have contact with resident and does not use services of any contractor who may have contact with the person if the person:

- (i) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- (ii) who have 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, of if the victim did not consent or was unable to consent or refuse.
- (iii) Enlist the services of any contractor who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or who have 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, of if the victim did not consent or was unable to consent or refuse.

(iv) Enlist the services of any contractor who has been civilly or administratively adjudicated or 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. “

The Human Resource staff confirmed during her interview that RWJJC has not hired, promoted, or contracted with anyone who meets the criteria listed above in (i) through (iv). A review of employee files revealed that there was no documented evidence of RWJJC hiring, promoting or utilizing the services of any contractors during the last 12 months as stated above. This facility is in compliance with this provision.

**115.317 (b)** RWJJC Zero Tolerance Policy, (pg.5, B), states that “For any person who may have contact with juveniles, RWJJC considers any incidents of sexual harassment in determining whether to hire, promote, or contract for services”. The Human Resource staff indicated during her interview that a thorough criminal background check, pre-employment reference checks, and a child abuse registry checks are conducted before an applicant or contractor is offered a position. She further stated that a “hit” would automatically come to her via email from the Department of Public Safety (DPS) if any of her current employees are arrested or come in contact with law enforcement. A review of the employee files revealed no documented evidence of RWJJC hiring or promoting an employee in violation of this provision. This facility is in compliance with this provision.

**115.317 (c)** RWJJC Zero Tolerance Policy, (pg.5, C) states that “before hiring new employees who may have contact with resident, RWJJC Chief Probation Officer will:

- (i) Performs a criminal background records check
- (ii) Consults the child abuse registry maintained by Texas Department of Family and Protective Services (DFPS); and
- (iii) Makes 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.

A review of the employee files revealed that RWJJC have been conducting background checks and completing reference checks, however they did not have documented proof of attempts to ask previous institutional employer information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. During the interview with the Human Resource staff stated that 2 of the last 2 news hires did not come from institutional facilities. During the employee file review, it was ascertained that no institutional reference check had been performed on these new hires because they both just graduated from the local college and have no correctional experience.

During the onsite audit this auditor was provided a sample letter that would be sent to a prior institutional employer for information on substantiated related incidents and resignations. Further review of the employee files revealed that documented child abuse registry checks through the Department of Health Services (DHS) have been conducted on all employees in the last 12 months. This facility is in compliance with this provision.

**115.317 (d)** RWJJC Zero Tolerance Policy (pg.5 D), states that “before enlisting the services of a contractor who may have contact with residents, the Chief Probation Officer will:

- (i) Performs a criminal background records check

- (ii) Consults the child abuse registry maintained by Texas Department of Family and Protective Services (DFPS);

Further review of the employee files revealed that RWJJC did not procure the services of any contractor in the last 12 months, therefore this provision is not applicable. The Human Resource staff did indicate that if contractor services were procured that child abuse registry checks through the Department of Health Services (DHS) would have been conducted in the last 12 months. This facility is in compliance with this provision.

**115.317 (e)** RWJJC Zero Tolerance Policy (pg.5 E) does states that RWJJC “will conduct criminal background checks every five years of current employees and on contractors who may have contact with residents”. This was evidenced through the employee file review of the staff and confirmed during the interviews with the Chief Probation Officer and Human Resource staff that criminal background checks had been conducted on all employees. There were no contractors employed in the last 12 months. This facility is in compliance with this provision.

**115.317 (f)** RWJJC Zero Tolerance Policy, (pg. 5, F) does” asks applicants and employees who may have contact with youth directly about previous misconduct described in subparagraph (A) of this paragraph in written applications or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. RWJJC employees have a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment”. RWJJC Human Resource staff did provide during the pre-audit phase a completed “PREA Self-Disclosure” document on each employee as part of their continuing affirmative duty to disclose any such misconduct. This facility is in compliance with this provision.

**115.317 (g)** RWJJC Zero Tolerance Policy, (pg. 6, F), does indicate that “Material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment”. The Human Resource staff did indicate during her interview that all staff and contractors have been informed of this policy and that there have been no violations of this policy in the last 12 months. This facility is in compliance with this provision.

**115.317 (h)** RWJJC Zero Tolerance Policy, (pg. 6, G), does state, “that unless prohibited by law, RWJJC provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work”. During the interview with the Human Resource staff, she indicated that such disclosure would not be an issue because most reference checks are accompanied by written permission to disclose information from the subject of the reference check. At the time of the onsite audit the RWJJC Human Resource staff indicated that she had not received any requests for information from a juvenile institution on a current staff. She also indicated that she has not requested information on the 2 new hires in 2019. Upon review of these 2 employee files it was ascertained that no institutional reference check letter was in their file because their employment application indicated that they had ever worked for an institutional employer. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action: None**

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

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Facility Schematics (Ray West Juvenile Justice Center)

Interviews included:

- a. Chief Probation Officer/PREA Coordinator

Site Review / Observation:

- a. Observations of camera locations during the site review of the administrative building and in the residential housing unit.

**115.318 (a)** RWJJC Zero Tolerance Policy, (pg. 6, 7 A) states that "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, RWJJC will consider the effect of the design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse". The Chief Probation Officer/PREA Coordinator indicated in her interview that there have not been any expansion or modification of existing facilities to consider the

effect of the design, acquisition, expansion, or modification upon RWJJC's ability to protect residents from sexual abuse. This facility is in compliance with this provision.

**115.318 (b)** RWJJC Zero Tolerance Policy, (pg. 6, 7 B) states that "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, RWJJC considers how such technology may enhance the agency's ability to protect youth from sexual abuse". During the site review this auditor noticed that RWJJC has installed 16 cameras, including in the detention area, to enhance the agency's ability to protect residents from sexual abuse. The dayroom area, hallways, outside recreation court, sally port, on the exterior of the building and throughout the administrative area. The Facility Administrator indicated that no other cameras or electronic surveillance systems have been installed since the last audit nor in the last 12 months. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

## **RESPONSIVE PLANNING**

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

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

#### **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 resident 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- 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 agency 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Memorandum from Brown County Sheriff Department (BSCD)
- d. Memorandum for the Office of the Inspector General (OIG)
- e. Memorandum of Understanding with the ARK

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Human Resources
- c. Agency Contract Administrator
- d. SAFE/SANE Nurse at the Hendricks Medical Center
- e. Random staff interviews
- f. Random resident interviews

Site Review / Observation:

- a. Facility postings
- b. Brochures available to residents

**115.321 (a)** RWJJC Facility Administrator indicated during her interview that RWJJC is not responsible for investigating allegations of sexual abuse and sexual harassment at the facility. The Brown County Sheriff Department (BSCD) conducts the criminal investigations and the Texas Juvenile Justice Department's Office of the Inspector General (OIG) conducts the administrative investigations. This facility is in compliance with this provision.

**115.321 (b)** Facility Administrator indicated during her interview that RWJJC is not responsible for investigating allegations of sexual abuse and sexual harassment. The Brown County Sheriff Department conducts the criminal investigations and the Texas Juvenile Justice Department's Office of the Inspector General (OIG) conducts the administrative investigations. This facility is in compliance with this provision.

**115.321 (c)** RWJJC Zero Tolerance Policy, (pg. 6, F 1, B ) states that "when evidentiarily or medically appropriate, RWJJC transports residents who experience sexual abuse to a hospital , clinic or emergency room that can provide for medical examination by a Sexual Assault Nurse Examiner (SANE) and that such medical examinations are provided at no financial cost to the resident".



The Chief Probation Officer/PREA Coordinator stated during her interview that in the event of a sexual abuse allegation, RWJJC staff will call the Brown County Sheriff Department (BCSD) for criminal investigation, that they would take the resident to the Hendrick Medical Center where a resident would receive routine and emergency medical care as well as a forensic examination (SANE) for sexual abuse incident, if required.

The interview with the SANE Nurse at the Hendricks Medical Center explained that as the lead SANE nurse, she would conduct the forensic exam but, in her absence another forensic nurse would be on duty to do so. She also explained it was hospital's practice to have a forensic nurse available 24 hours a day. The hospital web site explains, "when sexual assault has occurred, a forensic nurse who is a sexual assault nurse examiner (SANE) will provide nonjudgmental, compassionate care to the patient. SANEs are registered nurses who have had specialized training in the comprehensive medical forensic care of patients who have experienced sexual assault. They are certified by the Texas Office of the Attorney General."

The Chief Probation Officer/PREA Coordinator further indicated during her interview that there have been no referrals of sexual abuse victims to the Ark in the last 12 months. A review of the resident files corroborated this assertion. This facility is in compliance with this provision.

**115.321 (d)** RWJJC Zero Tolerance Policy, (pg. 6, F 1, D) states that RWJJC seeks to secure victim advocacy services from a local rape crisis center". Rape Crises Center services are provided free of charge by the Ark, a community-based organization that provide emotional support, counseling and advocacy services. The Chief Probation Officer/PREA Coordinator did provide a Memorandum of Understanding between RWJJC and the Ark to corroborate the services to be offered for a sexual abuse victim. According to the Ark representative, a sexual abuse victim (resident) who contacts them would receive confidential emotional support and crisis counseling over the phone. This facility is in compliance with this provision.

**115.321 (e)** RWJJC Chief Probation Officer/PREA Coordinator indicated during her interview that at a sexual abuse victim requests a qualified community-based staff member from the Ark would accompany the resident through the forensic medical examination process and investigatory interviews. The Chief Probation Officer/PREA Coordinator further stated that RWJJC does not employ any qualified mental health counselor to be on duty to provide advocacy, crisis intervention counseling and emotional support services. However, the Ark remains available 24/7 to support victims through the forensic medical examination process and investigatory interview process. During the phone interview with the SANE Nurse at the Hendricks Medical Center, she confirmed that she is qualified to conduct Sexual Assault Medical Forensic Examinations (SANE) for obtaining usable evidence for administrative or criminal investigations. This facility is in compliance with this provision.

**115.321 (f)** RWJJC Chief Probation Officer/PREA Coordinator did provide this auditor with a Memorandum of Understanding between RWJJC and Brown County Sheriff Department (BCSD) dated December 31<sup>st</sup>, 2019 confirming that they will conduct all criminal investigations. This facility is in compliance with this provision.

**1155.321 (g)** Auditor is not required to audit this provision.

**115.321. (h)** The Chief Probation Officer/PREA Coordinator stated during their interviews that RWJJC would always make a victim advocate from the Ark available to victims and provided a copy of the Memorandum of Understanding from the Ark to corroborate this assertion. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

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

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

**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 the policy 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

**115.322 (d)**

- Auditor is not required to audit this provision.

**115.322 (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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Memorandum from Brown County Sheriff Department
- d. Memorandum of Understanding from the Ark
- e. Staff Training Files

Interviews included:

- a. Chief Probation Officer/ PREA Coordinator
- b. SAFE/SANE Nurse at the Hendricks Medical Center
- c. The Ark (24-hour hotline and services)
- d. Texas Juvenile Justice Department's (TJJD) Sexual Abuse Hotline Line
- e. Random staff interviews
- f. Random resident interviews

Site Review / Observation:

- a. Facility Zero Tolerance postings
- b. Brochures available to residents
- c. Facility's website: [www.browncountytx.org/page/brown.probatation](http://www.browncountytx.org/page/brown.probatation)

**115.322 (a)** The RWJJC Zero Tolerance Policy, (pg. 6, F 2) states that "that all allegations of sexual abuse and sexual harassment are reported to and investigated by the Texas Juvenile Justice Department's Office of the Inspector General (OIG) for administrative investigations and the Brown County Sheriff Department (BCSD) for criminal investigations". During testing call to the number to the TJJD Sexual Abuse Hotline, the operator described the process for receipt and forwarding the allegation to the facility as well as to the investigative unit for investigation. She could not confirm nor deny if any sexual abuse allegations were received from RWJJC in the last 12 months. Upon conducting a file review of the resident and investigative files, this auditor found no allegations of sexual abuse or sexual harassment. RWJJC Chief Probation Officer/PREA Coordinator report zero administrative and zero criminal investigations for sexual abuse and sexual harassment in the last 12 months. This facility is in compliance with this provision.

- a. **115.322 (b)** RWJJC Zero Tolerance Policy, (pg. 6, F 2) states that the "Brown County Sheriff Department (BCSD) reviews all allegations of sexual abuse and sexual harassment and assigns to the appropriate officer to complete a criminal investigation, administrative investigation or both". The Zero Tolerance Policy is currently in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an appropriate agency with the legal authority to conduct criminal investigations.

Since the last audit in 2017, RWJJC Zero Tolerance Policy was finalized and is posted on the agency web page at [www.browncountytx.org/page/brown.probatation](http://www.browncountytx.org/page/brown.probatation). This facility is in compliance with this provision.

**115.322 (c)** RWJJC Zero Tolerance Policy, (pg. 6, F 2) states that "Brown County Sheriff Department (BCSD) reviews all allegations of sexual abuse and sexual harassment and assigns to the appropriate officer to complete a criminal investigation, administrative investigation or both". The PREA Coordinator indicated that there have been zero sexual abuse and zero sexual harassment allegations or investigations in the last 12 months. This facility is in compliance with this provision.

**115.322 (d)** The auditor is not required to audit this provision.

**115.322 (e)** Auditor is not required to audit this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)

- b. Ray West Juvenile Justice Center (RWJJC) Zero Tolerance Policy
- c. Employee Training File Documentation (training rosters and certificates)
- d. Memorandum of links to Staff PREA Training Curriculum utilized

Interviews included:

- a. Chief Probation Officer / PREA Coordinator
- b. Random Staff
- c. Intermediate and Higher-Level staff

Site Review / Observations:

- a. Employee, Volunteer and Contractors files and training records

**115.331 (a)** The RWJJC Zero Tolerance Policy, (pg. 6 & 7 A) states that “it will provide PREA related training to all its employees who may have contact with resident”. RWJJC training addresses:

- How to fulfill their PREA responsibilities under RWJJC policies and procedures.
- Residents right to be free from sexual abuse and sexual harassment.
- The right of residents and employees to be free from sexual abuse and harassment.
- The right of residents to be free from retaliation for reporting sexual abuse and harassment
- The dynamics of sexual abuse and sexual harassment in juvenile facilities.
- The common reactions of juvenile victims of sexual abuse and harassment.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

It was ascertained during the interviews conducted with the 4 random and 3 specialized staff that the PREA training they received cover the above 11 points as required. RWJJC PREA Coordinator stated that the staff PREA training curriculum utilized was from the PREA Resource Center’s PREA Employee Training that was created by the Moss Group including the Cross- Gender Pat Search training, and from the PREA Training created by the Juvenile Justice Training Academy of the Texas Juvenile Justice Department (TJJD). The Chief Probation Officer/PREA Coordinator did provide this auditor a copy of the curriculums utilized for this training. This facility is in compliance with this provision.

**115.331 (b)** The Chief Probation Officer/PREA Coordinator stated that the PREA training is tailored to the unique needs and attributes a gender of the residents at the facility. This is also corroborated from the PAQ response. RWJJC is a co-ed gender facility and the staff receive the same training since there is only one housing unit for residents to be assigned. Training documentation reviewed and provided to this auditor supports RWJJC compliance with this standard. The training is provided during new employee orientation training, annually and as a refresher periodically. This facility is in compliance with this provision.

**115.331 (c)** RWJJC Chief Probation Officer/PREA Coordinator did provide to this auditor during the pre-audit phase written verification all of the staff who received the annual PREA training as of August of 2019. They all signed an acknowledgement statement that they understood their PREA responsibilities. The Chief Probation Officer/PREA Coordinator further indicated during her interview

that all staff receives refresher PREA training and a review of the Zero Tolerance policy on an annual basis. This also was confirmed when reviewing the employee training files and documentation. This facility is in compliance with this provision.

**115.331 (d)** The RWJJC Chief Probation Officer/PREA Coordinator did provided to this auditor training documentation where the staff being trained acknowledged with their signature that they understand the training they received. During the interviews with all of the staff it was ascertained that they had a good understanding of 115.331 (a, 1-11) and 115.331 (b), and 115.331 (c) thereby corroborating their signed acknowledgement statement. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

## Standard 115.332: Volunteer and contractor training

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy

Interviews included:

- a. Chief Probation Officer / PREA Coordinator
- b. Random Staff

Site Review / Observations:

- a. N/A

**115.332 (a)** The RWJJC Zero Tolerance Policy, (pg. 7, 2) states that “RWJJC ensures and documents all volunteers and contractors who have direct access to resident have been trained on and understand their responsibilities under PREA and any other RWJJC policies and procedures”. The Chief Probation Officer/PREA Coordinator indicated during her interview that no volunteers or contractors were employed in the last 12 months. A review of the volunteer and contractor file revealed that there were no volunteers or contract employees providing a service or hired in the last 12 months. This facility is in compliance with this provision.

**115.332 (b)** The RWJJC Chief Probation Officer/ PREA Coordinator did not provide documentation of any contractor or volunteer’s acknowledgement of their PREA responsibilities and training necessary for compliance with this provision because there were none procured or hired during the last 12 months. She did indicate that if any were then all of the required training and documentation would be provided. This auditor did not interview any volunteers or contractors because there were none providing services or were hired. This facility is in compliance with this provision.

**115.332 (c)** A review of the contractor and volunteer files revealed that RWJJC did contract with or procure volunteer services in the last 12 months. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

## Standard 115.333: Resident education

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

### 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 the comprehensive education referenced in 115.333(b)?  
 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

#### 115.333 (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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Zero Tolerance Posters
- d. Resident Handbook (English and Spanish)
- e. PREA Brochure
- f. Resident Education Training Rosters

Interviews included:

- a. Chief Probation Officer/ PREA Coordinator
- b. Intake Staff
- c. Staff who perform risk screening for sexual victimization and abusiveness
- d. Random Staff

Site Review / Observations:

- a. Posters affixed in areas commonly used by residents such as:
  - i. Detention housing unit
  - ii. Administration building and offices
  - iii. Intake area
- b. PREA brochures available to residents
- c. Sexual Safety Video by Office of Justice Programs and Idaho State Police

**115.333 (a)** The RWJJC Zero Tolerance Policy, (pg. 7, 3) states that “during the admissions/intake process the resident are provided, by RWJJC, age appropriate PREA information about the agencies Zero Tolerance Policy and how to report incidents or suspicions of sexual abuse, sexual harassment or sexual activity”. This is done through verbal explanation by the intake staff after being provided the appropriate PREA education information in the PREA brochure and in the Resident Handbook. The PREA video does address the following points:

- Resident rights to be free from sexual abuse and sexual harassment

- Their rights to be free from retaliation for reporting such incidents
- The agency's policies and procedures for responding to such incidents.

The RWJJC Chief Probation Officer/PREA Coordinator did provide this auditor with a copy of the RWJJC Resident Handbook in English and Spanish during the pre-audit phase.

During the random resident interviews, 10 of 10 residents reported that this information was provided and explained to them upon intake. They further indicated that they understand the zero-tolerance policy and know how to report a sexual abuse and sexual harassment allegation.

Over the past twelve months 13 residents were admitted to RWJJC and all of the intake packets included an acknowledgement signed by each resident that they received and understood the zero-tolerance policy information. When reviewing resident files, this auditor found no evidence that there were residents who did not receive the required Zero Tolerance Policy information. This facility is in compliance with this provision.

**115.333 (b)** The RWJJC Zero Tolerance Policy, (pg. 7 B) states that "within 24 days after admission, RWJJC provides comprehensive, age appropriate education to resident about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting". Through the random resident interviews this auditor found evidence that 10 of 10 residents had viewed the PREA video within 2 hours of their intake. This auditor did receive a copy of the video as proof of the actual PREA comprehensive education being provided to residents. This video was reviewed by this auditor and was found to be presented in an age-appropriate fashion.

Upon review of the video, it does inform the youth of:

- Their rights to be free from retaliation for reporting such incidents
- The agency's policies and procedures for responding to such incidents.

This facility is in compliance with this provision.

**115.333 (c)** During the random resident interviews 10 of 10 residents interviewed indicated that they had received the comprehensive education on the day of their intake. A review of the resident files indicated that all 10 residents acknowledged that they did receive the comprehensive education within 2 hours of their intake. The resident files further corroborated that they received this comprehensive education within 2 hours of their intake.

During the intake staff interview this auditor asked how they ensured current residents as well as those transferred from other facilities were educated on the agency's Zero Tolerance Policy. They stated that regardless of how, when, or where a resident comes to the facility, they are provided with the same comprehensive education about their rights to be free from sexual abuse, sexual harassment, retaliation and how to report a sexual abuse and sexual harassment allegation. This facility is in compliance with this provision.

**115.333 (d)** The RWJJC intake staff did provide this auditor with the resident education in formats accessible to all residents at the facility during this audit, including materials translated into Spanish. This auditor was able to review the memorandum from the Chief Probation Officer regarding the provision of education for resident who are:

- Limited in English Proficient
- Visually impaired
- Otherwise disabled

- Having limited reading skills

The Chief Probation Officer/PREA Coordinator indicated along with the memorandum, during her interview that they do not provide educational service because this is a holdover, short-term facility. She further stated that residents who were visually impaired, otherwise disabled etc. would not be brought to the facility by law enforcement personnel. When the intake staff were asked how residents with limited reading skills could benefit from the PREA related information, they responded that the staff would read the printed information to the resident with the limited reading skills, have the resident watch the video, stop and explain the video and show the resident how they can call the 1 800 hotline number to report a sexual abuse and sexual harassment allegation. This facility is in compliance with this provision.

**115.333 (e)** The RWJJC Chief Probation Officer/ PREA Coordinator did provide copies of the resident rosters of their receipt of the comprehensive education and signed acknowledgement statements from 10 of the 10 residents that they received and understood the PREA information. This facility is in compliance with this provision.

**115.333 (f)** During the site review of RWJJC this auditor did observe PREA posters in the detention areas of the facility. These posters did include the 1-800 phone number for reporting a sexual abuse and sexual harassment allegation as well as the name and phone number for seeking emotional support and crisis intervention. This auditor also received a copy of and reviewed the PREA information that is in the resident handbook. PREA brochures and Zero Tolerance flyers were also observed during the site review in the lobby of the administration area of the facility. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

## Standard 115.334: Specialized training: Investigations

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Memorandum from Brown County Sheriff Department (BCSD)
- d. Memorandum from the Director of the Office of the Inspector General (OIG)

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Random Staff
- c. Staff on the Incident Review Team

Site Review / Observations:

- a. N/A

**115.334 (a)** RWJJC Zero Tolerance Policy, (pg. 8, 4) states that “the Brown County Sheriff Department Officers who investigate allegations of sexual abuse receive specialized training that include techniques

for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral". The Chief Probation Officer/PREA Coordinator indicated during her interview that no one on her staff is qualified to conduct sexual abuse and sexual harassment investigations. These allegations are referred to either the Brown County Sheriff Department (BCSD) for criminal investigations or to the Texas Juvenile Justice Department's Office of the Inspector General (OIG) for Administrative investigations. This facility is in compliance with this provision.

**115.334 (b)** Because administrative and criminal investigations are the responsibility of BCSD and OIG, RWJJC staff are not required to have specialized training including techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This facility is in compliance with this provision.

**115.334 (c)** Because administrative and criminal investigations are the responsibility of BCSD and OIG, RWJJC staff are not required to provide documented proof that BCSD and OIG personnel have received the required specialized training. This facility is in compliance with this provision.

**115.334 (d)** Auditor is not required to audit this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

## Standard 115.335: Specialized training: Medical and mental health care

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

### 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- 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? (N/A if the agency does not have any

full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA

#### 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 or the agency does not employ medical staff.)  
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- PREA Audit Questionnaire (PAQ)
- Ray West Juvenile Justice Center Zero Tolerance Policy

Interviews included:

- Chief Probation Officer/PREA Coordinator

Site Review / Observations:

- Employee Training Files

**115.335 (a)** The RWJJC Zero Tolerance Policy, (pg. 8, 5, A-D) states that RWJJC “ensures and maintains documentation that all full and part-time medical and mental health practitioners who work in RWJJC operated facilities have been trained in how to:

1. How to detect and assess signs of sexual abuse and sexual harassment.
2. How to preserve physical evidence of sexual abuse.
3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.
4. How and to whom to report allegations of sexual abuse and harassment.”

RWJJC Human Resource staff indicated during her interview that they do not employ any mental health staff therefore, no RWJJC staff is required to receive training related to forensic exams. A review of the employee files revealed that no medical staff were employed in the last 12 months. This facility is in compliance with this provision.

**115.335 (b)** RWJJC Human Resource staff indicated that they do not employ any medical staff therefore, no RWJJC staff is required to receive training related to forensic exams. A review of the employee files revealed that no medical staff were employed in the last 12 months. This facility is in compliance with this provision.

**115.335 (c)** RWJJC Human Resource staff did not provide to this auditor documentation of the PREA training received by medical or mental health practitioners because the facility does not employ them. This facility is in compliance with this provision.

**115.335 (d)** RWJJC Human Resource staff indicated during her interview that they have not employed any medical and mental health staff in the last 12 months but if they did, she would ensure that the medical and mental health practitioners would receive the PREA training as mandated for employees by 115.331 and 115.332. This facility is in compliance with this provision.

**Corrective Action Findings: None**

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 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: (1) Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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: (3) Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. RWJJC Behavioral Health Risk Screening Forms

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Intake Staff
- c. Random Resident

Site Review / Observations:

- a. N/A

**115.341 (a)** The RWJJC Zero Tolerance Policy, (pg. 8, 1 A) states that "RWJJC does use an objective screening instrument within 72 hours after a resident's admission to RWJJC to obtain information about the resident's personal history and behavior to reduce the risk of sexual abuse by or upon another resident". Upon file review of the residents file, this auditor randomly selected 11 resident files and found that 100% of these files had a risk screening completed within the 72-hour time period requirement. Upon further review it was ascertained that RWJJC does not periodically obtain information throughout a resident's stay in this facility because this is a holdover, short-term holding facility and the resident is only detained for up to 48 hours. This facility is in compliance with this provision.

**115.341 (b)** RWJJC Zero Tolerance Policy, (pg. 8, 1 A) states that "periodically throughout the resident's stay, information from the screening instrument is used to reassess housing and supervision assignments". The Intake staff indicated during her interview that residents are not provided a periodic screening assessment during their stay to assess housing and supervision assignments because they are only detained up to 48 hours. The Chief Probation Officer/PREA Coordinator corroborated this assertion during her interview. This facility is in compliance with this provision.

**115.341 (c)** The screening instruments used at RWJJC, does attempt to ascertain the following information:

1. Prior sexual victimization or abusiveness;
2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore vulnerable to sexual abuse;
3. Current charges and offense history;
4. Age;
5. Level of emotional and cognitive development;
6. Physical size and stature;
7. Mental illness or mental disabilities;
8. Intellectual or developmental disabilities;
9. Physical disabilities;
10. The residents own perception of vulnerability; and
11. Any specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain residents.

During the interview with the Intake staff it was ascertained that all the information being captured and or asked during the risk screening met the requirement of this provision. This auditor did receive a copy of this screening instrument as well as observed completed ones during the resident file review. This facility is in compliance with this provision.

**115.341 (d)** This auditor ascertained through the resident file audit and from the Intake staff interview that the risk assessments are being conducted through conversation with the resident during the intake, classification process; from the mental health screenings and from reviewing court records and other relevant documentation. Documentation of the intake screening instrument was provided to this auditor. This facility is in compliance with this provision.

**115I341 (e)** The Chief Probation Officer/PREA Coordinator and Intake staff indicated during interviews that the information obtained during the initial, and follow up screening is sensitive and treated as confidential, therefore the information has limited dissemination and access to prevent exploitation. This information is controlled by double locking the paper files in a file cabinet of the file room in the administrative area as well as on the Chief Probation Officer's computer. All electronic files are password protected and only authorized employees are permitted to view the protected information on a need to know basis according to the Chief Probation Officer/PREA Coordinator. During the site review this auditor was able to review these files in the conference room and observe where they were being stored. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

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

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

### **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? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) 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 (LGBTI) 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 provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  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? (N/A if the facility *never* places residents in isolation for any reason.)

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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Behavioral Health Risk Screening Instrument
- d. Memorandum from Chief Probation Officer on Use of Screening Information
- e. Resident Files

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Intake Staff
- c. Random staff

Site Review / Observations:

- a. Facility Site Review - Isolation Rooms were observed.

**115.342 (a)** RWJJC's Zero Tolerance Policy, (pg. 8, 2 A-C) states that RWJJC "uses all information obtained during intake screening to make housing, bed, program, education, and work assignments for resident". The Intake staff as well as the Chief Probation Officer/PREA Coordinator confirmed in her interviews that information learned during the intake screening is used to make informed housing assignments. Furthermore, the housing assignments are discussed anytime there is an incident and moving residents to another bedroom, work educational or program assignment with the goal of keeping them safe from sexual abuse and sexual harassment will be considered. She further stated that since resident are in the facility for up to 48 hours, complying with this provision has not been an issue. This facility is in compliance with this provision.

**115.342 (b)** The RWJJC Zero Tolerance Policy prohibits the use of isolation, therefore RWJJC avoids isolating residents due to risk of sexual victimization. During the onsite audit this auditor walked freely throughout the facility and was given access to all areas as requested. The Chief Probation Officer/PREA Coordinator indicated during her interview that this facility never places a resident in isolation in the last 12 months. The facility's schematics provided during the pre-audit phase reflecting the isolation cell, was reviewed by this auditor and confirmed during the site review. Interviews conducted with the random staff corroborated that the one isolation cell has not been utilized in the last 12 months. This facility is in compliance with this provision.

**115.342 (c)** RWJJC Chief Probation Officer/PREA Coordinator and the Intake staff indicated during their interview that RWJJC does not place Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) residents in a particular cell, bed, or other assignment solely on the basis of such identification. RWJJC reported on the PAQ of having zero LGBTI resident in the 12 months and interviews with the random staff corroborated this assertion.

The Chief Probation Officer/PREA Coordinator indicated during her interview that if an LGBTI resident were in the program that RWJJC would always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive. This facility is in compliance with this provision.

**115.342 (d)** RWJJC is a co-ed facility. The Intake Staff and the PAQ reported that no LGBTI residents were admitted in the past 12 months. The Intake staff stated in their interviews that if there were LGBTI residents admitted then housing assignments would be made on a case by case basis, as with all resident the assignments, and would be based on ensuring the residents health and safety, and whether placement would present management or security problems. RWJJC reported on the PAQ of having zero transgender and intersex residents in the facility during the last 12 months. This facility is in compliance with this provision.

**115.342 (e)** RWJJC Zero Tolerance Policy, (pg.8) does state that “transgender and intersex resident housing assignments and programing assignments would be reassessed at least twice each year to review any threats to safety experienced by the resident”. At the time of this audit and in the last 12 months RWJJC reported that there were no residents who identified as transgender or intersex at the facility. RWJJC reported on the PAQ of having zero transgender and intersex resident in the 12 months. This facility is in compliance with this provision.

**115.342 (f)** RWJJC Zero Tolerance Policy, (pg. 9, 2 D I, ii) states that RWJJC “would give serious consideration to the resident’s own views concerning their safety when making placement and programming assignments for a transgender or intersex resident”. RWJJC reported on the PAQ of having zero transgender and intersex residents in the 12 months. This facility is in compliance with this provision.

**115.342 (g)** RWJJC’s Zero Tolerance Policy, (pg. 9, 2 D iii, iv) states that RWJJC would “provide the opportunity for all residents to shower separately”. During the facility site review this auditor observed the 2 shower areas which are single user showers, having a shower curtain for complete resident privacy from other residents and staff. RWJJC reported on the PAQ of having admitting zero transgender and intersex residents in the 12 months. This facility is in compliance with this provision.

**115.342 (h)** The Chief Probation Officer/PREA Coordinator indicated during her interview that RWJJC never places residents in isolation in the last 12 months although the facility’s schematics shows an isolation cell. Interviews with the random staff revealed that RWJJC has not utilized the isolation cell in the last 12 months. This facility is in compliance with this provision.

**115.342 (i)** The Chief Probation Officer/PREA Coordinator indicated during her interview that RWJJC never places residents in isolation in the last 12 months although the facility’s schematics shows an isolation cell thereby no need to assess their status every 30 days. Interviews with the random staff revealed that RWJJC has not utilized the isolation cell in the last 12 months. This facility is in compliance with this provision.

This facility is in compliance with this standard.

### **Corrective Action Findings: None**

# REPORTING

## Standard 115.351: Resident reporting

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

### 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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.)  Yes  No  NA

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Resident Files
- d. Grievance Policy and Form
- e. Resident Handbook (English and Spanish)
- f. Memorandum on Residents Way to Report

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Intake Staff
- c. Random staff
- d. Designated Staff to monitor for Retaliation
- e. Random Residents

Site Review / Observations:

- a. Facility Site Review
- b. PREA Posters
- c. Hotline phone 1-877-768-7263
- d. Detention staff workstation
- e. Office of the Independent Ombudsman (OIO) posting

**115.351 (a)** RWJJC Zero Tolerance Policy, (pg. 9, 1 A, Reporting) states that RWJJC “provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff including staff neglect or violation of responsibilities that may have contributed to such incidents”. The RWJJC Zero Tolerance Policy lists the following ways to report:

- (i) Submitting a written grievance, verbally or by any means the resident has access to;
- (ii) Calling the 24-hour toll free hotline 1 877-768-7263 without being heard by staff or other residents;
- (i) Telling any staff member, volunteer, or contract employee who must then call the hotline and inform the Chief Probation Officer; or
- (ii) Calling the toll-free number maintained by the Office of the Independent Ombudsman (OIO) which is a separate state agency, without being heard by staff or residents.

During the interviews with the 10 random residents they all indicated their knowledge of reporting a sexual abuse and sexual harassment, retaliation or staff neglect allegations by either telling a staff member, write a grievance or call the agency's anonymous number that is listed in the PREA brochure. This auditor observed in the detention area PREA brochures displaying TJJD's hotline number that a resident can call to report a sexual abuse and sexual harassment allegation or incident. During the random staff interviews they all indicated the ways a resident can report a sexual abuse and sexual harassment allegation by informing them, writing a grievance, calling the 1800 Sexual Abuse Hotline number or the Office of the Independent Ombudsman Office (OIO). This facility is in compliance with this provision.

**115.351 (b)** RWJJC Zero Tolerance Policy, (pg. 9 1, A ii) states that "a residents may call the toll-free number maintained by the Office of the Independent Ombudsman (OIO), which is a separate state agency, to report a sexual abuse, sexual harassment, retaliation or staff neglect allegation. The Chief Probation Officer/PREA Coordinator indicated during her interview that the OIO does receive and immediately forwards these allegation calls to the Chief Probation Officer. During the random resident interviews each one indicated that they could make this call, if applicable, in a private area like the supervisor's office, without being heard by the staff or other residents and could remain anonymous upon request.

The Chief Probation Officer/PREA Coordinator did provide to this auditor during the pre-audit phase a memorandum stating that within the last 12 months no residents have been housed in this facility solely for immigration purposes. She also indicated such on the PAQ provided. This facility is in compliance with this provision.

**115.351 (c)** RWJJC Zero Tolerance Policy, (pg. 9 B) states that staff will "promptly accepts verbal and written reports made anonymously or by third parties and promptly document any verbal reports". During the interview with the random staff when asked this question, each staff stated that they would accept verbal reports of sexual abuse and sexual harassment verbally, in writing, anonymously, from third parties and would document them immediately on the agency's incident report form. A copy of the agency's incident report form was provided to this auditor during the pre-audit phase. This facility is in compliance with this provision.

**115.351 (d)** RWJJC Zero Tolerance Policy, (pg. 9 C) states that RWJJC "provides residents access to grievance forms, writing instruments, to privately make a written report". During the interview with the random residents, they all indicated that they have access to paper, pencils and grievance forms if they want to report a sexual abuse and sexual harassment allegation in writing. This auditor was provided with a blank grievance form during the pre-audit phase. While on the site review this auditor observed the availability of grievance forms and pencils for the resident's usage. During the interviews with the random staff, they all indicated that they could report a sexual abuse, sexual harassment, and retaliation allegation against a resident privately by calling the Chief Probation Officer on the phone, calling the TJJD Sexual Abuse Hotline 1 800 number or by calling the Brown County Sheriff Department. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

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

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

### **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

#### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- PREA Audit Questionnaire (PAQ)
- Ray West Juvenile Justice Center (RWJJC) Zero Tolerance Policy
- Resident Handbook (English and Spanish)
- Grievance Policy and Form
- Resident File review
- Memorandum from Chief Probation Officer on Third Party Reporting
- Memorandum on Residents Way to Report

Interviews included:

- Chief Probation Officer / PREA Coordinator
- Intake Staff
- Random Staff
- Random Residents

Site Review / Observations:

- Agency website [www.browncountytexas.org/page/brown.probaton](http://www.browncountytexas.org/page/brown.probaton).

**115.352 (a)** This standard does apply to RWJJC because the Chief Probation Officer/ PREA Coordinator did indicate during her interview that they do have administrative procedures to address all resident grievances and does have an administrative remedy process to address sexual abuse. This facility is in compliance with this provision.

**115.352 (b)** RWJJC Zero Tolerance Policy (pg. 10 A) states that RWJJC “investigates all allegations of sexual abuse regardless of how much time has passed since the alleged incident, to the Brown County Sheriff Department (BCSD)”. Furthermore, the RWJJC Zero Tolerance policy states that “residents are not required to use the grievance system or the informal conference request system to report an allegation of sexual abuse and are not required to attempt to resolve the allegation with staff”.

During the interview with the Chief Probation Officer/PREA Coordinator she reiterated this policy statement as a practice of refraining from requiring a resident to use any informal grievance process in an attempt to resolve with a sexual abuse or sexual harassment allegation with staff member. The Intake staff stated during their interviews that all residents, during intake, are verbally informed of this procedure. This facility is in compliance with this provision.

**115.352 (c)** RWJJC Zero Tolerance Policy, (pg. 9, 2 B) states that “A resident are not required to use the grievance system or the informal conference request system to report and allegation of sexual abuse. Residents are not required to attempt to resolve the allegation with staff”. During the interviews with the Chief Probation Officer/PREA Coordinator corroborated this policy statement as a practice of refraining from requiring a resident to use any informal grievance process in an attempt to resolve with a sexual abuse or sexual harassment allegation with staff member. The Intake staff stated during their interviews that all residents during Intake are verbally informed of this procedure. This facility is in compliance with this provision.

**115.352 (d)** The Chief Probation Officer/PREA Coordinator indicated during her interview that the agency does 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. Even though that a resident is not detained in this facility beyond 48 hours. She acknowledged that if they determined that the 90-day timeframe is insufficient that she would make an appropriate decision, claim an extension of time of not more than 70 days, and notify the resident in writing of any such extension and provide a date by which a decision will be made. She further stated that if the resident does not receive a response, they could consider the absence of a response to be a denial at that level and can then pursue outside litigation. During the interviews of the random residents, random staff, and a review of the grievances of the past 12 months, this auditor found zero grievances for sexual abuse or sexual harassment. This facility is in compliance with this provision.

**115.352 (e)** RWJJC Zero Tolerance Policy, (pg. 9, 1 B) states that RWJJC “accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports”. RWJJC has publicly posted this information on the agency’s website for third party reporting. This auditor has observed and reviewed this information on the agency’s website during the pre-audit phase.

According to RWJJC’s Zero Tolerance Policy, third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. The Chief Probation Officer/PREA Coordinator indicated during her interview that third parties are permitted to file such requests on behalf of residents, if a resident were to decline to have a third-party request processed on his behalf, that RWJJC would document the resident’s decision. She further stated that RWJJC accepts third party allegations and grievances from anyone, this includes appeals on behalf of the resident, from a parent or legal guardian and that no grievance would be conditioned upon the resident agreeing to have a request filed on his behalf. This facility is in compliance with this provision.

**115.352 (f)** The Chief Probation Officer/PREA Coordinator indicated during her interview that a resident can file an emergency grievance alleging that they are subject to a substantial risk of imminent sexual abuse at any time. During the interviews with the random staff, they all responded that if a resident submitted an emergency grievance or approached them indicating that they are at risk of imminent sexual abuse that they would take immediate action to keep the youth safe and immediately contact the Chief Probation Officer. Any grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, would be immediately reviewed by the facility administrator and then would be forwarded to the Texas Juvenile Justice Department’s Office of the Inspector General (OIG) and to the Brown County Sheriff Department (BCSD) for investigating. All staff interviewed mentioned that they would separate the resident from a situation that had imminent risk of sexual abuse immediately.

The Chief Probation Officer/PREA Coordinator indicated that after receiving an emergency grievance, that she would provide an initial response to the resident within 48 hours. Because RWJJC does not conduct any investigations and any grievance related to sexual abuse and sexual harassment would be forwarded to the Texas Juvenile Justice Department's Office of the Inspector General (OIG) and the Brown County Sheriff Department (BCSD). The Chief Probation Officer/PREA Coordinator stated that they will provide to the resident, after the initial response to their emergency grievance, a final decision as to whether the resident is in substantial risk of imminent sexual abuse. This facility is in compliance with this provision.

**115.352 (g)** The RWJJC Chief Probation Officer PREA Coordinator indicated during her interview that no resident had been disciplined for filing any grievance in bad faith specifically since a resident stay in this facility is less than 48 hours. A review of the grievances filed over the past 12 months revealed that there were zero grievances alleging sexual abuse or sexual harassment. During the interviews the random residents they all reported feeling safe at RWJJC and that they could file a sexual abuse or sexual harassment allegation without fear of retaliation. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

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

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

### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- PREA Audit Questionnaire (PAQ)
- Ray West Juvenile Justice Center (RWJJC) Zero Tolerance Policy
- Memorandum of Understanding with the Ark
- Zero Tolerance PREA Posters
- Facility Schematics of Ray West's visitation space
- Resident Handbook (English and Spanish)

Interviews included:

- Chief Probation Officer / PREA Coordinator
- Intake Staff
- Random Staff
- Random Residents

Site Review / Observations:

- Telephone locations and resident's ability to make confidential calls.
- Rooms provided for confidential resident meetings with lawyers, advocates, and parents.

**115.353 (a)** The RWJJC Zero Tolerance Policy, (pg. 10, 3 A) states how all residents have "access to outside confidential support services related to sexual abuse and harassment. RWJJC also provides residents with access to representatives of such local, State, or national victim advocacy or rape crisis organizations".



The Chief Probation Officer/PREA Coordinator stated during her interview that RWJJC does not detain residents solely for civil immigration purposes, therefore no postings or brochures include contact information for immigration services is required.

During the interviews with the random resident, 10 of 10 residents confirmed they believed a call to outside support services would be private and confidential. During the interview with the random and specialized staff, 7 of 7 staff interviewed confirmed that residents would be provided a private space to make a confidential phone call any of these agencies upon request.

This auditor observed during the site review in the unit the following phone numbers posted on the bulletin board:

- The Ark 24-hour Crisis Hotline (1-888-313-2699).
- The Texas Juvenile Justice Department Sexual Abuse Hotline (TJJD) (1- 877- 768-7563)
- The Office of the Independent Ombudsman (OIO) (1-855-468-7330)

During the interview with the Intake staff they indicated that residents are also provided with information about The Ark. During the interview with The Ark representative she reported that she could neither confirm nor deny that there were calls on record from RWJJC in the past 12 months requesting their services. Interviews with the residents, Intake staff and the Chief Probation Officer/PREA Coordinator corroborated this assertion. This facility is in compliance with this provision.

**115.353 (b)** The Intake staff indicated during their interview that the residents are informed during intake the extent to which communications with these agencies will be monitored and the extent to which reports of sexual abuse being reported to them will be forwarded to the authorities in accordance to mandatory reporting laws. During the interviews with the random staff they all reported that they are mandated to report of sexual abuse and sexual harassment by state law. The intake staff and Chief Probation Officer/PREA Coordinator interviewed acknowledged that the residents are informed of the mandatory reporting rules governing privacy, confidentiality, and/or privileges that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. The Intake staff indicated that verbal notification would be provided to the resident before discussing sexual abuse and sexual harassment allegation with the residents. RWJJC random and specialized staff interviewed confirmed that the resident's phone calls are not monitored or recorded. This facility is in compliance with this provision.

**115.353 (c)** RWJJC did provide a copy of the Memorandum of Understanding with the Ark during the pre-audit phase as the agency that provide residents with confidential, emotional support and victim services related to sexual abuse and sexual harassment. The Ark provide emotional support services to members of the public, including residents of RWJJC, free of charge and can also be provided in-person or by phone. This facility is in compliance with this provision.

**115.353 (d)** RWJJC's Zero Tolerance Policy (pg. 10, 3 B-C) states that RWJJC "does provide residents with reasonable and confidential access to their attorneys or legal representation, parents, and legal guardians". During the site review this auditor observed the visitation room that is used for parental and legal visits. Parents, guardians and attorneys have reasonable access to the residents by contacting the facility to schedule a visit. During the random resident interviews each one explained that they could meet with their legal representatives, parents, and legal guardians in a confidential manner in the facility if required or requested by either party. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Findings: None**

## Standard 115.354: Third-party reporting

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Zero Tolerance PREA Posters
- d. Memorandum from Chief Probation Officer on 3<sup>rd</sup> Party Reporting

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Random Residents
- c. Random Staff

Site Review / Observations:

- a. Zero Tolerance Postings
- c. Agency Web Site: [www.browncountytexas.org/page/brown.probatation](http://www.browncountytexas.org/page/brown.probatation).

**115.354** The RWJJC Zero Tolerance Policy, (pg. 10, 1 G) does describes the procedures to receive and for making a 3<sup>rd</sup> party report of sexual abuse and harassment on behalf of a resident. This auditor did observe the information and telephone number regarding 3<sup>rd</sup> party reporting procedure on the agency website. The Chief Probation Officer/PREA Coordinator did provide a copy of the 3<sup>rd</sup> party reporting form during the pre-audit phase. She reported on the PAQ that there have been no 3<sup>rd</sup> party grievances of sexual abuse and harassment on behalf of a resident in the last 12 months. This facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action Findings: None

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 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 an 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?  Yes  No
- 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Zero Tolerance PREA Posters
- d. Memorandum from Chief Probation Officer on 3<sup>rd</sup> Party Reporting
- e. Memorandum from Chief Probation Officer on Reporting

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Random Residents
- c. Random Staff
- d. Intake Staff

Site Review / Observations:

- a. Zero Tolerance PREA Postings throughout the facility

**115.361 (a)** RWJJC's Zero Tolerance Policy, (pg. 11, 2 A) does state that all staff "must immediately report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported an incident any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation whether or not it is part of the agency". During the interviews with the random staff they all indicated that they had a duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported an incident any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. This facility is in compliance with this provision.

**115.361 (b)** RWJJC Zero Tolerance Policy, (pg. 10, J, 1 D) states that "all staff must comply with any applicable mandatory child abuse reporting laws in Texas Family Code Chapter 261 and other applicable professional licensure requirements". During the interviews with the random and specialized staff they all indicated that they are mandated by law to report sexual abuse allegations against a resident to the facility, to contracting and licensing agencies and to local law enforcement. This facility is in compliance with this provision.

**115.361 (c)** RWJJC Zero Tolerance Policy, (pg. 10, J,1 E) states that "staff are 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". During the interviews with the random staff they all indicated that they would not inform other staff of an incident of sexual abuse or sexual harassment against a resident other than the extent necessary to make treatment, investigation and other security and management decisions. This facility is in compliance with this provision.

**115.361 (d)** The Chief Probation Officer/PREA Coordinator indicated during her interview that RWJJC does not have any medical staff, but one of the mental health practitioners reported that she is required to report sexual abuse, pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws. She further stated that she is required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. This facility is in compliance with this provision.

**115.361 (e)** Upon receiving any allegation of sexual abuse, the Chief Probation Officer/ PREA Coordinator stated during her interview that she would promptly report an allegation of sexual abuse to the Texas Juvenile Justice Department's Office of the Inspector General (OIG) and the Brown County Sheriff Department (BCSD), the parent, guardian of the resident, and if on probation, to the juvenile court of jurisdiction including the probation officer and the resident's attorney of record. This facility is in compliance with this provision.

**115.361 (f)** RWJJC does not have facility designated investigators so all allegations of sexual abuse and sexual harassment, including 3<sup>rd</sup> party reports, are immediately reported to OIG and the BCSD which are the designated investigation agencies. This facility is in compliance with this provision.

This facility is in compliance with this standard

**Corrective Acton Required: None**

## **Standard 115.362: Agency protection duties**

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Memorandum from Chief Probation Officer on Agency Protection Duties (Isolation)

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Random Residents
- c. Random Staff
- d. Intake Staff

Site Review / Observations:

- a. Agency's website

**115.362 (a)** RWJJC Zero Tolerance Policy, (pg. 11, J 2) states that “upon receipt a resident is subject to a substantial risk if imminent sexual abuse, RWJJC staff shall take immediate action to protect the youth”. During the interviews of the random and specialized staff they all described their responsibility and understanding that when they learn that a resident is subject to a substantial risk of imminent sexual abuse and that they must take immediate action to protect the resident. Because the facility does not utilize isolation, keeping the resident safe, separating the alleged victim from the alleged perpetrator, housing reassignment, providing one on one supervision, and removing the other person who is causing the imminent risk of sexual abuse or sexual harassment is their procedure, according to the Chief Probation Officer/PREA Coordinator. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action: None**

### Standard 115.363: Reporting to other confinement facilities

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Memorandum from Chief Probation Officer on Reporting to other Confinement Facilities

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Intake Staff

Site Review / Observations:

- a. N/A

**115.363 (a)** The RWJJC Zero Tolerance Policy, (pg. 12, J 3 A-B) does state that RWJJC must immediately notify the agency head of the facility or appropriate office of the agency where the abuse occurred and that the head of the facility that receives the allegation would also notify the appropriate investigative agency.” The Chief Probation Officer/PREA Coordinator stated during her interview that she had not received an allegation from a resident during intake alleging that they were sexually abused at another facility in the last 12 months. She further stated that if she would have received one that upon receiving an allegation would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours. She further stated that she would contact OIG and the BCSD of the allegation. This facility is in compliance with this provision.

**115.363 (b)** The Chief Probation Officer/PREA Coordinator stated during her interview that she would make notification to the head of the facility where the abuse allegedly occurred within 72-hours after receiving the allegation. The Chief Probation Officer/PREA Coordinator stated during her interview that she had not received an allegation from a resident during intake alleging that they were sexually abused at another facility in the last 12 months. This facility is in compliance with this provision.

**115.363 (c)** The Chief Probation Officer/PREA Coordinator stated during her interview that she would document the notification of sexual abuse related to another facility and maintain a record of it. The Chief Probation Officer/PREA Coordinator stated during her interview that she had not received an allegation from a resident during intake alleging that they were sexually abused at another facility in the last 12 months. This facility is in compliance with this provision.

**115.363 (d)** The Chief Probation Officer/PREA Coordinator indicated during her interview that although there has not been an allegation made in the last 12 months, that she, during the notification process to the facility’s head, would ask the facility head to ensure that it be investigated according to this standard. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

## Standard 115.364: Staff first responder duties

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- PREA Audit Questionnaire (PAQ)
- Ray West Juvenile Justice Center Zero Tolerance Policy
- Employee Training Records
- Copy of RWJJC Written Institutional Response Plan

Interviews included:

- Chief Probation Officer/PREA Coordinator
- Random Staff
- First Responder Staff

Site Review / Observations:

- N/A

**115.364 (a)** RWJJC Zero Tolerance Policy, (pg. 12, J 4 A-C) states that “ upon learning a resident was sexually abused, the first staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and 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”. During the interviews with the random staff and first responders, they all indicated that they would separate the alleged victim and alleged abuser, preserve, protect the crime scene and evidence, and instruct the alleged victim and abuser not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. A review of the PREA training curriculum from the

Moss Group PREA training and the TJJD's Training Academy, they corroborate the staff's knowledge, interview response and duty as pertaining to this provision. This facility is in compliance with this provision.

**115.364 (b)** The Chief Probation Officer/PREA Coordinator stated during her interview that all RWJJC staff, including non-security staff, are trained as first responders and have the responsibility to separate the alleged victim from imminent risk, request that the alleged victim not take any actions that could destroy physical evidence as stated above, and then report the incident per policy to the Chief Probation Officer/PREA Coordinator. During the interview with the First Responders they articulated their knowledge, responsibilities and duties as pertaining to this standard. This facility is in compliance with this provision.

The facility is in compliance with this standard.

**Corrective Action Required: None**

## Standard 115.365: Coordinated response

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Employee Training records
- d. Copy of RWJJC Written Institutional Response Plan

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Random Staff
- c. First Responder Staff

Site Review / Observations:

a. N/A

**115.365 (a)** The RWJJC Zero Tolerance Policy, (pg. 12, J 5) does state that they “will maintain a written plan to coordinate the actions taken among first responders, mental health staff, administrators, and leadership”. The Chief Probation Officer/PREA Coordinator stated during her interview that she has developed and implemented the facility’s coordinated response plan in writing. During the pre-audit phase she also provided this auditor a copy of their written coordination response plan. During the interviews with the random and first responder staff they all described the responsibilities of the first responder, medical provider, SANE nurse, mental health provider, the facility administration and law enforcement representatives in the event of a sexual abuse or sexual harassment allegation and the steps required in accordance to the written plan. This facility is in compliance with this provision.

The facility is in compliance with this standard.

**Corrective Action Required: None**

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

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy
- c. Employee Records

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Random Staff
- c. Random Resident

Site Review / Observations:

- a. N/A

**115.366 (a)** RWJJC Zero Tolerance Policy, (pg. 11, J 6) states that RWJJC “shall not enter into any agreement that limits its ability to remove alleged staff sexual abusers from contact with a resident pending the outcome of an investigation or determination of whether and to what extent discipline is warranted”. The Chief Probation Officer/PREA Coordinator indicated during her interview that RWJJC does not employ unionized employees therefore they do not participate in collective bargaining. She further stated that she can remove an alleged sexual abuser from having contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Upon review of the employee’s files there was no indication that if discipline was warranted, including removing an alleged sexual abuse staff member from contact with a resident, that RWJJC was prevented from doing so due to a collective bargaining agreement. A review of the contractual agreements with Tom Green County, Gulf Coast Trade Center, Taylor County Juvenile Justice Center, True Core Behavioral Solutions, LLC and Garza County Regional Justice Center revealed that they do not prevent RWJJC from removing an alleged staff sexual abuser from contact with a resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. This facility is in compliance with this provision.

**115.366 (b)** The auditor is not required to audit this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

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

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

### **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, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. RWJJC Zero Tolerance Policy
- b. PREA Audit Questionnaire (PAQ)
- c. Employee Files
- d. Memorandum on Agency Protection against Retaliation

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Staff Responsible for Monitoring Retaliation
- c. Random Staff
- d. Random Resident

Site Review / Observations:

- a. N/A

**115.367(a)** RWJJC Zero Tolerance Policy, (pg. 12, J 7 A) states that “retaliation by a resident against a residents and staff member who report sexual abuse or sexual harassment or cooperate with an investigation is strictly prohibited”. The Chief Probation Officer/PREA Coordinator stated during her interview that she is the designated staff member to monitor for retaliation against staff or residents that report sexual abuse or harassment. This facility is in compliance with this provision.

**115.367(b)** RWJJC Zero Tolerance Policy, (pg. 12, J 7 B) states that states they “will use multiple protection measures to protect the resident and staff from retaliation, such as housing transfers, removal of the alleged abuser from contact with the alleged victim, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations”. During the interview with the Chief Probation Officer who is designated

to monitor for retaliation, she indicated that her staff would protect the victim by reassigning the alleged abuser to another cell away from the potential abuser, remove a staff abuser or place them on administrative leave and would provide emotional support services to the alleged staff or resident abuser. Because this is a short-term facility, she indicated that this has not been in issue in the last 12 months. This facility is in compliance with this provision.

**115.367(c)** RWJJC Zero Tolerance Policy, (pg. 12, J 7 C) states that “ for at least 90 days (except when the allegation is unfounded), the designated staff members would monitor the reporter and the alleged victim for signs of retaliation including items such as conduct and treatment of the resident or staff who reported the sexual abuse to see if there are any changes to suggest possible retaliation by residents or staff disciplinary reports, housing or program changes, staff reassignments, negative performance reviews and conducts periodic status checks on the alleged victim”. During the interview with the Chief Probation Officer/PREA Coordinator she indicated that she would also monitor in all of the areas as stated above to protect the staff or resident who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. Also, if RWJJC was a long -term instead of a short-term facility that at least for 90 days following a report of sexual abuse that she would monitor the resident program changes, the reassignment of staff and would continue the monitoring beyond 90 days if the initial monitoring indicates a continuing need. RWJJC did not report any monitoring of residents or staff for retaliation in the last 12 months. This facility is in compliance with this provision.

**115.367(d)** RWJJC Zero Tolerance Policy, (pg. 12, J 7 D) states that they would “Conduct periodic status checks on the alleged victim”. During the interview with the Chief Probation Officer/PREA Coordinator she indicated that if this was a long-term facility instead of a short-term facility, that they would conduct period status checks on the alleged victim daily. RWJJC did not report any monitoring of residents or staff for retaliation in the last 12 months. This facility is in compliance with this provision.

**115.367 (e)** RWJJC Zero Tolerance Policy, (pg. 12, J 7 E) states that “If any other individual cooperates with an investigation expresses fear of retaliation, they would take appropriate measures to protect that individual against retaliation”. During the interview with the Chief Probation Officer/PREA Coordinator she indicated that if any other individual who cooperated with an investigation expresses fear of retaliation, that she would take appropriate measures to protect them also against retaliation. RWJJC did not report any monitoring of residents or staff for retaliation in the last 12 months. This facility is in compliance with this provision.

**115.367(f)** Auditor is not required to audit this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

## **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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. RWJJC Zero Tolerance Policy
- b. PREA Audit Questionnaire (PAQ)
- c. Facility Schematics of Ray West Juvenile Justice Center
- d. PREA Incident Reports
- e. Resident Files
- f. Memorandum for Post allegation Protective Custody (Isolation)

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Random Staff
- c. Random Residents

Site Review / Observations:

- a. Site review of RWJJC

**115.368(a)** RWJJC Zero Tolerance Policy, (pg. 12, J 8) states that “RWJJC does not use of segregated housing to protect a resident who is alleged to have suffered sexual abuse”. The Chief Probation Officer/PREA Coordinator as the designated staff assigned to monitor against retaliation stated during her interview that RWJJC does not use segregated housing and if the need ever arises for protecting a resident alleged to have suffered sexual abuse, that they would use it to ensure their safety and monitor them daily. During the site review and a review of the facility’s schematics, this auditor did observe cell identified on the facility’s schematics that is designated or could be used to segregate a resident alleged to have suffered sexual abuse for their protection. There was no indication or documentation of this occurring during the review of the resident’s files and the facility’s logs. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 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 agency 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Memorandum from Brown County Sheriff Department (BCSD)
- d. Memorandum from the Director of the Office of Inspector General (OIG)
- e. Memorandum from Chief Probation Officer regarding Administrative and Criminal Investigations
- f. Resident Files

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Supervisory staff
- c. Random Staff

Site Review / Observations:

- a. Office and file cabinet where investigation files are stored

**115.371 (a)** RWJJC Zero Tolerance Policy, (pg. 12, K 1 A) states that “the Brown County Sheriff Department (BCSD) conducts prompt, thorough, and objective investigations for all allegations of sexual abuse and sexual harassment, including third party and anonymous reports”. The Chief Probation Officer/PREA Coordinator did provide to this auditor during the pre-audit phase a copy of the Memorandum from the Brown County Sheriff Department (BCSD) and the Office of the Inspector General (OIG) inclusive of their responsibilities for conducting all investigations. This facility is in compliance with this provision.

**115.371 (b)** RWJJC Zero Tolerance Policy, (pg. 12, K 1 A) states that “the Brown County Sheriff Department (BCSD) conducts prompt, thorough, and objective investigations for all allegations of sexual abuse and sexual harassment, including third party and anonymous reports”. “RWJJC does not conduct its own criminal or administrative investigations. The Chief Probation Officer/PREA Coordinator indicated during her interview that the Texas Juvenile Justice Department’s Office of the Inspector General (OIG) and the Brown County Sheriff Department (BCSD) personnel, to her understanding, have received training in conducting in conducting sexual abuse investigations involving juvenile victims. This facility is in compliance with this provision.

**115.371 (c)** RWJJC Zero Tolerance Policy, (pg. 12, K 1 A-B) states that “the Brown County Sheriff Department (BCSD) conducts prompt, thorough, and objective investigations for all allegations of sexual abuse and sexual harassment, including third party and anonymous reports”. The Chief Probation Officer/PREA Coordinator indicated during her interview that she believe that both the Texas Juvenile Justice Department’s Office of the Inspector General (OIG) and Brown County Sheriff Department’s (BCSD) investigators would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview all alleged victims, suspected perpetrators and witnesses and would review all prior reports and complaints of sexual abuse involving the suspected perpetrator. This facility is in compliance with this provision.

**115.371 (d)** RWJJC Zero Tolerance policy states (pg. 12, K 1 D) states that “Brown County Sheriff Department (BCSD) will not terminate an investigation solely because the source of the allegation recants the allegation”. The Chief Probation Officer/PREA Coordinator stated during her interview that to her knowledge that the Texas Juvenile Justice Department’s Office of the Inspector General (OIG) and the Brown County Sheriff Department (BCSD) would refrain from terminating an investigation solely because the source of the allegation recants the allegation. This facility is in compliance with this provision.

**115.371 (e)** The Chief Probation Officer/PREA Coordinator stated during her interview that to her knowledge that the Texas Juvenile Justice Department's Office of the Inspector General (OIG) and the Brown County Sheriff Department (BCSD) would conduct interviews of all alleged victims, suspected perpetrators and witnesses as an agency practice and refer those cases where the evidence appears to support criminal prosecution to the local and or state prosecutor. RWJJC does not conduct any type of investigation and because of this they do not conduct compelled interviews. This facility is in compliance with this provision.

**115.371 (f)** RWJJC does not conduct any type of investigation and because of this they do not conduct compelled interviews. The Chief Probation Officer/PREA Coordinator stated during her interview that she believes that the Texas Juvenile Justice Department's Office of the Inspector General (OIG) and the Brown County Sheriff Department (BCSD) would assess the credibility of an alleged victim, suspect, witness on an individual basis and not on the basis of the individual's status as a resident or staff and that the resident would not be required to submit to a polygraph examination or other truth telling device as a condition for proceeding. This facility is in compliance with this provision.

**115.371 (g)** RWJJC does not conduct any type of investigation. The Chief Probation Officer/PREA Coordinator stated during her interview that she believes that the Texas Juvenile Justice Department's Office of the Inspector General (OIG), who conducts administrative investigations, to her knowledge, would include an effort to determine whether staff actions or failures to act contributed to the abuse. All administrative investigations are documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind the credibility assessment and the investigative facts and findings. RWJJC report zero allegations for sexual abuse in the last 12 months. The Chief Probation Officer/PREA Coordinator indicated that if there were written reports, they would contain a thorough description of the physical, testimonial, and all documentary evidence where feasible. This facility is in compliance with this provision.

**115.371 (h)** RWJJC does not conduct any type of investigation and in the last 12 months there were no criminal investigations conducted by the Brown County Sheriff Department (BCSD). The Chief Probation Officer/PREA Coordinator stated during her interview that she believes that all criminal investigations would be documented in written reports that include a description thorough description of the physical evidence and testimonial evidence, the reasoning behind the credibility assessment and the investigative facts and findings. This facility is in compliance with this provision.

**115.371 (i)** The Chief Probation Officer/PREA Coordinator stated during her interview that she believes that the Brown County Sheriff Department (BCSD), who conducts all criminal investigations, would refer them for prosecution. RWJJC does not conduct any type of investigation and in the last 12 months there were no criminal investigations conducted by the Brown County Sheriff Department. This facility is in compliance with this provision.

**115.371 (j)** RWJJC Zero Tolerance Policy, (pg. 13, K) states that they "maintains all written criminal and administrative reports for as long as the alleged abuser is in their program or employed by them, plus at least 5 years". The Chief Probation Officer/PREA Coordinator stated during her interview RWJJC will maintain all written criminal and administrative reports in accordance to this provision of at least 5 years. This facility is in compliance with this provision.

**115.371 (k)** RWJJC Zero Tolerance Policy, pg. 13, L) states that they would encourage the Office of the Inspector General (OIG)) or the Brown County Sheriff Department not to terminate an investigation solely on the basis that the alleged abuser or victim is no longer in their program or employed. This auditor found no evidence of the Texas Juvenile Justice Department's Office of the Inspector General (OIG) and or the Brown County Sheriff Department (BCSD) doing such during the staff and resident file review while onsite. This facility is in compliance with this provision.

**115.371 (l)** Auditor is not required to audit this provision.

**115.371 (m)** RWJJC Zero Tolerance Policy, (pg. 13, M) states that “would cooperate with the Texas Juvenile Justice Department’s Office of the Inspector General (OIG) and the Brown County Sheriff Department (BCSD) investigators and will attempt to remain informed about the progress of the investigation”. The Chief Probation Officer/PREA Coordinator and Program Director both indicated during their interviews that they would fully cooperate with the Office of the Inspector General (OIG) and the Brown County Sheriff Department (BCSD) regarding any investigation being conducted for sexual abuse and harassment and would remain involved until the investigation was completed.

The facility is in compliance with this standard.

**Corrective Action Required: None**

## **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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Memorandum from the Director of the Office of the Inspector General (OIG)
- d. Resident Files
- e. PREA Incident Form

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Random Staff

Site Review / Observations:

- a. Office and file cabinet where investigation files are stored

**115.372 (a)** RWJJC Zero Tolerance Policy, (pg. 14, 2) states that “in administrative investigations into allegation of sexual abuse or sexual harassment, the investigator’s findings must be based on a preponderance of evidence”. The Chief Probation Officer/PREA Coordinator did indicate during her interview that all administrative investigation may be conducted by the Texas Juvenile Justice Department’s Office of the Inspector General (OIG) and the investigators would base their findings on the preponderance of evidence. The facility report zero administrative investigations for sexual abuse and sexual harassment in the last 12 months. She also provided a memorandum from the Director of the Office of the Inspector General to corroborate her assertion. This facility is in compliance with this provision.

The facility is in compliance with this standard

**Corrective Action Required: None**

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

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

### **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 the agency’s 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- PREA Audit Questionnaire (PAQ)
- RWJJC Zero Tolerance Policy
- Resident Files
- Resident notification letter

Interviews included:

- Chief Probation Officer/PREA Coordinator
- Random Staff
- Random Residents

Site Review / Observations:

a. Office and file cabinet where resident files are stored

**115.373 (a)** RWJJC's Zero Tolerance Policy, (pg. 14, 3 A-B) states that "until a resident is discharged from the facility, RWJJC will document all notifications and attempted notifications following an investigation into a resident's allegation of sexual abuse suffered in this facility. This would include whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded".

The Chief Probation Officer/PREA Coordinator indicated during her interview that if a resident alleges a sexual abuse which resulted in an administrative investigation being conducted, they would be notified of that investigation finding. A review of the residents file revealed that there were no notifications provided due to there being no alleged allegation for sexual abuse and sexual harassment in the last 12 months. This facility is in compliance with this provision.

**115.373 (b)** RWJJC Zero Tolerance Policy, (pg. 14, 3 A-B) states that "following a resident's allegation that a staff member will request the information from the investigating agency so the resident may be informed." The Chief Probation Officer/PREA Coordinator stated during her interview that they would always request information from the Texas Juvenile Justice Department's Office of the Inspector General (OIG) and or the Brown County Sheriff Department (BCSD) to inform the resident of the investigation's outcome. This facility is in compliance with this provision.

**115.373 (c)** RWJJC Zero Tolerance Policy, (pg. 14, B) states that "that following a resident's allegation that a staff member committed sexual abuse against the resident, RWJJC informs the resident whenever the following events occur, except when the allegation is determined to be unfounded, or unless the resident has been released from the program, that they will inform the resident whenever:

- The staff member is no longer posted within the residents housing unit
- The staff member is no longer employed at the facility
- RWJJC learns that the staff member has been indicted on a charge related to sexual abuse
- Or RWJJC learns that the staff member has been convicted on a charge related to the sexual abuse".

The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no staff on resident sexual abuse allegations in the last 12 months. There were no investigative files to review. This facility is in compliance with this provision.

**115.373 (d)** RWJJC Zero Tolerance Policy, (pg. 14 C) states that "following a resident's allegation that he has been sexually abused by another resident, RWJJC informs the alleged victim whenever the following events occur:

- RWJJC learns that the alleged abuser has been indicted on a charge related to the sexual abuse; or
- RWJJC learns that the alleged abuser has been convicted on a charge related to the sexual abuse."

The Chief Probation Officer/PREA Coordinator stated during her interview that there has been no resident on resident sexual abuse allegations in the last 12 months that resulted in a resident abuser being indicted or convicted on a charge of sexual abuse. There were no investigative files to review. This facility is in compliance with this provision.

**115.373 (e)** The Chief Probation Officer/PREA Coordinator stated during her interview that she would document and or attempt to document all notifications to residents regarding the outcome of an



administrative or criminal sexual abuse investigation as applicable. This facility is in compliance with this provision.

The facility is in compliance with this standard.

**Corrective Action Required: None**

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Resident Files
- d. Employee Human Resource Files
- e. Memorandum on Disciplinary Sanctions for Staff

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Human Resources
- c. Random Staff

Site Review / Observations:

- a. Office and file cabinet where employee files are stored

**115.376 (a)** RWJJC's Zero Tolerance Policy, (pg. 14, I 1, A) states that "staff members are subject to disciplinary sanctions up to and including termination of employment for violating RWJJC sexual abuse or sexual harassment policies". The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. This facility is in compliance with this provision.

**115.376 (b)** RWJJC's Zero Tolerance Policy, (pg. 14, I, 1 B) states that "termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse". The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. This facility is in compliance with this provision.

**115.376 (c)** RWJJC's Zero Tolerance Policy, (pg. 14, I, 1 C) states that "disciplinary sanctions for violations of RWJJC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. This facility is in compliance with this provision.

**115.376 (d)** RWJJC's Zero Tolerance Policy, (pg. 14, I, 1 D) states that "RWJJC reports the following actions to any relevant licensing bodies:

- Terminations of employment for violations of agency sexual abuse or sexual harassment policies; and
- Resignations by staff members who would have been terminated if they had not resigned."

The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. This facility is in compliance with this provision.

The facility is in compliance with this standard.

**Corrective Action Required: None**

## Standard 115.377: Corrective action for contractors and volunteers

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Resident Files
- d. Employee Files
- e. Memorandum for Corrective Action for Contractors and Volunteers

Interviews included:

- a. Human Resources
- b. Chief Probation Officer/PREA Coordinator
- c. Volunteer

Site Review / Observations:

- a. Office and file cabinet where volunteer and contractor files are stored

**115.377(a)** RWJJC Zero Tolerance Policy, (pg. 14, I, 2 A) states that “if a contractor or volunteer engages in sexual abuse, RWJJC will:

- Prohibit the contractor or volunteer from having any contact with RWJJC resident;
- And report the finding of abuse to any relevant licensing bodies.”

The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no contractor and or volunteer disciplinary actions taken against any in the last 12 months for violating the Zero Tolerance policy. A review of the contractor and volunteer files revealed that no contractor or volunteer hired or services procured in the last 12 months where any disciplinary action was taken against them for violating the Zero Tolerance policy. This facility is in compliance with this provision.

**115.377(b)** RWJJC’s Zero Tolerance Policy, (pg. 14, I, 2 B) states that “if a volunteer or contractor violates RWJJC sexual abuse or sexual harassment policies but does not actually engage in sexual abuse, RWJJC takes appropriate remedial measures and considers whether to prohibit further contact with RWJJC resident”. The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no contractor and or volunteer hired or services procured in the last 12 months where disciplinary actions taken against them for violating the Zero Tolerance policy. This facility is in compliance with this provision.

The facility is in compliance with this standard

**Corrective Action Required: None**

## Standard 115.378: Interventions and disciplinary sanctions for residents

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

### 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

#### 115.378 (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)

- If the agency prohibits all sexual activity between residents, 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Resident Files
- d. Employee Files
- e. Memorandum on Discipline of Youth

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Human Resources
- c. Intake Staff

Site Review / Observations:

- a. N/A

**115.378 (a)** RWJJC’s Zero Tolerance Policy, (pg. 14, I, 3 A) states that states “a resident may be subject to disciplinary sanctions for engaging in sexual abuse only when:

- There is a criminal finding of guilt or an administrative finding that the resident engaged in resident on resident sexual abuse; and
- The discipline is determined through a due process hearing.”

The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no residents who have received disciplinary sanctions against them in the last 12 months for engaging in sexual abuse violating the Zero Tolerance policy. A review of the resident files revealed that no resident in the last 12 months had any disciplinary sanctions against them for engaging in sexual abuse. This facility is in compliance with this provision.

**115.378 (b)** RWJJC Zero Tolerance Policy, (pg. 14, I, 3 B) states that “any disciplinary sanctions are 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. The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no disciplinary sanctions taken against a resident in the last 12 months for engaging in sexual abuse nor was any resident:

- Denied daily large muscle exercise
- Denied legally required educational programming or special education services
- Denied daily visits from a medical or mental health care clinician

- Denied access to other programs and work opportunities

A review of the resident files revealed that no resident in the last 12 months had any disciplinary sanctions against them for engaging in sexual abuse. This facility is in compliance with this provision.

**115.378 (c)** RWJJC Zero Tolerance Policy, (pg. 14, I, 3 C) states that “when determining what types of sanctions, if any, should be imposed, that RWJJC would consider whether a resident’s mental disabilities or mental illness contributed to his behavior”. The Chief Probation Officer/PREA Coordinator stated during her interview that there have been no disciplinary sanctions taken against a resident in the last 12 months for engaging in sexual abuse and if there were, that she would consider whether a resident’s mental disabilities or mental illness contributed to his behavior when imposing disciplinary sanctions. This facility is in compliance with this provision.

**115.378 (d)** RWJJC’s Zero Tolerance Policy, (pg. 14, I, 3 E) states the facility does “offer resident abusers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. RWJJC may require participation in such counseling and interventions as a condition of access to behavior-based incentives, but not as a condition to access general programming or education”.

During the interview with the Chief Probation Officer/PREA Coordinator indicated during her interview that since residents were detained long-term instead of short-term, that she would refer therapy, counseling, or other intervention services to an offending student as well as to the victim and that such participation in these interventions would not be a condition of access to any reward-based behavior management systems or other behavior-based incentives. She further stated that they would refrain from requiring a resident to participate in these services as a condition to access general programming and educational services. A review of the resident files revealed that no resident had been offered therapy, counseling or intervention services in the last 12 months. This facility is in compliance with this provision.

**115.378 (e)** RWJJC’s Zero Tolerance Policy, (pg. 14, I, 3 F) states “a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact”. During the interview with the Chief Probation Officer/PREA Coordinator she stated that no resident had been disciplined in the last 12 months for sexual contact with a staff member that did not consent to such contact. A review of the resident files revealed that no resident had been disciplined in the last 12 months for sexual contact with a staff member that did not consent to such contact. This facility is in compliance with this provision.

**115.378 (f)** RWJJC’s Zero Tolerance Policy (pg. 14, I, 3, G) states RWJJC “may not discipline a resident if the resident made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred not constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation”. A review of the resident file revealed that no resident had been disciplined in the last 12 months for making a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred. This facility is in compliance with this provision.

**115.378 (g)** RWJJC’s Zero Tolerance Policy (pg. 14, I, 3 H) states that RWJJC “may also discipline a resident for engaging in prohibited sexual activity that does not meet the definition of abuse”. During the interview with the Chief Probation Officer/PREA Coordinator she stated that no resident had been disciplined for engaging in prohibited sexual activity that does not meet the definition of sexual abuse. A review of the resident file revealed that no resident had been disciplined in the last 12 months for engaging in prohibited sexual activity that does not meet the definition of abuse. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

## MEDICAL AND MENTAL CARE

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

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

#### 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*)

The following evidence was analyzed in the making the compliance decision:



Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Resident Files
- d. Employee Files
- e. Written Institutional Coordination Response Plan
- f. Memorandum for Medical and Mental Care

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Human Resources
- c. Intake Staff
- d. Random Staff

Site Review / Observations:

- a. N/A

**115.381 (a)** RWJJC Zero Tolerance Policy, (pg. 15, M, 1, A) states that “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, that staff would ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening”. During the interview with the Intake staff they stated during their interviews that there had been no residents in the last 12 months who indicated a prior sexual victimization in an institutional or community setting during the intake screening. A review of the resident files revealed that no resident who indicated during the intake screening that they had experience prior sexual victimization, whether it occurred in an institutional setting or in the community, was offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This facility is in compliance with this provision.

**115.381 (b)** RWJJC Zero Tolerance Policy, (pg. 15, M, 1 A) states that “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, that staff would ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening”. During the interview with the Intake staff they stated during their interviews that there had been no residents in the last 12 months who had previously perpetrated a sexual abuse in an institutional or community setting, as documented during the intake screening, required a referral to medical or mental health practitioner. A review of the resident files revealed that no resident had perpetrated a sexual abuse, whether it occurred in an institutional setting or in the community, was offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This facility is in compliance with this provision.

**115.381 (c)** The Chief Probation Officer/PREA Coordinator and the Intake staff indicated during their interviews that any related sexual victimization or abusiveness that may occur in an institutional setting is strictly limited to mental health practitioners and the administrative management staff as necessary to inform them of treatment plans, security management decisions including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. A review of the resident files revealed that no resident had any related sexual victimizations or abusiveness that occurred in an institutional setting or in the community, requiring a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. During the interviews with the random staff, they all indicated that they are only informed about a resident’s treatment plans and security

management decisions as it pertains to housing, bed, work, education and program assignments. This facility is in compliance with this provision.

**115.381 (d)** RWJJC’s Zero Tolerance Policy, (pg. 15, M,1 B ) states that “medical and mental health practitioners must obtain informed consent from resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18”. A review of the resident’s files revealed that all of the residents in RWJJC are under the age of 18 and therefore the staff are mandated by law to report any prior sexual abuse that did not occur in an institutional setting. The Chief Probation Officer/PREA Coordinator and the Intake staff all indicated during their interviews that they are mandated to report sexual abuse of a resident whether it occurred in an institutional setting or in the community. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

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

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

#### **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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Resident Files
- d. Memorandum on Emergency Medical and Mental Health Care

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Intake Staff
- c. Random Staff
- d. SANE Nurse from Hendricks Medical Center

Site Review / Observations:

- a. N/A

**115.382 (a)** RWJJC Zero Tolerance Policy, (pg. 15, M, 2 A) states that “resident victims of sexual abuse will 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 judgement”. The Chief Probation Officer/PREA Coordinator stated during her interview that a resident victim will receive and are provided 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 judgement. The Memorandum of Understanding with the ARK and the interview with the SANE nurse substantiated this assertion. This facility is in compliance with this provision.

**115.382 (b)** RWJJC Zero Tolerance Policy, (pg. 15, M, 2 B-C) states that “If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, staff first responders take preliminary steps to protect the victim and must immediately notify the appropriate medical and mental health practitioner”. The Chief Probation Officer/PREA Coordinator indicated during her interview that all staff have been trained as first responders who will immediately take steps to protect the victim, contact the Chief Probation Officer/PREA Coordinator and the Brown County Sheriff Department, (BSCD) who would take the victim for medical and mental health care to the Hendricks Medical Center via referral through the Ark. The SANE nurse corroborated this assertion. During the interviews with the random staff and first responders, they all indicated that when they become aware that of a sexual abuse allegation, they would separate a victim from the perpetrator, contact their supervisor, call the hotline number, call law enforcement and keep the resident near them until their supervisor and law enforcement arrives. RWJJC reported zero allegations of sexual abuse in the last 12 months. This facility is in compliance with this provision.

**115.382(c)** RWJJC’s Zero Tolerance Policy, (pg. 15, M 2, D) states that “Resident are provided timely information about and timely access to emergency contraception and sexually transmitted infection

prophylaxis in accordance with professionally accepted standards of care, where medically appropriate”. During the interview with the Chief Probation Officer/PREA Coordinator, she stated that the Hendricks Medical Center provision of services through the Ark would provide timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis to the resident victim. A review of the Memorandum of Understanding with The Ark substantiated her assertion. This facility is in compliance with this provision.

**115.382 (d)** RWJJC’s Zero Tolerance Policy, (pg. 15, M 2, D) states “RWJJC provides treatment services to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident”. The Hendricks Medical Center’s SANE Nurse also indicated during her interview that forensic medical services are provided at no cost to a resident victim. A review of the Memorandum of Understanding with the Ark supports the SANE nurse’s assertion. The Chief Probation Officer/PREA Coordinator also stated during her interview that the above services are provided at no cost to a resident victim. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

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

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

### **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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.383 (f)

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

#### 115.383 (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

#### 115.383 (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*)

The following evidence was analyzed in the making the compliance decision:  
Documents reviewed included:

- PREA Audit Questionnaire (PAQ)
- RWJJC Zero Tolerance Policy
- Resident Files
- Memorandum for Ongoing Medical and Mental Health Care

Interviews included:

- Chief Probation Officer/PREA Coordinator
- Intake Staff
- Random Staff
- The Ark representative

Site Review / Observations:

b. N/A

**115.383(a)** RWJJC's Zero Tolerance Policy, (pg. 15, M, 3 A) states that "RWJJC offers 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". The Chief Probation Officer/PREA Coordinator indicated during her interview that medical and mental health evaluations and treatment will be provided to all residents who have been victimized by sexual abuse in a juvenile facility through the Ark and the Hendricks Medical Center. This facility is in compliance with this provision.

**115.383(b)** RWJJC Zero Tolerance Policy, (pg. 16, M, 3 B) states that "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". The Chief Probation Officer/PREA Coordinator indicated during her interview that residents, as appropriate, would receive follow-up services, treatment plans, and, when necessary, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. A review of the resident files indicated that no resident needed follow up services due to a sexual abuse when released from the facility in the last 12 months. This facility is in compliance with this provision.

**115.383(c)** RWJJC's Zero Tolerance Policy, (pg. 15, M, 3 A) states that states that "RWJJC provides such victims with medical and mental health services consistent with the community level of care". The Ark representative indicated during her interview that the medical and mental health services a resident sexual abuse victim would receive is consistent with the community level of care and would be provided at the Hendricks Medical Center via the Ark. This facility is in compliance with this provision.

**115.383 (d)** Since RWJJC is a co-ed facility the Chief Probation Officer/PREA Coordinator indicated during her interview that a pregnancy test would be offered following any sexually abusive vaginal penetration of its resident. The SANE nurse at Hendricks Medical Center confirmed that they would offering pregnancy test, providing timely and comprehensive information about and to all lawful pregnancy related medical services, and testing for sexually transmitted infections to a sexual abuse victim resident as part of their protocol. This facility is in compliance with this provision.

**115.383 (e)** Since RWJJC is a co-ed facility the Chief Probation Officer/PREA Coordinator indicated during her interview that residents would receive timely and comprehensive access to all lawful pregnancy related medical services following any sexually abusive vaginal penetration. The SANE nurse at Hendricks Medical Center confirmed that they would provide timely and comprehensive information about and to all lawful pregnancy related medical services, and testing for sexually transmitted infections to a sexual abuse victim resident as part of their protocol. This facility is in compliance with this provision.

**115.383 (f)** RWJJC Zero Tolerance Policy, (pg. 15, M, 3 A) states that "RWJJC will ensure that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse while in their facility". The SANE nurse at the Hendricks Medical Center confirmed that they would ensure that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse. A review of the resident files revealed that no resident had been referred to the Texas Children's Hospital for tests for sexually transmitted infections as a sexual abuse victim. This facility is in compliance with this provision.

**115.383(g)** According to RWJJC's Zero Tolerance Policy, (pg. 16, M, 3 D) states that "RWJJC provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident." The Chief Probation Officer indicated during her interview that all services received by a resident referred to the Hendricks Medical

Center would be at no cost to the resident. A review of the resident files revealed that no resident had been referred to the Hendricks Medical Center for any of their services in the last 12 months. There were no residents in the population to interview who had been referred to the Hendricks Medical Center in the last 12 months. This facility is in compliance with this provision.

**115.383(h)** RWJJC Zero Tolerance Policy, (pg. 16, M, 3 E) states that “RWJJC attempts 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”. The Chief Probation Officer indicated that since residents are only detained in this facility for a short-term, up to 48 hours, but if it were a long-term placement then a mental health evaluation would be conducted on resident on resident abusers within 60 days of learning of such abuse history and offering treatment services. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

#### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Resident Files
- d. Memorandum on Sexual Abuse Review Board
- e. E-mails from Chief Probation Officer on Sexual Abuse Review

Interviews included:

- a. Chief Probation Officer/PREA Coordinator
- b. Sexual Abuse Incident Review Team member

Observations included:

- a. N/A

**115.386 (a)** RWJJC's Zero Tolerance Policy, (pg. 16, N, 1-3) states that "RWJJC 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". The Chief Probation Officer/PREA Coordinator stated during her interview that a sexual abuse incident review would be conducted at the conclusion of every sexual abuse investigation, including for allegations that are Unsubstantiated, unless the allegation has been determined to be Unfounded. RWJJC report zero allegation for sexual abuse and sexual harassment that was investigated



administratively and or criminally. Chief Probation Officer/PREA Coordinator did provide memorandums for the last 12 months indicating that no sexual abuse incident review occurred due to no sexual abuse and sexual harassment investigative findings were made. A review of the resident, employee and investigative records revealed that there were no Unsubstantiated or Substantiated allegation of sexual abuse investigative findings that had occurred in the last 12 months. This facility is in compliance with this provision.

**115.386 (b)** RWJJC Zero Tolerance Policy, (pg. 16, N, 1-3, A-F) states that RWJJC conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, within 30 days, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The Chief Probation Officer/PREA Coordinator indicated that there were no sexual abuse incident reviews in the last 12 months due to having no sexual abuse and sexual harassment investigative findings of Unsubstantiated or Substantiated. A review of the resident, employee and investigative records revealed that there were no Unsubstantiated or Substantiated allegation of sexual abuse that occurred in the last 12 months. This facility is in compliance with this provision.

**115.386 (c)** The RWJJC incident review team includes upper-level management officials, with input from detention officers, investigators, and medical or mental health practitioners. The RWJJC team consists of the following individuals:

- a. Chief Probation Officer/PREA Coordinator
- b. Probation Officer
- c. Representative from the Ark
- d. Investigator from TJJD's OIG
- e. First Responder

During the interviews with the Chief Probation Officer/PREA Coordinator and a member of the Incident Review Team, they stated that once a meeting would convene, that input would be provided by them regarding how to prevent further incidents of sexual abuse and sexual harassment from occurring. A review of the resident, employee and investigative records revealed that there were no Unsubstantiated or Substantiated allegation of sexual abuse that occurred in the last 12 months. This facility is in compliance with this provision.

**115.386(d)** RWJJC Zero Tolerance Policy, (pg. 16, N 3, A-F) states that RWJJC would:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- 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.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

- 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.

The Chief Probation Officer/PREA Coordinator did provide copies of memorandums for the last 12 months indicating that no sexual abuse incident review occurred due to no sexual abuse investigations being initiated or received with findings of Unsubstantiated or Substantiated. This facility is in compliance with this provision.

**115.386 (e)** RWJJC Zero Tolerance Policy, (pg. 16, N, 4) states that “RWJJC would submit a report of its findings to the Chief Probation Officer and other appropriate staff to implement the recommendations for improvement, or document its reasons for not doing so”. The Chief Probation Officer/PREA Coordinator did provide copies of memorandums for the last 12 months indicating that no sexual abuse incident review occurred due to no sexual abuse investigations being initiated or received with findings of Unsubstantiated or Substantiated. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

## Standard 115.387: Data collection

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

### 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Memorandum regarding Data Review and Corrective Action

Interviews included:

- a. Chief Probation Officer/PREA Coordinator

Observations included:

- d. Agency web site [www.browncountytx.org/page/brown.probatation](http://www.browncountytx.org/page/brown.probatation).

**115.387(a)** RWJJC's Zero Tolerance Policy, (pg. 16, O 1) states that "RWJJC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions". The Chief Probation Officer/PREA Coordinator indicated during her interview that they do collect accurate data on every allegation from facilities under their control using a standardized instrument and set of definitions. She further stated that they do not have any sexual abuse and sexual harassment allegations reported in the last 12 months and have recorded this data in their annual report. This facility is in compliance with this provision.

**115.387 (b)** RWJJC Zero Tolerance Policy, (pg. 16, O 2-4) states that "RWJJC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the data at least once each year". During the interview with the Chief Probation Officer/PREA Coordinator it was ascertained that they do and would aggregate sexual abuse and sexual harassment data annually. There was no sexual abuse and sexual harassment data to be aggregated in the last 12 months. This facility is in compliance with this provision.

**115.387 (c)** The Chief Probation Officer/PREA Coordinator indicated during her interview that they do not participate in the Survey of Sexual Violence conducted by the Department of Justice (DOJ) but if they did, their incident-based data would include the data necessary to answer the questions on the said survey. This facility is in compliance with this provision.

**115.387 (d)** The Chief Probation Officer/PREA Coordinator indicated during her interview that they would and do maintain, review, and collect data as needed from available incident-based documents, including reports, investigation files and sexual abuse incident reviews. This facility is in compliance with this provision.

**115.387 (e)** The Chief Probation Officer/PREA Coordinator indicated during her interview that RWJJC does not contract for the confinement of their residents with another private facility. This facility is in compliance with this provision.

**115.387 (f)** The Chief Probation Officer/PREA Coordinator indicated during her interview that RWJJC would provide, upon request, all such data from the previous calendar year to the Department of Justice no later than June 30. They further stated that DOJ has not requested agency data in the last 3 years as well as in the 12 months. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

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

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

### **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*)

### Instructions for Overall Compliance Determination Narrative

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. RWJJC Zero Tolerance Policy
- c. Memorandum regarding Data Review and Corrective Action

Interviews included:

- a. Chief Probation Officer/PREA Coordinator

Site Review / Observations:

- e. a. Agency web page: [www.browncountytx.org/page/brown.probaton](http://www.browncountytx.org/page/brown.probaton).

**115.388 (a)** The Chief Probation Officer/PREA Coordinator stated during her interview that she has and would review any and all 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
- Taking corrective action on an ongoing basis.

She did state that she did prepared an annual report for 2019 of her findings and applicable corrective action to be taken, if applicable. A copy of this annual report was provided to this auditor during the pre-audit phase. This facility is in compliance with this provision.

**115.388 (b)** The Chief Probation Officer/PREA Coordinator stated during her interview that she did complete an annual report for 2019, that she did compare the current year's data and corrective actions, which were none, with those from prior years to provide an assessment of the agency's progress in addressing sexual abuse. A copy of this annual report was provided to this auditor during the pre-audit phase. This facility is in compliance with this provision.

**115.388 (c)** The Chief Probation Officer/PREA Coordinator stated during her interview that she did complete an annual report for 2019, that the annual report was approved by the her and the 35<sup>th</sup> District Juvenile Board and was made readily available to the public though the agency’s website. This auditor was provided with a copy of this annual report during the pre-audit phase. This facility is in compliance with this provision.

**115.388 (d)** The Chief Probation Officer/PREA Coordinator stated that during her interview that although she did complete an annual report for 2019, the annual report does indicate the nature of the material redacted where it redacts specific material from the reports when the publication would present a clear and specific threat to the safety and security of a facility. This auditor was provided with a copy of this annual report during the pre-audit phase. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

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

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

#### **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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. PREA Audit Questionnaire (PAQ)
- b. Ray West Juvenile Justice Center Zero Tolerance Policy

Interviews included:

- a. Chief Probation Officer/PREA Coordinator

Site Review / Observations:

- f. Agency web page: [www.browncountytexas.org/page/brown.probatation](http://www.browncountytexas.org/page/brown.probatation).

**115.389 (a)** RWJJC's Zero Tolerance Policy states, (pg. 17, P, 1-2) that the "RWJJC will collect and retain sexual abuse and sexual harassment data in a secure manner". The Chief Probation Officer/PREA Coordinator indicated during her interview that all sexual abuse and sexual harassment data collected will be securely retained pursuant to 115.387. She further stated that this information is securely retained in the Chief Probation Officer's office under lock and key as well as electronically, password protected with encryption. This facility is in compliance with this provision.

**115.389 (b)** The Chief Probation Officer/PREA Coordinator indicated during her interview that all aggregated sexual abuse data, from its facility, though they do not contract for confinement of their residents to another private facility, is made readily available to the public at least annually through the agency's website. A review of this agency's website by this auditor substantiates this assertion. This facility is in compliance with this provision.

**115.389 (c)** The Chief Probation Officer/PREA Coordinator stated during her interview that she does and have removed all personal identifiers before making the aggregated sexual abuse data available to the public through the agency's website. A review of this agency's website by this auditor substantiates this assertion. This facility is in compliance with this provision.

**115.389 (d)** The Chief Probation Officer/PREA Coordinator stated during her interview RWJJC would maintain all sexual abuse data collect pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (l)

- 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 residents?  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*)

The following evidence was analyzed in the making the compliance decision:



Documents reviewed included:

- a. Previous Final PREA Report dated 11/20/2017

Interviews included:

- a. Chief Probation Officer/PREA Coordinator

Site Review / Observations:

- a. Agency web page: [www.browncountytx.org/page/brown.probaton](http://www.browncountytx.org/page/brown.probaton).

**115.401(a)** The Chief Probation Officer/PREA Coordinator stated during her interview that the RWJJC was audited at least once in April 27, 2017. A copy of the Final Report dated November 20, 2017 was observed posted on the agency's website by this auditor. This facility is in compliance with this provision.

**115.401 (b)** The Chief Probation Officer/PREA Coordinator stated during her interview that this is the first year of the current audit cycle. This auditor confirmed this assertion. This facility is in compliance with this provision.

**115.401 (h)** During the onsite phase of this audit this auditor did have unrestricted access to, and the ability to observe, all areas of RWJJC's administrative building, detention interior and exterior areas. This facility is in compliance with this provision.

**115.401 (l)** During the onsite phase of this audit this auditor was permitted to request and receive copies of any relevant document including electronically stored information from RWJJC's administrative files and records. This facility is in compliance with this provision.

**115.401 m.** During the onsite phase of this audit this auditor was able to conduct interviews with the residents in a private setting (e.g. conference room with a door). This facility is in compliance with this provision.

**115.401 n.** During the pre-audit, onsite and post-audit phase of this audit, residents were and are permitted to send confidential information or correspondence to this auditor in the same manner as if they were communicating with legal counsel. As of the writing of this report, this auditor has not received any confidential information or correspondence from a resident and or staff from RWJJC to date. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

## **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. The review period is for prior audits completed during the past

three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeals 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*)

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- a. Final PREA Report dated 11/20/2017

Interviews included:

- a. Chief Probation Officer/PREA Coordinator

Site Review / Observations:

- g. Agency web page: [www.browncountytexas.org/page/brown.probaton](http://www.browncountytexas.org/page/brown.probaton).

**115.403 (f)** A review of RWJJC's website revealed that they were previously audited in April 27- April 29th, 2017 with the Final PREA Audit Report being issued by Certified PREA Auditor Jerome K Williams on November 20, 2017. A review of RWJJC's website revealed that there is a link to review PREA Report for this timeframe. This facility is in compliance with this provision.

This facility is in compliance with this standard.

**Corrective Action Required: None**

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Jerome K. Williams  
**Auditor Signature**

June 9th, 2020  
**Date**