

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

Interim       Final

Date of Report    July 8, 2019

### Auditor Information

Name:    Natasha Mitchell	Email:    NShaferdu@gmail.com
Company Name:    Click or tap here to enter text.	
Mailing Address:    PO Box 110993	City, State, Zip:    Aurora, CO 80042-0993
Telephone:    720-371-2172	Date of Facility Visit:    May 22-23, 2019

### Agency Information

Name of Agency		Governing Authority or Parent Agency <i>(If Applicable)</i>	
San Patricio County Juvenile Detention Center		Click or tap here to enter text.	
Physical Address:    107 W. Fifth St		City, State, Zip:    Sinton, TX 78387	
Mailing Address:    P.O. Box 1122, Sinton, TX 78387		City, State, Zip:    Sinton, TX 78387	
Telephone:    361-364-9500		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission:    Empowering the youths and families of the 36th Judicial District with skills for productive and successful futures by working with the community to provide compassionate, consistent, professional, and effective services.			
Agency Website with PREA Information: <a href="http://36jdjp.weebly.com">http://36jdjp.weebly.com</a>			

### Agency Chief Executive Officer

Name:    Jaime Coronado	Title:    Director of Juvenile Services
Email:    jaime.coronado@co.san-patricio.tx.us	Telephone:    361-364-9500

### Agency-Wide PREA Coordinator

<b>Name:</b> Gerald Crain	<b>Title:</b> Detention Superintendent
<b>Email:</b> gerald.crain@co.san-patricio.tx.us	<b>Telephone:</b> 361-364-9508
<b>PREA Coordinator Reports to:</b> Jaime Coronado, Director of Juvenile Services	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

### Facility Information

<b>Name of Facility:</b> San Patricio County Juvenile Detention Center			
<b>Physical Address:</b> 107 W. Fifth Street, Sinton, Texas 78387			
<b>Mailing Address (if different than above):</b> P.O. Box 1122, Sinton, Texas 78387			
<b>Telephone Number:</b> 361-364-9508			
<b>The Facility 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>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
<b>Facility Mission:</b> Empowering the youth and families of the 36th Judicial District with skills for productive and successful futures by working with the community to provide compassionate, consistent, professional, and effective services.			
<b>Facility Website with PREA Information:</b> <a href="http://36jdjp.weebly.com">http://36jdjp.weebly.com</a>			
<b>Is this facility accredited by any other organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

### Facility Administrator/Superintendent

<b>Name:</b> Gerald Crain	<b>Title:</b> Detention Superintendent
<b>Email:</b> gerald.crain@co.san-patricio.tx.us	<b>Telephone:</b> 361-364-9508

### Facility PREA Compliance Manager

<b>Name:</b> Not applicable	<b>Title:</b> Click or tap here to enter text.
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.

### Facility Health Service Administrator

<b>Name:</b> Dr. Rene Acuna	<b>Title:</b> Health Services Authority
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> 361-364-2804

<b>Facility Characteristics</b>	
Designated Facility Capacity: 20	Current Population of Facility: 10
Number of residents admitted to facility during the past 12 months	324
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	118
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	200
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	10-17; up to 18 when under supervision
Average length of stay or time under supervision:	4 days
Facility Security Level:	Secure
Resident Custody Levels:	Maximum
Number of staff currently employed by the facility who may have contact with residents:	29
Number of staff hired by the facility during the past 12 months who may have contact with residents:	6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
<b>Physical Plant</b>	
Number of Buildings: 1	Number of Single Cell Housing Units: 3
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	2
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
<p>The facility has 38 cameras strategically placed throughout the facility that can hold recordings for up to 30 days. The agency and detention Superintendents have the ability to review videos and save videos.</p>	
<b>Medical</b>	
Type of Medical Facility:	Clinic
Forensic sexual assault medical exams are conducted at:	Driscoll Children's Hospital
<b>Other</b>	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	2

**Number of investigators the agency currently employs to investigate allegations of sexual abuse:**

**2**

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Prison Rape Elimination Act (PREA) on-site audit of the San Patricio County Juvenile Detention Center (SPCJD) in Sinton, Texas was conducted on May 22-23, 2019 by Natasha Mitchell, a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. The Pre-audit preparation included a thorough review of all documentation which included policies and forms, and data documented on the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education material, training curriculum, organizational charts, facility layout, posters, brochures and other PREA related materials that was provided to demonstrate compliance with the PREA standards.

During the two-day on-site audit, the auditor was stationed in a visitation room to conduct all confidential interviews. The auditor interviewed the eight residents residing in the facility on the day of the on-site audit; 2 female residents and 6 male residents. All residents were housed on one unit, which involved co-ed programming. The only exception was during shower time, which is when the residents showered separately and out of sight of opposite gender residents. The facility is made up of three units with one specialized area to house residents placed in room isolation or for increased monitoring. There was a total of nine staff interviews. The staff interviews included specialized staff such as contract staff, first responders, investigators, intake and screening, hiring authority, training, and upper level staff responsible for conducting unannounced rounds. Also interviewed were the agency Superintendent, detention Superintendent, PREA Coordinator and PREA Compliance Manager. During the on-site audit there were 4 Juvenile Supervision Officers (JSO) assigned to work the day and evening shifts; every shift is assigned a supervisor. Every shift has 1 male and 1 female JSO. The JSO's work 12-hour shifts (Day shift 6am-6pm; Evening shift 6pm-6am). The Control Technician staff assigned to the control center work 4-hour shifts during the week and 12-hour shifts on the weekend. The Control Technicians provide sight supervision only and never provide one-to-one direct supervision. The resident interviews were conducted utilizing the recommended DOJ protocols that question staff members knowledge of the prevention mechanisms put in place per PREA and specifically their knowledge of the facility reporting methods available to residents to report sexual abuse and sexual harassment. Staff were questioned using the DOJ protocols that question their knowledge of their role in preventing, detecting, and responding to reports of sexual abuse and sexual harassment, the facility's zero-tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident makes an allegation of sexual abuse and first responder duties. On-site the auditor reviewed resident admission files, staff personnel files which included background check clearance documentation and training records. The SPCJDC pre-audit questionnaire report zero

allegations of sexual abuse or sexual harassment in the past 12 months. As a result the auditor was not able to review investigation documents or interview any victims.

On the first day of the on-site audit, the auditor toured the facility. The auditor was escorted by the Juvenile Probation Director and the Detention Superintendent. The auditor observed the facility layout, location of cameras and mirrors, staff supervision of residents, the location of resident sleeping rooms, shower/toilet areas, placement of posters and PREA information, search procedures and resident programming. The auditor noted the shower areas are single stall showers which allow the residents to shower alone, with adequate privacy. The showers are behind a wall and additional privacy is provided with shower curtains. The shower curtains allow staff see the feet of any resident and prevents the resident from being in full view of staff or other residents. Toilets are installed in the resident's room and is unmonitored by audio or visual monitoring. Resident interviews show they are able to enter their sleeping rooms and the doors are controlled by the Control Technician staff. The resident is allowed to enter the room and secure the door when using the restroom and required to notify the control technician when they are ready to exit. The auditor observed the PREA audit notices posted throughout the facility in common areas, the entrance to the facility. The residents report the notices were posted in advance of the auditor's arrival and/or when they were admitted to the facility. The auditor was unable to talk to residents or staff as a result of the residents engaging in structured programming and the staff providing close supervision.

The auditor would like to thank Jaime Coronado, Gerald Crain and all of the SPCJDC staff for their hospitality during the on-site audit. Mr. Crain was readily available to address the auditor's questions and made staff and residents available for interviews. It is clear Mr. Coronado's leadership prioritizes creating a safe environment for the residents served in the detention facility and there is a commitment to PREA compliance. It was further evident that the SPCJDC staff are invested in PREA as demonstrated through their knowledge for providing protection and the residents report feeling safe.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

San Patricio County Juvenile Detention Center is a secure detention facility located in Sinton, Texas, that serves adolescent boys and girls between the ages of ten and seventeen; and up to 18 years of age if on supervision. The facility serves youth from San Patricio, Aransas, Bee, Jim Wells, Kleberg, Live Oak, McMullen and Brooks County. The facility has a capacity for 20 residents. On the day of the on-site audit there were eight residents; two female residents and six male residents.

The entry and exit from the facility is controlled through one secure entrance and exit. The facility has one building within the secure area. There are three housing units and other areas accessible to the residents include the: medical room, dining hall, education, visitation area, isolation/seclusion rooms. All housing units are single cell in design, and all units share a community restroom and shower area. Each room also has a toilet eliminating the need for egress on the overnight shift except in emergency situations.

The facility is equipped with 38 cameras for video monitoring. Cameras are placed strategically in internal and external areas of the facility as well as in the administrative building where the director of juvenile services and county probation officers' offices are located. Youth receive non-urgent medical care on campus through a contract medical provider. All criminal investigations are conducted by the Sinton Police Department and all child abuse reports are conducted by the Texas Juvenile Justice Department (TJJD).

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 2

115.317, 115.333

**Number of Standards Met:** 40

115.311, 115.312, 115.313, 115.315, 115.316, 115.318, 115.321, 115.322, 115.331, 115.332, 115.334, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

**Number of Standards Not Met:** 0

Not applicable

## Summary of Corrective Action (if any)

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

#### 115.311 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative



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

Reviewed documents:

2019 SPCJDC PAQ

Policy 1.00 PREA Definitions

Policy 1.01 Definitions Related to Sexual Abuse

Policy 2.00 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

Agency Mission Statement as documented on the PAQ

Schematic of facility

36th Judicial District Juvenile Probation Department Org Chart

Interviews:

Detention Superintendent/PREA Coordinator (also currently functioning as the PREA Compliance Manager)

Findings (By Provision):

115.311(a) The agency has a PREA policy 2.00. The agency's policy mandates a zero-tolerance towards all forms of sexual abuse and sexual harassment and outlines strategies for preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The policy address prevention of sexual abuse and sexual harassment in the facility will be maintained by constant supervision of residents by staff and cameras. The residents are allowed to report any sexual abuse or sexual harassment through the TJJD ANE toll-free hotline. The residents are allowed to call the number any time they believe they have been a victim of sexual abuse or sexual harassment. The facility also conducts background checks in accordance with TJJD standards. The detection of sexual abuse and sexual harassment will be completed through staff training that covers the PREA standards as well as the agency, facility and staff responsibilities. All staff are made aware of their duty to report as mandatory reporters. Any staff member who witnesses, learns of, receives an oral or written statement or has reasonable suspicion are required to report TJJD and the local law enforcement agency. The policy also addresses responding to allegations of sexual abuse and sexual harassment. Once a staff member reports an allegation the facility PREA Coordinator will ensure all administrative and criminal investigations occur.

Policy 1.01 includes PREA definitions for sexual abuse, voyeurism and sexual harassment. All of the policies are consistent the PREA standards and outlines the agency's approach and commitment to creating a sexually safe environment for the residents.

115.311(b) The SPCJDC PREA Coordinator is also the facility Superintendent. The policy dictates the Superintendent/PREA Coordinator should be provided sufficient time and authority to perform the required responsibilities to comply with the PREA standards. Through interviews with the staff there was a clear understanding of the PREA Coordinator role and what employee within the agency performs the duty.

SPCJDC has plans in the near future to train the staff member responsible for monitoring the facility's compliance with TJJDC standards as the PREA Compliance Manager. At that time SPCJDC will have a full-time PREA Coordinator and PREA Compliance Manager.

115.311(c) The SPCJDC is a sole facility under the jurisdiction of the San Patricio County Juvenile Services Division. SPCJDC will designate a PREA Coordinator at the conclusion of the audit, which will exceed the standards.

Based upon the review and analysis of the available evidence, the auditor has determined that the agency is fully compliance with this standard requiring zero-tolerance policy and the designation of a PREA Coordinator. No corrective action is required.

## 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 OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Reviewed documents:

2019 SPCJDC PAQ

Policy 3.00 Contracting with other Entities for the Confinement of Residents

Interviews:

Agency Superintendent

Detention Superintendent/PREA Coordinator

Findings (By Provision):

The SPCJDC contracts with the Atascosa County Juvenile Justice Center for the confinement of its residents. The PREA Coordinator provided an updated but unsigned copy of the contract between the agencies which requires the Atascosa County Juvenile Justice Center to comply with the juvenile PREA standards. The SPCJDC would only utilize the services of Atascosa County in an exigent circumstance (i.e., fire, hurricane, closure of the facility, etc.). San Patricio is licensed by the Texas Juvenile Justice Department (TJJD) to detain juvenile's residents from San Patricio, Aransas, Bee, Jim Wells, Kleberg, Live Oak, McMullen and Brooks County.

## 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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No

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

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No

- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.313 (c)

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

#### 115.313 (d)

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

#### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 4.00 Supervision and Monitoring  
Unannounced rounds security check logs

#### Interviews:

Detention Superintendent/PREA Coordinator  
JSO Supervisor

#### Findings (By Provision):

115.313(a) The SPJCD provided the auditor with staffing plans from years 2016, 2017 and 2018, indicating there is an institutionalized annual review. The staffing plan requires the facility to comply with staff to resident ratios of 1:8 during waking hours and 1:16 during sleeping hours. Any time the minimum staffing ratios are not met, the exigent circumstances must be documented. The interview with the Detention Superintendent/PREA Coordinator indicates the facility has consistently complied with the ratios and in those instances the facility has been out of compliance it has been for less than a few hours. Only the JSO's are counted in the staffing ratios. At least one supervisor level staff, including Administrators, Superintendent, Shift Supervisors, facility PREA Compliance Manager and/or supervisor designee (certified JSO's), will always be on call. The most recent staffing plan is signed by the agency and facility Superintendent.

The facility staffing plan is predicated on an average daily number of residents of twenty. Since the last PREA audit, the average daily number of residents for the past 12 months was eight. The Detention Superintendent confirmed the facility regularly reviews the staffing plan to ensure there

are adequate staffing levels to protect residents against sexual abuse, adequate video monitoring; and they staffing plan is documented and signed as a formal working document. The staffing plan was provided to the auditor to demonstrate the staffing plan takes into consideration the 11 elements required. The staffing plan explicitly states, "Only Juvenile Supervision Officers will count toward the necessary Facility-Wide staff to youth ratio, and only Certified Juvenile Supervision Officers will count toward the Supervision Ratio."

During the facility tour, the auditor observed the staffing ratios and determined the facility was in compliance with the ratios. On the days of the on-site audit, there were eight residents and two staff providing supervision.

115.313(d) The SPJDC is a single housing operational unit (SOHU). The facility has a minimum of two JSO's on duty at any time the facility has at least one resident. One of the JSO shall be certified by TJJD, and at least one JSO shall be of the same sex as the resident. This policy applies to program and non-program hours. Program hours are defined as the time period of no less than 10 hours when the resident population has scheduled activities including any shift changes occurring during the time period when the resident population has scheduled activities. Non-program hours are defined as the time period when all scheduled resident activity for the entire resident population has ceased for the day. When the facility has to honor sick, annual and vacation the schedule will be filled by soliciting support from other staff by offering overtime or temporary staff.

A review of the PAQ show the facility has zero incidents of extended periods where the facility was out of compliance with staffing ratios. The resident interviews indicate there are always two JSO's on duty; one male and one female.

115.313(e) Unannounced checks are conducted by intermediate-level or higher-level supervisors. Checks are conducted and documented randomly twice per month on the night shift and day shifts. The facility policy says the intention of the unannounced checks is to prevent staff from alerting other staff members that the supervisory rounds are occurring, unless the announcement is related to the legitimate operational functions of the facility. The Superintendent/PREA Coordinator allowed the auditor to review the unannounced documentation maintained by the facility.

The Detention Superintendent/PREA Coordinator provided documentation of the unannounced rounds to demonstrate the variable times the checks are completed and the people responsible for conducting the checks. The unannounced round log is maintained in a bounded notebook and includes the: date, time, person making the round, signature and findings.

Based upon the review and analysis of all the evidence, the auditor has determined that the agency is fully compliant with this standard requiring the development and review of a staffing plan, complying with staffing ratios and intermediate supervisors or higher unannounced rounds. No corrective action is required.

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

### 115.315 (e)

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

### 115.315 (f)



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
 Policy 6.00 Limits to Cross-Gender Viewing and Searches  
 Sample strip search body chart

#### Observed:

Female pat search

#### Interviews:

Agency Superintendent  
 Detention Superintendent/PREA Coordinator  
 Random Staff  
 Residents

#### Findings (By Provision):

115.315(a) The facility policy 6.00 prohibits cross-gender strip searches or cross-gender visual body cavity searches. When a cross-gender or cavity search is required, the search must be conducted by the facility medical practitioner. The policy requires staff to document and justify all cross-gender strip searches, cross gender visual body cavity searches, and cross-gender pat-down searches. A routine pat down and frisk search will always be conducted by a JSO. The pat

down search requires a resident's outer clothing to be patted down and requires a JSO of the same gender as the resident. A strip search is only conducted when a resident is admitted to the facility and instances when necessary for security reasons. The search will consist of a visual inspection of a resident's body in a state of full or partial undress. The staff will make every effort to explain search procedures and describe each step of the procedure to the resident as the search is conducted. Staff will maintain constant visual supervision of the resident during the entire process. Again, all strip searches are conducted in an area that provides privacy and by a JSO of the same gender. All strip searches will be documented and will include the name of the resident searched, date and time of the search, probable cause justifying the search and name and title of the person conducting the search.

A review of the PAQ indicates the facility has conducted zero cross-gender searches. While on-site the auditor had the ability to watch a female staff member conduct a pat search of a female resident upon her return to the facility from court. The resident was escorted to a secure area by a male staff member to the area where a female staff member was providing coverage. The male staff member switched places with the female staff member to allow her to conduct the pat search of the female resident. Based on the observation the practice appeared to be routine and an institutional practice. The staff interviews show annual training was conducted in January and included search procedure training. The search training instructs staff to make all attempts to be sensitive to the special needs of residents with known histories of physical or sexual abuse during a search.

115.315(c) The facility practice goes beyond staff documenting cross-gender searches. While observing the pat search the auditor witnessed the Control Technician document the date, time, the name of the youth searched and the name of the staff member conducting the search.

A review of the policy indicates the facility will allow a cross-gender search in exigent circumstances; however, all interviews with staff residents show there is always male and female staff on duty. The appropriate and intentional staffing will decrease the likelihood there would be a need for a cross-gender search even in exigent circumstances.

115.315(d) A JSO of one gender shall be the sole supervisor of residents of the same gender during shower and hygiene procedures. JSO's of one gender is prohibited from supervising and visually observing a resident of the opposite gender during showers, physical searches, disrobing of residents (suicidal or not), or when personal hygiene practice requires the presence of a JSO of the same gender. The resident interviews show opposite gender residents and staff are not in the same area during shower program. Opposite gender announcements are not a part of the agencies policy or practices. The facility is always staffed with a male and female JSO. When the residents shower, they are supervised by the same gender staff while the opposite gender staff member and residents are in a separate area of the facility programming. This staffing practice was consistently confirmed during the staff and resident interviews.

115.315(e) The facility policy does not allow the staff to conduct a strip search when the gender identity of a youth is unknown or cannot be determined. If the gender of a resident cannot be determined the facility medical staff will conduct the search.

Based upon the review and analysis of all the evidence, the auditor has determined that the agency is fully compliant with this standard requiring the development and review of a staffing plan, complying with the prohibition of pat and strip searches, absent exigent circumstances, providing residents adequate privacy and a policy prohibiting staff from searching a resident to determine their genital status.

## 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

Reviewed documents:

2019 SPCJDC PAQ

Policy 7.00 Resident with disabilities and residents who are limited English proficient

Signed resident acknowledgment forms

Interviews:

Agency Superintendent

JSO

Resident with an identified disability

Findings (By Provision):

115.316 (a)- The facility has established policy 7.00 which provides guidelines for the facility to provide services for limited English proficient residents.

115.316 (b)-1 The Texas Commission on Jail Standards has published two resources that may be useful in the development of facility disability rights policies and design specifications. The facility can access the Jail Standards Manual deals with the treatment of residents with disabilities and the Resource Guide outlines the requirements of the American Disabilities Act (ADA) and criteria for developing an ADA plan.

115.316 (c)-1 A resident receives an orientation immediately upon admission to the facility but in no case will more than 12 hours lapse between the time the resident is admitted into the facility. The orientation will be conducted in the resident's primary language and include an explanation of the facility's program rules, grievance policy and procedure. The facility employs bilingual staff who can communicate the facility information in English and Spanish. Staff interviews indicate the facility has not admitted any youth who did not speak and/or understand English. The auditor did not require an interpreter during the interviews with the eight residents, all were proficient in English.

Based upon the review and analysis of all the evidence, the auditor has determined that the agency is fully compliant with this standard requiring the implementation of a policy to provide services for residents with an identified disability and limited English proficient speakers.

## **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, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.317 (c)

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

#### 115.317 (d)

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

#### 115.317 (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)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

#### Reviewed documents

2019 SPCJDC PAQ

Policy 8.00 Hiring and promotion decisions

Updated policy 8.00 Hiring and promotion decisions

Employee background check clearance documentation

Recertification clearance check documentation

#### Interview:

Detention Superintendent/PREA Coordinator

#### Findings (By Provision):

115.317(a) SPCJDC JSO candidates have to be at least 21 years of age, have acquired a high school diploma or equivalent; and never have had any type of certification revoked by TJJD and not be under an order or suspension. To be eligible as a facility administrator, an applicant has to meet the requirements to be a county probation officer and maintain an active certification as a JSO. The facility will conduct a criminal history background check initiated by the Director of Juvenile Services or designee. All applicants seeking employment with the SPCJDC will undergo a fingerprint check that will be submitted to the Texas Department of Public Safety. A Fingerprint-based Applicant Clearinghouse of Texas (FAST) check will be initiated prior to the first day of a candidate's employment to confirm that the person has no disqualifying criminal history.

An interview with the Detention Superintendent and random staff confirms the background check policy. All staff remembers go through a background check process prior to becoming a certified JSO and confirm they are required to maintain a clean background to maintain employment.

115.317(b) The SPCJDC will not hire nor continue to employ any person with a felony conviction or deferred adjudication within the past ten years; a jailable misdemeanor conviction; or is required to register as a sex offender. Interview with the Superintendent demonstrates the facility will not hire or retain the employment of anyone with a sex offense.

Interviews with the Director of Juvenile Services and the Detention Superintendent confirm SPCJDC will consider prior incidents of sexual harassment in determining whether to hire or



promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

115.317(d) The child abuse registry will be conducted through the Texas Department of Family and Protective Service's. The results of the registry will be obtained by the Facility Administrator and utilized in employment and promotion decisions.

115.317(e) All full and part-time certified employees will have a criminal history search conducted every two years at the time of re-certification.

115.317(g) All applicants who may have contact with residents will be asked during interviews about any previous misconduct. Questions about misconduct will also be asked when work or personal references are contacted. Current employees are required per SPCJDC policy and procedure to report any misconduct first working morning after it occurs. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Based upon the review and analysis of all the evidence, the auditor has determined that the agency exceeds compliance with this standard requiring the implementation of a policy that requires all employees and contractors complete and pass a background check and all re-occurring background checks. The SPCJDC conducts a criminal background check every two years at the time the employee has to complete the TJJJ recertification.

## 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*)

## Instructions for Overall Compliance Determination Narrative

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

Reviewed documents:

2019 SPCJDC PAQ

Policy 9.00 Upgrades to facilities and technologies

Interviews:

Facility Superintendent/PREA Coordinator

Findings (By Provision):

The San Patricio County Detention Juvenile Center has not modified any areas of the facility. During the on-site tour the auditor observed the placement of cameras and possible blind spots. The facility is equipped with 38 cameras inside and outside of the facility. The monitoring equipment is in the facility's control center and under surveillance the by staff working in the control center. The facility has replaced cameras with newer equipment and will continue to update the cameras as needed.

SPCJDC has installed and maintains a video monitoring system. The system is monitored by Control Technician staff and is considered a deterrent to sexually acting out and other safety/security violations and is used in post-incident investigations. The recording system was updated in February 2016. The cameras that are installed in the facility are strategically placed to provide complete coverage and minimize blind spots to the maximum extent possible.

The monitoring equipment will record video for up to 30-days, which will allow the review of video to assist with investigations.

SPCJDC has also installed and maintains an audio monitoring system (intercoms). The system is actively monitored by Control Technician staff. The intercoms that are installed in the facility are strategically placed at every door and in every cell of the resident sleeping quarters.

Based upon the review and analysis of all the evidence, the auditor has determined that the agency is fully compliant with this standard requiring the implementation of a policy that requires all the facility to consider the necessary facility characteristics when expanding or modifying a facility and installing monitoring technology.

## 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 youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (c)

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

- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

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

#### 115.321 (e)

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

#### 115.321 (f)

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

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 10.00 Evidence protocol and forensic medical examinations  
Resident Orientation Handbook

#### Interviews:

Detention Superintendent/PREA Coordinator  
SANE representative at Driscoll Children's Hospital  
Random Staff

#### Findings (By Provision):

115.321(a) The SPCJDC detention Superintendent will collaborate with the agency Superintendent to conduct a thorough administrative investigation. The SPCJDC refers all sexual abuse allegations to the Sinton Police Department for criminal investigations. The police department utilizes the recommended uniform evidence protocol as required in the PREA standards, which are the same standards used when investigating sex crimes for the general public.

115.321(c) The resident who is a victim of sexual assault will be given professional medical assistance as soon as staff are made aware of the issue. The resident will be taken to the Driscoll Children's Hospital accompanied by the Sinton Police Department to begin the criminal investigation. The resident's parents/guardians will be notified and will be offered the opportunity to meet with law enforcement and the resident to offer familial support. The facility policy 10.00 and orientation handbook says the resident will not be responsible for the financial cost associated with a SANE. The facility PAQ indicates there were zero SANE examinations required in the past 12 months.

115.321(d) The SPCJDC will make a victim advocate from the Women's Shelter of South Texas available to all residents who allege being a sexual assault victim. The Women's Shelter of South Texas offers a 24-hour toll-free number and will respond to all calls for advocacy. The SPCJDC may utilize a rape crisis center which is part of a government unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers comparable levels of confidentiality as a nongovernmental entity that would provide similar victim services.

Interviews with the Superintendent/PREA Coordinator and staff demonstrate there is a clear plan in place when handling a sexual assault case that requires a resident to be transported to the SANE clinic. If an allegation is received after-hours the Superintendent/PREA Coordinator is on-call and would likely go to the facility as soon as possible to support with transporting the resident to the SANE clinic or coordinating all steps to ensure the resident is supported and all steps are taken to secure the scene for possible evidence collection. All staff were able to clearly detail the steps they would take to ensure the resident was safe from further harm and the evidence was undisturbed.

The auditor contacted staff at The Women's Shelter of South Texas and was convinced that if requested by SPCJDC, they would provide victim advocacy services. Services would be provided at no cost to the victim or the facility and would be consistent with the level of advocacy provided in the community. Additionally, follow-up services would be provided for the resident at the facility and follow them into the community.

Based upon the review and analysis of all the evidence, the auditor has determined that the agency is fully compliant with this standard requiring the implementation of a policy that requires administrative and criminal investigation procedures and support services in place to address sexual assault allegations requiring a SANE.

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

#### 115.322 (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*)

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ

Policy 11.00 Polices to ensure referrals of allegations for investigations

#### Interviews:

Agency Superintendent

Detention Superintendent/PREA Coordinator/Investigative Staff

#### Findings (By Provision):

115.322(a) The SPCJDC will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The facility received zero allegations of sexual harassment and one allegation of sexual abuse. The sexual abuse allegation was determined by the SPCJDC and TJJD that the allegation did not rise to the level of sexual abuse and was deemed appropriate for the facility to resolve the resident's complaint as possible sexual harassment.

The auditor interviewed the resident who reports they did not believe they were sexually abused; however, they felt during a physical restraint a staff member unintentionally touched them in an area that made them feel uncomfortable.

It is the SPCJDC policy that any person who witnesses, learns of, receives an oral or written statement from an alleged victim or other person with knowledge or who has a reasonable belief as to the occurrence of alleged serious physical abuse or sexual abuse involving a juvenile shall report to law enforcement and supervisor(s) or designee within 1 hour from the time a person gains knowledge of or suspects the alleged serious physical/sexual abuse occurred. Notification to TJJD shall be made no later than four hours from the time a person gains knowledge of or suspects the alleged serious physical/sexual abuse.

The SPCJDC staff shall contact law enforcement by phone and TJJD shall be contacted using the toll-free number. The incident report form shall be faxed/emailed to TJJD within 24 hours from the phone call reporting it to TJJD.

The internal investigation will be conducted by a person qualified to investigate a sexual abuse and sexual harassment allegation. According to interviews with the Director of Juvenile Services and the Detention Superintendent/PREA Coordinator the investigation will be initiated immediately. The investigation will only be postponed when directed by the Sinton Police Department, requested by TJJD, or the internal investigation would compromise the integrity of a potential crime scene.

Based upon the review and analysis of all the evidence, the auditor has determined that the agency is fully compliant with this standard requiring the implementation of a policy that requires administrative and criminal investigation be completed for all sexual abuse or sexual harassment allegations.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 12.00 Employee training  
Staff training acknowledgment records

#### Interviews:

Detention Superintendent/PREA Coordinator  
Random Staff  
Specialized Staff

#### Findings (By Provision):

115.331(a) The SPCJDC has a zero-tolerance policy for sexual abuse and sexual harassment. Juvenile Supervision Officers (JSO) will undergo sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures which will be included in their required training. The training will consist of but may not be limited to the eleven elements required per the standards. In accordance with TJJDC policy, JSO's employed by the SPCJDC will successfully complete a competency exam requirement to perform their duties to identify and report abuse, neglect and exploitation. The mandatory reporter training is required prior to a new hire providing resident supervision and maintain their certification.

SPCJDC provided the auditor with the training curriculum, which covers the eleven required training topics. The most recent training log provided to the auditor was from January 23, 2019 and include the signatures of twelve staff members.

115.331(b) The SPCJDC is a co-ed facility; therefore, the training includes what to expect from the adolescent population as well as providing supervision and working with a male and female population.

115.331(c) The SPCJDC employ eleven JSO's who have contact with the facility residents. All staff interviewed during the on-site audit verify receiving PREA training in January 2019. The training also included the Control Technicians who only provide visual supervision from the control center. The facility provides annual refresher training, which was verified during all staff interviews.

115.331(d) Documentation of all training received is maintained in the employee's facility file. The documentation includes sign-in sheets, agendas, and certificates of completion, correspondence from the instructor, registration receipts, and/or exam results. The PREA Coordinator maintains all employee training records and the most recent training log was given to the auditor for review.

Based upon the review and analysis of all the evidence, the auditor has determined that the agency is fully compliant with this standard requiring the implementation of a policy that requires employee training that is tailored to the unique needs and attributes and gender of the residents at SPCJDC and the training is documented through employee signature or electronic verification.

## 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*)

## Instructions for Overall Compliance Determination Narrative

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

### Reviewed documents:

2019 SPCJDC PAQ  
Policy 12.00 Employee training  
Contract staff training acknowledgment records

### Interviews:

Detention Superintendent/PREA Coordinator  
Contractor

### Findings (By Provision):

115.332(a) SPCJDC provides the same level of training for the contract staff as the training provided to the JSO's who have contact with the residents. The training includes the zero-tolerance policy for sexual abuse and sexual harassment, residents' right to be free from sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment and how to detect and respond to signs of threatened and actual sexual abuse, how to distinguish between consensual sexual contact and sexual abuse and reporting responsibilities. The facility PAQ shows there are zero volunteers and three contract staff who have contact with residents and have been trained in the SPCJDC zero tolerance policy.

An interview with a contract teacher revealed the required training was conducted when the final standards were implemented, and he receives annual training with the JSO staff. The contractor confirms the training included his responsibilities regarding sexual abuse and sexual harassment prevention, detection and response.

115.332(b) SPCJDC maintains documentation confirming the contractors have received and understand the zero-tolerance policy.

According to the PAQ, the contractors who have contact with the residents, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. The auditor observed the contractors name on the

Based upon the review and analysis of the available evidence, the auditor determines the facility is fully compliant with the standard regarding volunteer and contractor training. No corrective action is required.

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

#### 115.333 (d)

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

#### 115.333 (e)

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

#### 115.333 (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*)

#### Instructions for Overall Compliance Determination Narrative

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

Reviewed documents:  
 2019 SPCJDC PAQ  
 Policy 14.00 Resident education

Signed Education Acknowledgement  
Resident handbook  
Understanding the Prison Rape Elimination Act brochure (English and Spanish)  
End the Silence posters

On-site Review:  
Signed resident acknowledgment forms  
Signed video acknowledgment forms

Interviews:  
Random Staff  
Random Residents

Findings (By Provision):

115.333(a) The SPCJDC consistently provide the residents with PREA information and the facility's zero-tolerance policy. The information is provided to the residents at intake and again within 12 hours of their admission. At intake, each youth receives the brochure, "Understanding the Prison Rape Elimination Act". The orientation material also describes the resident's rights, the facility grievance procedures and reporting options.

Interviews with the residents confirm they are provided PREA information during intake and watch the PREA video within days of their admission.

115.333(b) Within 10 days of intake the SPCJDC will provide a comprehensive age-appropriate education to the residents. The facility has made the decision to use a video as the mechanism for providing the residents with PREA education beyond what is provided during the intake. The residents are informed about their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding the facility policy and procedures for responding to such incidents. During the on-site audit the auditor reviewed resident files where the resident acknowledgement form is stored

The residents confirm they watch the video within 10-days of their admission and for those residents present when a new resident is admitted they will watch the video again. SPCJDC provided the auditor with signed acknowledgment forms showing the youth sign acknowledging they watched the video in English or Spanish. They also acknowledge, they understand their rights and are asked if they have any questions about the video.

During the on-site audit, the auditor observed PREA education posters throughout the facility. The residents report seeing and having read the posters on occasion and understand the information provided.

115.333(c) The SPCJDC does not have residents in the facility who has not received PREA education within one year of the effective date of the PREA standards.

115.333(d) The SPCJDC employees are bilingual and have the ability to assist with providing translation and interpretation for the residents who are Spanish speakers. The San Patricio County

probation department will assist with establishing resident education in formats accessible to all residents, including those who are deaf, visually impaired or otherwise disabled, as well as to residents who have limited reading skills.

There are “End the Silence” and a poster with the TJJD hotline number. There are also signs posted explaining SPCJDC’s grievance procedures, resident’s rights, major rule violations and how to appeal disciplinary decisions.

Based upon the review and analysis of the available evidence, the auditor determined the facility exceeds the standards regarding resident education and maintaining acknowledgements. The SPCJDC provides resident educations within days of a new residents admission. No corrective action is required.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
 Policy 15.00 Specialized training: Investigations  
 TJJDC Policy 358.820  
 1 NIC investigator training certificates

#### Interviews:

Detention Superintendent/PREA Coordinator/Investigator

#### Findings (By Provision):

115.334(a) In accordance with TJJDC Standards, the SPCJDC internal investigation is conducted by the facility superintendent who has received the “PREA: Investigating Sexual Abuse in Confinement Setting”. The training that is pertinent to SPCJDC includes: interviewing juvenile sexual abuse victims, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action. The facility has one trained investigator to conduct the internal investigation. All criminal investigations are conducted by the Sinton Police Department.

The Detention Superintendent/PREA Coordinator are is the sole trained investigator. Once the PREA Compliance Manager is on-board they will also be trained to conduct the investigations.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.

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

### 115.335 (b)

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

### 115.335 (c)

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

### 115.335 (d)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ

Policy 16.00 Specialized training: Medical and mental health care

#### Interviews:

Detention Superintendent/PREA Coordinator

#### Findings (By Provision):

115.335(a) The SPCJDC provides training for one doctor and a Physician's Assistant who is employed by the doctor's office. The training is provided by the Detention Superintendent/PREA Coordinator. The training includes: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how to and to whom to report allegations of suspicions of sexual abuse and sexual harassment. Documentation of the training is maintained by the PREA Coordinator.

115.335(b) The SPCJDC facility contract medical staff do not conduct forensic examinations. Forensic examinations will be conducted in a hospital or clinical setting by a trained specialist.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

# 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: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No

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

#### 115.341 (d)

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

#### 115.341 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

Reviewed documents:

2019 SPCJDC PAQ

Policy 17.00 Obtaining information from residents

Sample Behavioral screening form

Resident Behavioral Screening form

Interviews:

Random Staff

Random Residents

On-site Review:

Resident facility file which contained the objective risk screening tool

Findings (By Provision):

115.341(a) This policy requires all residents be assigned to the facility's general program as soon as possible after admission. General program is defined as the regularly scheduled program activities occurring within the facility's "program hours" (e.g., educational activities, recreational activities, counseling services, etc.). The facility's policy and procedure prohibit the automatic isolation of a resident unless it is for the purpose of assessing the risks and needs of the resident. Special considerations shall include any behavioral dysfunctions, potential vulnerabilities and/or tendencies of acting out in sexually aggressive or assaultive behavior identified in the behavioral screening.

Interviews with the staff responsible for risk screening confirmed they screen residents upon admission to the facility within one hour. The risk levels are assessed using an objective risk screening tools that will assess all required categories.

Prior to being assigned to a housing unit, each resident shall be screened for potential vulnerabilities or tendencies of acting out in sexually aggressive or assaultive behavior. If after the initial Mod assignment, it is determined placement in another Mod would be more appropriate, the resident will be transferred. The transfer must be approved by the detention superintendent.

The SPCJDC makes deliberate, informed decisions about the housing assignments of residents as available and considers any vulnerabilities or aggression to prevent the abuse of any resident. The risk screening tool is completed within hours of the resident's admission and prior to the resident's arrival onto the pod.

The form contains the date the behavioral screening was completed with a written acknowledgement were the information received will be taken into consideration. The behavioral screening will be signed by the staff member who completed the form and will be maintained in the resident's file.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

## 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?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No

- Do residents also have access to other programs and work opportunities to the extent possible?  
 Yes  No

#### 115.342 (c)

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

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)



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

#### 115.342 (h)

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

#### 115.342 (i)

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

#### 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

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Reviewed documents:  
2019 SPCJDC PAQ  
Policy 18.00 Use of screening information

Interviews:  
Detention Superintendent/PREA Coordinator  
Random Staff  
Resident in isolation

Findings (By Provision):

115.342(a) The housing assignments shall be based on the outcome of the behavior screening and according to the facility's classification plan. When new information is obtained or new behaviors are presented, a resident's housing assignment should be re-evaluated to place the resident into a more appropriate housing unit.

Interviews with staff responsible for risk screening and random staff confirm the facility will use the information from the risk screening during the intake to keep residents safe and free from sexual abuse and sexual harassment.

115.342(b) Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

According to staff interviews and the PAQ there were zero residents at risk of sexual victimization placed in isolation. The Detention Superintendent/PREA Coordinator stated the facility does not place residents at risk of sexual victimization in room isolation.

115.342(c) Interviews with residents and staff explain lesbian, gay, bisexual, transgender, or intersex residents are not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. The SPCJDC program the residents on a co-ed housing unit. Both genders program together under close supervision of staff.

Interviews with random staff confirm the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, questioning or intersex residents. SPCJDC will consider on a case-by-case basis the appropriate placement to ensure the resident's health, safety, well-being; and whether the placement would present management or security problems.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

## 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?  Yes  No

#### 115.351 (c)

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

#### 115.351 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 19.00 Resident reporting

#### Interviews:

Random Staff  
Random Residents

#### On-site observations:

Facility grievance box  
Abuse, Neglect and Exploitation toll-free hotline posters

#### Findings (By Provision):

115.351(a) The SPCJDC has provided multiple internal ways for the residents to report sexual abuse and sexual harassment. According to the resident interviews they all report they have the ability to report to a trusted staff member, their parents, write a letter and inform their assigned probation officer. One resident shared during their interview they have called the toll-free number and was satisfied with the response from TJJD and the outcome of their complaint.

The SPCJDC also allows the residents to file a complaint through the facility internal grievance policy. The resident is allowed to complete the grievance form, then place it in the provided envelope, and place it in the grievance boxes located in various areas in the facility. If a resident has difficulty with reading or writing a JSO not involved in the grievance may assist the resident.

All staff interviews confirmed all disclosures, regardless of its source will be accepted and reported.

115.351(b) The SPCJDC allows residents to call the Texas Juvenile Probation Commission (TJPC) alleged abuse, neglect, and exploitation toll-free number (1-877-786-7263). Residents are made aware of the toll-free number during intake. The staff inform them of their rights to the Abuse, Neglect and Exploitation (ANE) hotline, and must sign an acknowledgement indicating they received the information. During the on-site tour the auditor observed the posters throughout the facility. Residents are given reasonable, free and confidential access to the TJPC toll-free number for reporting allegations of sexual abuse and sexual harassment. When a resident request a

telephone, staff are required to facilitate the resident's unimpeded access to TJPC to make a report.

The posters and pamphlets include the toll-free number for the TJPC which investigates abuse, neglect and exploitation in all Texas juvenile justice facilities. The hotline serves as a direct, immediate and efficient route to the counties which are responsible for accepting and responding to abuse, neglect and exploitation inquiries and reports. Residents have the right to remain anonymous and reports will remain confidential.

115.351(c) The SPCJDC policy requires any person who witnesses, learns of, receives an oral or written statement from an alleged victim or other person with shall accept the allegation without delay.

All staff interviews confirm they would immediately report witnessing, learning of or receipt of an oral or written allegation and document the report before the end of their shift.

115.351(e) SPCJDC provides staff with several methods to privately report sexual abuse and sexual harassments of residents. The methods include:

- TJPC ANE toll-free number
- Talk to their supervisors
- Send an email to the detention superintendent

All staff interviews indicate they feel comfortable reporting to their immediate supervisor or the superintendent.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.

## **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  NA

#### **115.352 (b)**

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

#### 115.352 (c)

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

#### 115.352 (d)

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

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally

pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

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

#### 115.352 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 19.00 Resident Reporting  
Policy 20.00 Exhaustion of administrative remedies  
SPCJDC Grievance spreadsheet

#### Interviews:

Detention Superintendent/PREA Coordinator  
Random Staff

#### Findings (By Provision):

115.352(a) The SPCJDC has administrative procedures to address resident grievances regarding allegations of sexual abuse and sexual harassment.

115.352(b) The SPCJDC does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

A resident may submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The auditor reviewed the PAQ, youth handbook and SPCJDC policy. The review shows the agency follows the requirements of this standard provision.

115.352(c) Residents are not required to submit a grievance without submitting it to staff member who is the subject of the complaint. Grievances will not be referred to a staff member who is the subject of the complaint.



According to the PAQ and policy, residents can submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. All staff interviews confirmed this practice

115.352(d) The final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance. The 90-day time period will not include time consumed by residents in preparing any administrative appeal. If the normal time period for a response is insufficient the SPCJDC may claim an extension of time to respond up to 70 days. The resident will be notified in writing of any such extension and provided a date in which a decision will be made.

According to the PAQ and interview with the Detention Superintendent/PREA Coordinator there were zero grievances filed that alleged sexual abuse in the past 12 months.

115.352(e) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be 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 the alleged victim agrees 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. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the resident agreeing to have the request filed on his or her behalf. The agency shall establish procedures for the filing of an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse.

115.352(f) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.352(g) The SPCJDC may discipline a resident for filing a grievance related to alleged sexual abuse only where they can demonstrate the resident filed the grievance in bad faith.

The facility PAQ and the interview with the superintendent who there were zero grievances submitted to the facility making a report of sexual abuse.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

## 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?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.353 (b)

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

### 115.353 (c)

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

### 115.353 (d)

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

## Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ

Policy 21.00 Resident access to outside confidential support services

Memorandum of Understanding with The Women's Shelter of South Texas

#### Interviews:

Detention Superintendent/PREA Coordinator

Random Residents

#### Findings (By Provision):

115.353(a) The SPCJDC shall make available to the victim, a victim advocate from the local rape crisis center The Women's Shelter of South Texas. The Women's Shelter of South Texas offers a 24-hour toll-free number 1-800-580-HURT (4878) and services both sexes no matter what their sexual orientation. The SPCJDC will provide residents with access to The Women's Shelter and other outside victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

During the staff interviews they were able to explain all phone calls are made in the visiting room where the staff will stand outside the door to provide sight supervision. The resident will need to request to make a phone call, and staff assured the auditor all request to make professional and emergency phone calls are honored.

Interviews with most residents indicate they are aware how to go about making a phone call to the TJPC hotline or the shelter. All state they would have to get permission from the staff to make the call and feel comfortable making the request.

115.353(b) The SPCJDC will inform residents, prior to giving them access, of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Interviewed residents knew contacting the hotline or outside services is a call that can be made on the facility telephone. The residents report they understand they can make a phone call in a private visiting room and staff will provide sight supervision while the youth is on the phone.

115.353(c) The SPCJDC maintains a copy of a memorandum of understanding with The Women's Shelter of South Texas. The MOU establishes the shelter will provide a 24-hour crisis hotline, respond to calls from SPCJDC residents and respond to requests from SPCJDC to provide victim advocacy for residents.

115.353(d) Residents will be permitted reasonable confidential contact with their attorney and their designated representatives through telephone, uncensored letters, and personal visits.

Resident interviews confirm the facility will allow them to visit and communicate with their lawyer and other professionals. They report they have been allowed to make phone calls to their professionals when they make a request.

115.353(e) Residents shall be allowed visitation by a parent, legal guardian or custodian at least once every seven calendar days for at least thirty minutes or the equivalent over multiple visits. A resident shall not be denied communication or visitation with a parent, legal guardian, or custodian for a prescribed period of time after admission into the facility.

Resident interviews show they have the ability to make one phone call to their family every 7 days and visits are available through the week and weekends.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

## 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*)

**Instructions for Overall Compliance Determination Narrative**

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

Reviewed documents:  
 2019 SPCJDC PAQ  
 Policy 22.00 Third-party reporting

It is the policy of the SPCJDC to prominently display signage provided by TJJD regarding a zero-tolerance policy concerning abuse of juveniles. Signage shall be posted in all of the following places: Lobby or visitation areas of the facility to which the public has access; youth housing and common areas; common medical treatment areas; common educational areas; and other common areas.

The SPCJDC website has a link to report abuse and a PREA link. The PREA link will direct the user to the TJJD PREA reporting website where reporting methods is publicized.

Signage is posted in both English and Spanish in all areas and contains the TJJD abuse, neglect, & exploitation toll free number.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.

**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 the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 23.00 Staff and agency reporting duties

#### Interviews:

Detention Superintendent/PREA Coordinator  
Random Staff

#### Findings (By Provision):

115.361(a) It is the policy of the SPCJDC that any person who witnesses, learns of, receives an oral or written statement from an alleged victim or other person with knowledge or who has a reasonable belief as to the occurrence of alleged serious physical abuse or sexual abuse involving a juvenile shall report to law enforcement and supervisor(s) or designee within 1 hour from the time a person gains knowledge of or suspects the alleged serious physical/sexual abuse occurred. Contact to TJJD shall be made no later than four hours from the time a person gains knowledge of or suspects the alleged serious physical/sexual abuse.

The person shall contact law enforcement by phone and TJJD shall be contacted using the toll-free number (1-877-786-7263) designated by TJJD. The incident report form shall be faxed/mailed to TJJD within 24 hours from the phone call reporting it to TJJD.

Interviews with staff indicate they would immediately notify their immediate supervisor should they receive an allegation. And, in the case of a supervisor receiving an allegation, they would immediately report to the detention superintendent who is also serves as the PREA Coordinator. The superintendent will make all necessary notification and provide support and guidance to the supervisor on duty.

115.361(b) The SPCJDC also requires all staff (i.e., JSO, contract staff, etc.) to comply with any applicable mandatory child abuse reporting laws.

115.361(c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, 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.

All staff interviews indicate all allegations will be accepted. That includes third-party and anonymous reports. The staff would investigate an anonymous report in the same manner as others. An anonymous report would not justify the facility not looking into the allegation.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

## 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*)

### Instructions for Overall Compliance Determination Narrative



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

Reviewed documents:

2019 SPCJDC PAQ

Policy 24.00 Agency protection duties

Interviews:

SPCJDC Director

Detention Superintendent/PREA Coordinator

Random Staff

Findings (By Provision):

115.362 Protective isolation may be ordered when SPCJDC learns a resident is subject to a substantial risk of imminent sexual abuse. The facility will take immediate action to protect the resident. Protective isolation is the exclusion of the threatened resident from others by placing the resident in an individual room that minimizes contact with the person(s) who are threatening the juvenile.

The Detention Superintendent or designee can only approve protective isolation in writing. A verbal directive is not sufficient to meet the requirement. The written authorization shall include a description of the circumstances and the reasons for the protective isolation. A copy of the incident report shall be placed in the resident's file and an entry shall be made in the facility's seclusion/isolation log. The resident shall be afforded all required program services during their period of protective isolation.

The SPCJDC Director has full authority to act to protect a resident in imminent risk of sexual abuse. He has the ability to separate the victim from other residents and staff perpetrators. He has the ability to suspend a staff members access to the facility and prevent contact between staff members and residents. If the perpetrator is another resident, he has the ability to separate the residents by proximity and increase staff supervision.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

## **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*)

#### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 25.00 Reporting to other confinement facilities

#### Interviews:

SPCJDC Director  
SPCJDC Superintendent/PREA Coordinator

#### Findings (By Provision):

115.363(a) Upon receiving an allegation a resident was sexually abused while confined at another facility, the SPCJDC detention superintendent will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.363(c) SPCJDC will document it has provided such notification to the facility head or agency office. The information will be documented on the facility incident report form. All copies will be maintained by the PREA Coordinator.

Both the director and superintendent confirm the receiving facility would notify the director where the alleged incident occurred, report the allegation for investigation and document the allegation on an incident report form. According to the PAQ, the facility received zero allegations that a resident was abused while confined at another facility in the past 12 months.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 26.00 Staff first responder duties

#### Interviews:

Detention Superintendent/PREA Coordinator  
Random Staff

#### Findings (By Provision)

115.364(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period which still allows for the collection of physical evidence, request 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; and

(4) If the abuse occurred within a time period which still allows for the collection of physical evidence, ensure 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.

All staff interviews demonstrated they are very knowledgeable of their first responder duties when they are the first person to be alerted that a resident has reported being a victim of sexual abuse. The staff report they would separate the victim from the alleged perpetrator and ensure the victims safety. They would then notify the supervisor on duty and begin documenting the allegation in a report. The SPCJDC staff are not responsible for evidence collection. In any case where there is a need to collect physical evidence, the staff will secure the scene until the Sinton Police Department arrive to collect the evidence.

The PAQ indicate the facility received zero allegations requiring the separation of a victim. Therefore, there was no need to secure a scene for the collection of evidence.

115.364(b) If the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

Reviewed documents:  
2019 SPCJDC PAQ  
Policy 27.00 Coordinated response  
Facility Coordinated response flow chart

Interview:  
Detention Superintendent/PREA Coordinator

#### Findings (By Provision)

The facility has developed a plan to coordinate actions to take in response to a sexual abuse allegation. The first responders would ensure the resident receives the best possible care and investigators have the best chance of a thorough investigation. The SPCJDC staff will coordinate the following actions, as appropriate:

- 1) Assess the victim's acute medical needs
- 2) Inform the victim of his or her rights
- 3) Explain the need for a forensic medical exam and offering the victim the option of undergoing the exam
- 4) Offer the presence of a victim advocate or a qualified staff member during the exam
- 5) Provide crisis intervention counseling
- 6) Interview the victim and any witnesses
- 7) Collect evidence, and
- 8) Provide for any special needs the victim may have.

A careful review of the policy and plan determined the plan is comprehensive and the actions that would be taken if there were a sexual abuse incident. The plan includes the staff first responder, detention superintendent, contract medical staff and the internal and external investigators.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.

## **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*)

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ

Policy 28.00 Preservation of ability to protect residents from contact with abusers

#### Interviews:

Director of Juvenile Services/Superintendent

#### Findings (By Provision)

The San Patricio County Juvenile Detention Center nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement limiting the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.

## 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

#### 115.367 (c)

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



- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

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

#### 115.367 (e)

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

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Reviewed documents:

## 2019 SPCJDC PAQ

### Policy 29.00 Agency protection against retaliation

#### Interviews:

Director of Juvenile Services

Detention Superintendent/PREA Coordinator

#### Findings (By Provision)

It is the policy of the SPCJDC 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 and shall designate which staff members or departments are charged with monitoring retaliation.

Protective measures which can be used are 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.

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes which may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items monitored will include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring may go beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect the individual against retaliation shall be taken.

The obligation to monitor will terminate if it is determined the allegation is unfounded.

All SPCJDC employees are responsible for being aware of possible retaliation. The Director of Juvenile Services has been designated as the person responsible for monitoring for possible retaliation. A review of the PAQ show there were zero incidents requiring retaliation monitoring.

Interviews with the facility leadership confirm SPCJDC follows the requirements of this standard. The Superintendent/PREA Coordinator report staff and residents would be protected from retaliation for sexual abuse and sexual harassment allegations. The youth could be separated from other youth and staff. Staff can be reassigned to no contact status or placed on paid and unpaid administrative leave.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 30.00 Post-allegation protective custody

#### Interviews:

Detention Superintendent/PREA Coordinator

#### Findings (By Provision)

115.368(a) Per the SPCJDC policy when a resident is posing safety and well-being issues for other residents, the identified resident will be removed quickly from the group. Depending on the facility population at that time the resident could be transferred to another unit or separated from others through a room change. Residents will be isolated 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. There are two rooms in the facility designated for residents requiring increased supervision to mitigate the safety concerns. The rooms are used most frequently for resident with suicidal ideations medical or high-risk behaviors (violence, etc.).

The decision to place a resident in protective isolation may be authorized when the resident is physically threatened by another resident. Protective isolation over 72 hours requires the detention superintendent to conduct a documented review of the circumstances surrounding the level of threat faced by the resident and determine if less restrictive measures are appropriate and available.

The facility PAQ indicates there were zero residents who alleged to have suffered sexual abuse who were placed in isolation in the past 12 months.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Reviewed documents:  
2019 SPCJDC PAQ  
Policy 31.00 Criminal administrative agency investigations

Interviews:  
Detention Superintendent/PREA Coordinator/Investigator

## Findings (By Provision)

115.371(a) SPCJDC will conduct an internal investigation that will be conducted by a trained investigator. The investigation will be conducted in accordance with the TJJD standards. The standards require the investigation to be initiated immediately by the investigator upon knowledge of alleged sexual abuse. The internal investigation may only be postponed if directed by the Sinton Police Department, requested by TJJD, or the internal investigation would compromise the integrity of a potential crime scene.

All SPCJDC staff are required to fully cooperate with the Sinton Police Department and TJJD investigation by providing all evidence requested in the format requested.

The Detention Superintendent/PREA Coordinator confirms the credibility of an alleged victim, perpetrator, or witness will be assessed on an individual basis and will not be determined by the person's status as a resident or staff member.

115.371(d) The internal investigation will not be terminated solely because the source of the allegation recants the allegation or the departure of the alleged abuser or victim from the employment or control of the facility. The detention superintendent confirmed during the interview that the facility would investigate all allegations even those where a resident may recant the allegation or change details of the allegation.

115.371(j) The SPCJDC will develop a written report at the conclusion of all internal investigations. The report must include the date the investigation was initiated and concluded, policies and procedures related to the incident, summary of the steps taken during the internal investigation, the finding and names of all persons who participated in the internal investigation. The final report will be maintained in the facility file and a copy submitted to TJJD.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ

Policy 32.00 Evidentiary standard for administrative investigations

#### Interviews:

Director of Juvenile Services

Detention Superintendent/PREA Coordinator/Investigator

#### Findings (By Provision)

According to the PAQ, the SPCJDC imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interviews with the director of juvenile services and the detention superintendent confirm preponderance of the evidence or lower in determining if an allegation is substantiated is the standard.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

## 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 an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.373 (c)

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

### 115.373 (d)

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

### 115.373 (e)

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

## 115.373 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 33.00 Reporting to residents

#### Interviews:

Director of Juvenile Services  
Detention Superintendent/PREA Coordinator/Investigator

#### Findings (By Provision)

115.373(a) Following an investigation into a resident's allegation of sexual abuse suffered in the SPCJDC, the resident will be informed by the detention superintendent as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

According to the PAQ and interview with the Detention Superintendent, there were zero criminal and/or administrative investigations that alleged resident sexual abuse in the past 12 months.

115.373(b) If an outside agency conducts the investigation, SPCJDC will request the relevant information from the investigative agency in order to inform the resident.

15.373(c) If a juvenile alleges a staff member has committed sexual abuse against the resident, the SPCJDC facility administrator or designee will subsequently inform the resident (unless the agency has determined the allegation is unfounded) whenever:

(1) The staff member is no longer posted within the resident's unit;

(2) The staff member is no longer employed at the facility;

(3) The SPCJDC learns the staff member has been indicted on a charge related to sexual abuse within the facility; or

(4) The SPCJDC learns the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation, he or she has been sexually abused by another resident, the facility administrator or designee shall subsequently inform the alleged victim whenever:

(1) It is learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

(2) The SPCJDC learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The detention supervisor confirmed he would notify a resident who made an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In reviewing the facility PAQ, the facility reported there were zero reports; therefore, the facility did not have notification documentation available for review.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

## 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*)

**Instructions for Overall Compliance Determination Narrative**

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

**Reviewed documents:**

2019 SPCJDC PAQ  
Policy 34.00 Disciplinary sanctions for staff

**Interviews:**

Director of Juvenile Services  
Detention Superintendent/PREA Coordinator

**Findings (By Provision)**

115.376(a) The SPCJDC has adopted a zero-tolerance policy for sexual abuse and sexual harassment. In addition to the zero-tolerance policy, SPCJDC will follow the established policy on

discipline as outlined in the San Patricio County policy and procedure, which address employee code of conduct.

Interviews with the SPCJDC administrators as well as the PAQ say there were zero staff to have violated the sexual abuse or sexual harassment policy; therefore, zero staff have been terminated or allowed to resign in lieu of termination in the past 12 months.

Both administrators acknowledge termination will be the presumptive disciplinary sanction for a staff member who engage in sexual abuse. The Director of Juvenile Services has the authority to make termination decisions and has terminated employees for less egregious violations and state termination would be decision for sexual abuse violations.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

## 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

#### Reviewed documents:

2019 SPCJDC PAQ

Policy 35.00 Corrective action for contractors and volunteers

#### Interviews:

Detention Superintendent/PREA Coordinator

#### Findings (By Provision)

115.377(a) Any volunteer or intern who has regular or periodic supervised contact with residents at the facility are required to sign a written agreement that they will abide by the SPCJDC rules and regulations concerning security, adhering to the zero-tolerance policy and confidentiality of information. The Superintendent may recommend that a volunteer or intern be dismissed, or the volunteer program be discontinued, postponed or curtailed at any time if doing so would serve the best interest of the SPCJDC residents.

In the past 12 months, there have been zero contractors, volunteers or interns have been reported to law enforcement or a licensing body for violating the sexual abuse allegations.

115.377(b) The SPCJDC policy dictates the detention superintendent or designee, upon gaining knowledge of the alleged abuse, neglect, or exploitation shall place any person(s) involved on administrative leave or reassign the person to a position having no contact with the resident. The no contact directive would be in place until the internal investigation outcome is complete.

According to the PAQ, the SPCJDC policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly criminal, and to relevant licensing bodies. The policy also states any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents, and the facility will take appropriate remedial measures and consider whether to prohibit further contact with residents or limit the contact.

The Detention Superintendent stated if a contractor or volunteer engaged in sexual abuse, he would immediately suspend them from having contact with the residents pending the outcome of an investigation.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

## 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)

- 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*)

#### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ

Policy 36.00 Intervention and disciplinary sanctions for residents

#### Interviews:

Detention Superintendent/PREA Coordinator

#### Findings (By Provision)



115.378(a) The facility's policies and procedures specifically prohibit the physical, sexual or emotional abuse, neglect or exploitation of a resident by any individual having contact with a resident of the facility. The SPCJDC, in its discretion, prohibits all sexual activity between residents and may discipline residents for such activity. The department may not, however, deem such activity to constitute sexual abuse if it determines the activity is not coerced.

In the past 12 months, there have been zero administrative or criminal findings of resident-on-resident sexual abuse.

115.378(b) When it is determined a resident violated the sexual abuse and sexual harassment and it was determined that the safety of that resident and others could only be maintained by placing the resident in room isolation there are procedural steps that must be followed. The resident will be given an opportunity to explain the behavior which led to their placement in room isolation. The resident has the right to submit a grievance and have a disciplinary hearing by an impartial person. Room isolation beyond 24-hours and every 24-hours shall be approved by the SPCJDC superintendent.

During the on-site audit there was one resident in room isolation. The resident's placement on room isolation status was not as a result of being a reporter or perpetrator of sexual abuse or sexual harassment.

115.378(c) The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The SPCJDC does not offer any type of in-house therapy; however, if the resident is in need of discussing underlying issues with someone every effort shall be made to make sure the resident's needs are met. SPCJDC may require participation in various interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition for access to general programming or education.

115.378(e) The SPCJDC may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

## **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*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Reviewed documents:

2019 SPCJDC PAQ

Policy 37.00 Medical and mental health screenings; history of sexual abuse

Interviews:

Detention Superintendent/PREA Coordinator

Random Staff

Findings (By Provision)

115.381(a) Ongoing medical and mental health care for sexual abuse victims and abusers. SPCJDC provides ongoing medical and/or mental health evaluation and treatment to all known victims of sexual abuse. The evaluation and treatment of sexual abuse victims must include appropriate follow-up services, treatment plans, and, when necessary, referrals for continued care following their release from custody. The level of medical and mental health care provided to resident victims must match the community level of care generally accepted by the medical and mental health professional communities. The facility conducts a mental health evaluation of all known abusers and provides treatment, as deemed necessary by qualified mental health practitioners.

Victims of sexual abuse can experience a range of physical injuries and emotional reactions even long after the abuse has occurred, that require medical or mental health attention. SPCJDC will ensure that all victims receive the appropriate medical and/or mental health services recommended by qualified practitioners. Follow-up evaluations, assessments, and treatment may include the following actions: (1) reviewing any medical and mental health treatment provided immediately following the incident, including whether forensic medical exam was performed; (2) diagnosing any lingering acute or non-acute physical injuries, including oral trauma; and (3) assessing the psychological impact of the victimization, including the risk of suicide or self-harm and any resulting mental health treatment needs. These follow-up evaluations and assessments will enable mental health and medical practitioners to determine and provide the most appropriate treatment for the resident, which could include mental health treatment, medical treatment, or both. Reviewing and adjusting victim treatment plans at regular, clinically appropriate intervals will allow the agency to provide the most comprehensive and appropriate care for as long as treatment is required.

Interviews show all new residents to SPCJDC are checked out by the facility contract medical provider

115.381(c) Confidentiality shall be extended to situations when a juvenile supervision officer conducts health screenings and/or mental health screening. A confidential setting is defined as a room or area that provides sound separation from other residents and unauthorized staff in order to prevent sensitive information that is relayed during assessments and screenings from being heard by others. Maintaining confidentiality of residents' medical and mental health information is prudent

in order to guard against casual, unjustified dissemination of confidential information to non-medical staff or to other residents.

SPCJDC does not serve anyone over the age of 18; therefore, provisional standard (d) is not applicable.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

## 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

#### Reviewed documents:

2019 SPCJDC PAQ

Policy 38.00 Access to emergency medical and mental health services

#### Interviews:

Detention Superintendent/PREA Coordinator

Random Staff

#### Findings (By Provision)

115.382(a) SPCJDC policy requires medical treatment and testing of resident victims found to have been abused, neglected, or exploited while in the custody of the facility in a manner which any physical injuries may have occurred or any sexually transmitted diseases (STDs) may have been contracted. The policies and procedures require STD testing and medical treatment be made available at the conclusion of either an internal investigation or a TJJD investigation of abuse, neglect, or exploitation, whichever investigation is concluded first. Resident victims, whether they are still in the physical custody of the facility or not, are entitled to receive testing for STDs and medical treatment services for physical injuries they may have contracted or incurred as a result of their victimization in the facility.

Residents in need of medical attention either self-reported or identified by staff, will be referred to the appropriate health care professional according to the health service plan. Facility staff may ask if a resident's request for medical attention is an emergency or a non-emergency but will not deny the residents access to health care in any case. Residents are not required to disclose the nature of the request to non-health care professional staff.

Interviews indicate a resident would be transported to the ER within the hour of receiving an allegation. If the report was received after-hours the superintendent would go to the facility to coordinate transportation and facility staffing coverage to ensure facility safety.

115.382(b) If a juvenile requests medical treatment or an employee believes the juvenile is in need of treatment, the Shift Supervisor, or designee shall consult with the juvenile's Probation/Parole officer and a registered physician's assistant, nurse, or physician. Consultation for daytime medical

treatment shall first be attempted through the medical office of Dr. Rene R. Acuna. Evening medical consultation can be arranged through the North Bay Hospital Emergency Room or the North Shore Emergency Center.

115.382(c) The SPCJDC staff are cognizant that medical attention rendered immediately after the identification or disclosure of an alleged sexual assault or a physical assault event is typically being sought to provide for an examination of the alleged victim to identify, to treat immediate physical injuries, and to identify and collect physical evidence for the ensuing investigation (i.e., internal, administrative, and criminal).

115.382(d) In no case shall a resident victim or a resident victim's family be financially responsible for any medical tests or medical treatment services incurred as a result of their victimization. The prohibition against resident victim billing is applicable even if a youth has been placed in the facility per a contractual agreement without an outside placing entity.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

## **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.)  Yes  No  NA

**115.383 (e)**

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

**115.383 (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*)

**Instructions for Overall Compliance Determination Narrative**

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

Reviewed documents:

2019 SPCJDC PAQ

Policy 39.00 Ongoing medical and mental health care for sexual abuse victims and abusers

Interviews:

Detention Superintendent/PREA Coordinator  
Random Staff

Findings (By Provision)

115.383(a) The facility provides ongoing medical and/or mental health evaluation and treatment to all known victims of sexual abuse. The evaluation and treatment of sexual abuse victims must include appropriate follow-up services, treatment plans, and, when necessary, referrals for continued care following their release from custody.

115.383(c) The level of medical and mental health care provided to resident victims must match the community level of care generally accepted by the medical and mental health professional communities.

SPCJDC contracts with a community medical provider for the facility medical services.

115.383(d) The SPCJDC requires the facility contract medical provider to provide victims with the level of care generally accepted in the medical and mental health professional communities, when there is vaginal penetration. Residents who report sexual abuse victimization should be offered pregnancy tests, when appropriate, at the time of the medical evaluation and, if the test is negative, should be offered retesting approximately six weeks thereafter. Victims who have positive tests should receive counseling and have access to all pregnancy-related medical services that are lawful in the community.

115.383(f) The SPCJDC policy will encourage a resident to accept prevention or treatment for sexually transmitted infections (STIs) when they have made a report of sexual abuse. All treatment will be age appropriate, and efforts will be made to thoroughly explain any treatment or test before administering to residents.

115.383(g) In no case shall a resident victim or a resident victim's family be financially responsible for any medical tests or medical treatment services incurred as a result of their victimization. The prohibition against resident victim billing is applicable even if a youth has been placed in the facility per a contractual agreement without an outside placing entity.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 40.00 Sexual abuse incident reviews

#### Interviews:

Detention Superintendent/PREA Coordinator  
Random Staff

#### Findings (By Provision)

115.386(a) The SPCJDC will 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 reviews shall occur within 30 days of the conclusion of the investigation.

115.386(c) The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

115.386(d) The SPCJDC review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

115.386(e) The SPCJDC will implement the recommendations for improvement or shall document its reasons for not doing so.

The PAQ indicates there were zero sexual abuse allegations; therefore, there were zero incident reviews with recommendations.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 41.00 Data collection  
2018 Final Data Report

#### Interviews:

Detention Superintendent/PREA Coordinator

#### Findings (By Provision)

115.387(a) SPCJDC uses a systematic method of recording and organizing annual statistical information relating to the six data categories. The annual period is defined as a calendar year period starting on January 1<sup>st</sup> and ending on December 31<sup>st</sup>. The data is collected and managed by the PREA Coordinator.

According to the PAQ and interviews, SPCJDC collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The auditor reviewed the 2018 data report where there were zero allegations for:

- Youth-on-youth sexual abuse
- Youth-on-youth abusive sexual contact

- Youth-on-youth sexual harassment
- Staff-on-youth sexual abuse
- Staff-on-youth abusive sexual contact
- Staff-on-youth sexual harassment

SPCJDC maintains, reviews and collects data as needed from available incident reports, investigation files and sexual abuse incident reviews.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.

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

#### Reviewed documents:

2019 SPCJDC PAQ  
Policy 42.00 Data review for corrective action  
2018 Final Data Report

#### Interviews:

Detention Superintendent/PREA Coordinator

#### Findings (By Provision)

The SPCJDC shall 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:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The report shall be 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. The SPCJDC may redact

specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

The auditor observed the published annual report on the SPCJDC website at:  
<https://36jdp.weebly.com/prea.html>

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.

## 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*)

## Instructions for Overall Compliance Determination Narrative

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

### Reviewed documents:

2019 SPCJDC PAQ

Policy 43.00 Data storage, publication, and destruction

2018 Final Data Report

### Interviews:

Detention Superintendent/PREA Coordinator

### Findings (By Provision)

The SPCJDC will ensure data collected pursuant to § 115.387 will be securely retained. 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. Before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers. The SPCJDC will maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

A review of the 2018 data report, there are no personal identifying information on the report published on the SPCJDC website.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.

## 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 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Reviewed documents:

2019 SPCJDC PAQ

Interviews

Research and analysis

Policy Review

Document Review

On-site observation

### Findings (By Provision)

During the years the facility was not required to have an audit conducted, the DOJ did not send a recommendation for an expedited audit. During the on-site audit the auditor reviewed relevant policies, procedures, reports, and documentation from the past 12 months. The auditor observed all areas of the facility. All information that was relied upon to conduct the audit has been retained. The documentation can be provided to DOJ upon request.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Reviewed documents:

2019 SPCJDC PAQ

Interviews

Research and analysis

Policy Review

Document Review

On-site observation

#### Findings (By Provision)

SPCJDC posted the facility's 2016 PREA audit report at:

[https://36jdp.weebly.com/uploads/4/4/5/3/44534825/prea\\_audit\\_final\\_report\\_07-08-16.pdf](https://36jdp.weebly.com/uploads/4/4/5/3/44534825/prea_audit_final_report_07-08-16.pdf)

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.

## 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.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

*Natasha Mitchell*

**Auditor Signature**

*July 8, 2019*

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.