PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES

NATIONAL PREA RESOURCE CENTER

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

[Following information to be populated automatically from pre-audit questionnaire]					
Name of facility:	Samuel F. Santana Challenge Academy				
Physical address:	6400 Delta Dr. El Paso Tx, 79905				
Date report submitted:	October 4, 2015				
Auditor Information	**Ana T. Aguirre, ATA3 Consulting, LLC**				
Address:	PO Box 19748, Austin, TX 78760				
Email:	a-aguirre@prodigy.net				
Telephone number:	512-708-0647				
Date of facility visit:	February 4-6, 2015; September 4, 2015				
Facility Information					
Facility mailing address: *(if different from above)*					
Telephone number:	915-849-2500				
The facility is:	☐ Military	X County	☐ Federal		
	☐ Private for profit	☐ Municipal	☐ State		
	☐ Private not for profit				
Facility Type:	☐ Detention	X Correction			
Name of PREA Compliance Manager:	Michael Tillman			**Title:**	PREA Coordinator
Email address:	mtillman@epcounty.com			**Telephone number:**	915-849-2657
Agency Information					
Name of agency:	El Paso County Juvenile Probation Department				
Governing authority or parent agency: *(if applicable)*	El Paso County Juvenile Board				
Physical address:	6400 Delta Dr. El Paso Tx, 79905				
Mailing address: *(if different from above)*					
Telephone number:	915-849-2600				
Agency Chief Executive Officer					
Name:	Roger Martinez		**Title:**	Chief Juvenile Probation Officer	

Email address:	**rogmartinez@epcounty.com**	**Telephone number:**	915-849-2500
Agency-Wide PREA Coordinator			
Name:	Mike Soto/Michael Tillman	**Title:**	PREA Coordinators
Email address:	misoto@epcounty.com mtillman@epcounty.com	**Telephone number:**	915-849-2586 915-849-2657

AUDIT FINDINGS

NARRATIVE:

The Prison Rape Elimination Act (PREA) onsite audit of the El Paso County Juvenile Probation Department's Samuel F. Santana Challenge Academy (SFSCA) Post-Adjudication Facility in El Paso, Texas was conducted on February 4-6, 2015, by Ana T. Aguirre, ATA3 Consulting, LLC. A subsequent onsite audit was conducted on September 3, 2015 to assess and verify the implementation of certain policies and procedures pertaining to PREA. The second onsite review reflected proper measures had been taken to implement the PREA protocols. During the initial onsite visit, Ms. Aguirre toured the post-adjudication facility program areas, including common areas shared with the pre-adjudication facility, which was scheduled to be the primary focus during the first half of the week. The auditor noted the posting of the PREA audit notices posted at the entrance and visiting areas of the facility. The auditor made every effort to apply the PREA standards by ensuring to interview the appropriate staff and resident population and reviewing the policies and the application of the policies to the facility's program. Staff follows the same general policies and procedures, including the PREA policies, procedures, and practices.

The auditor conducted both formal and informal staff and resident interviews. The auditor formally interviewed 10 residents from all of the housing units; over 25 staff, of which over 22 were specialized staff and included contractors and volunteers. During the post-audit phase and subsequent onsite visit, ten staff was interviewed. Because the SFSCA is a small facility, there were instances in which one individual was responsible for two or more distinct job responsibilities related to PREA compliance. The resident population was interviewed and questioned as to their knowledge of the PREA standards, their rights not to be sexually abused or sexually harassed, prohibited conduct and discipline, their knowledge on reporting options, proper protection and response to alleged victims of sexual abuse, not fearing retaliation, services available to victims of sexual abuse and/or sexual harassment, and information being provided to all residents and in their primary language. Staff were interviewed and questioned about PREA training, their familiarity with reporting requirements, protocols to responding to allegations and/or incidents, securing the scene and evidence collection and monitoring retaliation.

During the conduct of the audit the following dignitaries were present: Roger Martinez, Chief Juvenile Probation Officer; Mark Marquez, Assistant Chief Juvenile Probation Officer; Michael Tillman, PREA Coordinator; and Samuel Heredia, Facility Administrator. During the post-audit process, the auditor was informed Mr. Tillman was promoted to the position of Facility Administrator. Mr. Tillman continued to function as the PREA Coordinator during the duration of the PREA audit phases.

The SFSCA is under the jurisdiction of the El Paso County Juvenile Board and is located at 6500 Delta Dr. in El Paso, Texas. The p0st-adjudication facility is adjacent to the pre-adjudication facility and the juvenile probation offices, which occupies a 9-acre site and was constructed in 1999.

The SFSCA is a secure 48-bed [40 Single Occupancy Housing Units (SOHU); 8 Multiple Occupancy Housing Units (MOHU)} facility that houses both Post-Adjudication male and female residents between 14 and 17 years of age. The facility design consists of five (5) housing units with eight (8) individual rooms in each unit, including a day area and two showers in each unit. Each individual room contains a bed. Housing Unit Golf is designated for the female residents; Housing Units Hotel, India, Juliet and Kilo are designated for the male residents. During the

on-site audit period, the current population stood at 23 residents. The population included 21 males and 2 females. At the time of the audit, the India Unit was vacant. Two individual cells serve as a suicide observation rooms or restrictive housing rooms.

The security aspect of the facility is designed to contain all operations within one building. There is staff supervised access to the outdoor recreation area, which is surrounded by a 12-foot fence. The top of the fence is surrounded by razor wire. The facility is designed to bring support services to the residents into each housing unit: food, education and recreation (card/board games). Two large rooms initially designed as dormitory multi-occupancy rooms were being utilized to conduct group sessions. The program shares a fully functional kitchen and a laundry room with the pre-adjudication program, which are both, contained within one building. Residents are not allowed in the kitchen or laundry areas. There is a medical office contained within the program, but the main medical office, which includes one exam room, is located within the pre-adjudication program and allows for both programs to share medical services. All perimeter locks in the post-adjudication secured area are controlled electronically, and intercoms and cameras are strategically placed throughout the facility. The staff in the control room provides constant monitoring of the cameras, including the regulation of internal movement of staff and residents throughout the facility. There is two-way communications between the 24-hour staffed central control center and the housing units through the telephone and the institutional radios. The facility is equipped with one walk-through metal detector at the main entrance. The auditor noted all residents and staff reported feeling safe in the facility and voiced no concerns.

DESCRIPTION OF FACILITY CHARACTERISTICS:

In analyzing the information reviewed and after conducting staff and resident interviews, the auditor found the staff and residents to be knowledgeable of PREA related information, including a zero tolerance for sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment. The staff acknowledged the importance of PREA in maintaining a safe and secure facility. Staff, including contractors, volunteers and interns, interviewed were aware of what actions they needed to implement in responding to allegations of sexual abuse and/or sexual harassment and the PREA reporting requirements. The agency has collaborated with the local El Paso Sheriff's Office, the El Paso Children's Hospital and the Center Against Sexual and Family Violence. The agency has entered into agreements with these agencies in order to provide services related to sexual abuse or sexual harassment allegations incident, as needed. It was noted, equal importance is given to both types of allegations: sexual abuse and sexual harassment. The agency also cooperates and reports incidents as required to the Texas Juvenile Justice Department

SUMMARY OF AUDIT FINDINGS:

During the past 12 months, the SFSCA reported no allegations of sexual abuse or sexual harassment were received. Overall, the interviews of residents reflected they were aware of PREA, and acknowledged familiarity with how they could report allegations of sexual abuse and sexual harassment. The auditor noted that residents receive the PREA information verbally, in written format (brochures and resident handbooks during the intake and orientation phases), as well as weekly via the viewing of the PREA video every Friday. All staff, including specialized and contract staff, volunteers and intern, interviewed indicated they were knowledgeable about PREA and of their roles and responsibilities related to reporting requirements as well as awareness of the proper procedures to follow if they were the first responders to any PREA related allegation. Documentation reviewed reflected the efforts the agency has made to develop and implement policies and procedures to meet the PREA standards.

Number of standards exceeded:	4
Number of standards met:	35
Number of standards not met	0
Number of standards not applicable:	2

§115.311 - Zero tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.311(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.311 to 115.387, Pgs. 1-2. The initial policies enumerated as 115, 343, and 358 were amended and incorporated into "PREA Policies and Procedures El Paso County Juvenile Probation Department PRE and POST Facilities" and address the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The new policy, pg. 1, reflects a zero tolerance policy for the elimination, reduction and prevention of sexual abuse and sexual harassment and applies to the entire Juvenile Probation Department, which includes probation services, and the pre-adjudication and post-adjudication facilities. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, as outlined in pages 1-3. The policy includes sanctions for those found to have participated in prohibited behaviors as noted on pages 18-19. The policy, Section III Prevention Planning, pages 3-5, and Section IV Responsive Planning, pages 5-8, address the agency's strategies and responses to reduce and prevent sexual abuse and sexual harassment. Section V Training and Education, pages 8-9, addresses staff (including contractors, interns and volunteers) training and resident education. Additional sections in the policy address various PREA Standards requirements.

Documentation Review

The auditor reviewed the revised policies as stated in the Policy Review section above.

Compliance Demonstrated with this Subsection: Yes

115.311(b)

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Coordinator

Staff reported scheduling two tactical meetings with the Director twice a month to discuss PREA. Plans are underway to conduct monthly internal audits, the automation of the PREA standards and conducting quarterly strategic planning meetings in the future.

Documentation Review

Initially, the agency designated a PREA Coordinator for each facility. In response to the intent of the PREA standard, the agency's organizational structure was amended and now designates the Deputy Chief of Juvenile Services as the PREA Coordinator. The revised organization chart reflects the PREA Coordinator is an upper-level, agency-wide position. Additionally, agency policy 115.311, Section I, Pg. 1, states, The PREA coordinator, Deputy Chief Juvenile Probation Officer, will be designated as the PREA Coordinator for the pre-adjudicated residents, post adjudicated residents and the probation department…"

Compliance Demonstrated with this Subsection: Yes

115.311(c)

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Compliance Manager

Staff reported work required to meet PREA standards has been challenging since it is new but has been able to get the work done. Staff reported working with the administration on a staffing plan, making sure all staff are trained, criminal background checks conducted annually, and ensuring residents are informed of PREA at intake and by watching the PREA video on a weekly basis once admitted into the program.

Documentation Review

Initially, the agency designated a PREA Coordinator for the post-adjudication facility. In response to the intent of the PREA standard, the agency's organizational structure was amended and now designates a PREA Compliance Manager for the Post-Adjudication Facility who reports to the Deputy Chief Juvenile Probation Officer, also designated as the PREA Coordinator, an upper-level, agency-wide position. Additionally, agency policy 115.311, Section I, Pg. 1, states, "The El Paso Juvenile Probation Department PRE and POST facilities Senior Officers are designated as the PREA managers for the El Paso Juvenile Probation Department PRE and POST facilities."

Compliance Demonstrated with this Subsection: Yes

§115.312 - Contracting with 0ther Entities for the Confinement of Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

X☐ Not Applicable

115.312(a)

Documentation Review

Not Applicable. There are no contracts for the confinement of residents that the agency entered into with private entities or other government agencies.

Compliance Demonstrated with this Subsection: Not Applicable

115.312(b)

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Contract Administrator

Staff reported the agency does not contract with private agencies or other entities for the confinement of its residents.

Documentation Review

Not Applicable. There are no contracts for the confinement of residents.

Compliance Demonstrated with this Subsection: Not Applicable

Based on the interview, to date, the SFSCA has not entered into any contracts with private entities or other governmental agencies for the confinement of its residents.

§115.313 – Supervision and Monitoring

X☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

115.313(a)

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent
PREA Compliance Manager

Staff reported a staffing plan is in place and addresses staff coverage to protect residents from abuse. Staff reported a video monitoring system upgrade is pending. Staff reported the items listed in subsection 115.313(a) are taken into consideration and that continued compliance with the staffing plan is monitored by reviewing daily supervisory logs and "Manning Table" to ensure proper staff:resident ratios are maintained per State standards. Staff advised managing staff overtime and filling vacant positions in a timely manner are strategies used in response to the staffing plan. Staff reported, to date, there have been no reported allegations of sexual abuse or sexual harassment.

Documentation Review

The facility's layout was provided and reviewed. While conducting the onsite review, the auditor utilized the facility layout and inquired on the housing unit classification. The facility layout reflected the resident classification strategies utilized. One housing unit is designated for female residents, and female staff is assigned to the female unit. A staff shift roster and resident housing assignments reflecting proper staff coverage and staff assignments. The facility operates on a 10-hour schedule: 5:00 AM – 3:00 PM; 12:00 PM – 10:00 PM; and 9:00 PM – 7:00 AM. The facility's Operational Budget includes consideration for overtime costs as well as general operational costs. A facility's unit description, including number of positions and titles, was provided and reviewed. A weekly daily schedule, reflecting dates and times services are provided and when programming occurs, was also provided and reviewed, as well as a detailed education program services schedule outlining education staff class assignments and movement. Staff included documentation reflecting a staffing plan development process to include an email dated 11-21-14 addressing vacancy issues and a Power Point handout dated 5-8-14, titled "8 Hour shift proposal" responding to program operations and staff coverage. At the time of the audit, the County was in the process of putting out a proposal seeking to upgrade and enhance the current system by replacing the existing door and entry controls intercom communications and the existing analog cameras and DVR's and replacing them with Digital cameras and DVRs. The County is also requesting audio recording capability on the systems housing units.

Compliance Demonstrated with this Subsection: Yes

115.313(b)

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent

Staff reported the facility has complied with the staffing plan and does not have any judicial findings of inadequacy or any findings of inadequacy from federal investigative agencies or from internal or external oversight bodies.

Documentation Review

It was reported and reflected in the Pre-Audit Questionnaire that there had been no deviations from the staffing plan in the past 12 months and that the agency has complied with the staffing plan. Additionally, policy 115.313, Section III,(A)(4), pg. 3, states, "The facilities shall comply with the staffing plan, except during limited and discrete exigent circumstances. Staff will document on the unit log if an exigent circumstance occurred."

Compliance Demonstrated with this Subsection: Yes

115.313(c)

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent

At the time of the audit, it was reported the facility maintains a 1:8 staff ratio during waking hours and 1:12 during non-waking hours, which exceeds the Texas Juvenile Justice Department state standards and PREA standards. Staff reported there had been no deviations from the staffing plan in the past 12 months.

Documentation Review

It was reported and reflected in the Pre-Audit Questionnaire that there had been no deviations from the staffing plan in the past 12 months and that the agency has complied with the staffing plan. Additionally, policy 115.313, Section III,(A)(4), pg. 3, states, "The facilities shall comply with the staffing plan, except during limited and discrete exigent circumstances. Staff will document on the unit log if an exigent circumstance occurred."

Compliance Demonstrated with this Subsection: Yes - EXCEEDS

115.313(d)

Policy Review

Standard compliance for 115.313 (d), is demonstrated via review of agency Policy No. 115.313, Section III(A)(3), Pg. 3, which addresses the annual review process of the staffing plan in collaboration with the PREA Coordinator every January and whenever else necessary.

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Coordinator

Staff reported being involved in the review process and consulted regarding the camera monitoring technology upgrade that is pending. Staff reported being consulted when reviewing "manning tables," shift relief factor, and NIC resources.

Documentation Review

The staffing plan process documentation provided indicated a presentation was prepared in regards to vacancy issues on or about November 21, 2014, as well as a Power Point handout dated 5-8-14.

Compliance Demonstrated with this Subsection: Yes

115.313(e)

Policy Review

Standard compliance for 115.313 (d), is demonstrated via review of agency Policy No. 115.313, Section III(A)(2), Pg. 3, which requires that unannounced rounds are to be conducted and documented by supervisors.

Interviews

The Following Staff were Interviewed by the Auditor:

Intermediate or Higher-Level Facility Staff

Staff interviewed confirmed unannounced rounds are conducted and began in January 2015. Staff reported they do not alert other staff members when unannounced rounds are being conducted.

Documentation Review

A review of documentation reflected the unannounced rounds began to be documented in January 2015. The auditor reviewed randomly selected log entry documentation of unannounced rounds and evidence of such cover all shifts.

Audit Tour

While conducting the tour, the auditor reviewed the logbook containing documentation of the unannounced rounds. The logbook is maintained in the control room. The visiting auditor interviewed the officer assigned to the control room regarding the unannounced tour protocol.

Compliance Demonstrated with this Subsection: Yes

§115.315 – Limits to Cross-Gender Viewing and Searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.315(a)

Policy Review

Policy 115.315, Section III(B), pg. 3, states, "Cross-gender strip or pat searches will be conducted only in exigent circumstances or when performed by medical personnel. The Juvenile Probation Department does not conduct visual body cavity searches on any youth."

Interviews

The Following Staff were Interviewed by the Auditor:

Non-Medical Staff (documentation)

The staff interviewed reported there was no cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months and reported this practice is prohibited.

Documentation Review

Memo from the medical services department dated June 11, 2014, stating "…it is our permanent practice to refrain from conducting any kind of unclothed cavity searches, anal searches, or genitalia searches in our facility."

Compliance Demonstrated with this Subsection: Yes

115.315(b)

Policy Review

Policy 115.315, Section III(B), pg. 3, states, "Cross-gender strip or pat searches will be conducted only in exigent circumstances or when performed by medical personnel."

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Random Sample of Staff
Random Sample of Residents

The agency staff reported there were no cross-gender pat-downs searches of residents in the past 12 months. Interviews of a random sample of staff reflected staff is prohibited from conducting cross-gender pat-down searches. Interviews of a random sample of residents verified only same gender staff conduct pat down searches on residents. The residents and staff are familiar with policy requirements and current practice complies with written policies and procedures.

Documentation Review

There was no written documentation for the auditor to review as the staff interviewed reported there were no cross-gender pat-down searches of residents in the past 12 months.

Compliance Demonstrated with this Subsection: Yes

115.315(c)

Policy Review

Policy 115.315, Section III(B), pg. 4, states, "The JPD shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches and cross-gender pat-down searches."

Documentation Review

There was no written documentation for the auditor to review as the staff interviewed reported there were no cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches of residents in the past 12 months. Additionally, a memo from the medical services department, dated June 11, 2014, stated "…it is our permanent practice to refrain from conducting any kind of unclothed cavity searches, anal searches, or genitalia searches in our facility."

Compliance Demonstrated with this Subsection: Yes

115.315(d)

Policy Review

Policy 115.315, Section III(A)(5-6) and (B)(1) pgs. 3, address residents being able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their genitals, buttocks, breasts except in the case of an exigent circumstance, or performing routine cell checks, as well as the requirement of opposite gender announcing themselves entering a unit in exigent circumstances and documenting the exigent circumstances on the unit log.

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Random Sample of Staff
Random Sample of Residents

Staff and residents interviewed reported residents can shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia. Staff and residents also reported staff announce themselves when entering a housing unit occupied by residents of the opposite gender.

Documentation Review

There was no documentation to review as no exigent circumstances were reported.

Audit Tour

While conducting the tour, the auditor noted the facility design does allow for residents to shower separately and outside the direct view of other residents and staff. Female staff is assigned to the female unit. The auditor also noted staff announcing themselves when entering a unit of residents of the opposite gender.

Compliance Demonstrated with this Subsection: Yes

115.315(e)

Policy Review

Policy 115.315, Section III(B)(2), Pg. 4, addresses the prohibition of searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and the options to determine status through conversations with the resident or reviewing medical information.

Interviews

The Following Staff were Interviewed by the Auditor:

Random Sample of Staff
Note: There were no identified transgender or intersex residents available to be interviewed.

Staff interviewed reported they would never search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status, and if the status were unknown they would ask the resident, defer to medical or talk with a supervisor.

Compliance Demonstrated with this Subsection: Yes

115.315(f)

Documentation Review

Policy 115.315, Section III(B), Pgs. 3-4, states, "Staff will be trained to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs." Staff provided documentation of training records reflecting staff received training utilizing curriculum from the PREA Resource Center (PRC) website.

Interviews

The Following Staff were Interviewed by the Auditor:

Random Sample of Staff

Staff interviewed reported they are prohibited from prohibited from conducting cross-gender pat-down searches. Staff reported security staff is trained in the event of an exigent circumstance.

Compliance Demonstrated with this Subsection: Yes

§115.316 – Residents with Disabilities and Residents who are Limited English Proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.316(a)

Policy Review

Standard compliance was demonstrated via review of Policy No. 115.316, Section III(C), pg. 4.

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Agency Head
There were no Residents with Limited English Proficiency available to interview.

At the time of the on-site audit, there were no residents at the facility that required interpretation. The agency head and random selection of staff interviewed and confirmed compliance with the agency policy and the standard.

Documentation Review

The following items are available for the residents and staff: PREA brochures, cadet handbooks, and posters that are posted throughout the facility and in the housing units. All materials are provided in the Spanish version.

Compliance Demonstrated with this Subsection: Yes

115.316(b)

Policy Review

Standard compliance was demonstrated via review of Policy 115.316, Section III(C)(4), Pg. 4. Policy also states, "Interpreters will be provided through local community resources. When that need arises, the Team Leader will submit an AOS for approval through the accounting department for procurement of the necessary translators."

Interviews

The Following Residents were Interviewed by the Auditor:

There were no Residents with Limited English Proficiency available to interview.

Documentation Review

The following items are available for the residents and staff: PREA brochures, cadet handbooks, and posters that are posted throughout the facility and in the housing units. All materials are also provided in the Spanish version.

Compliance Demonstrated with this Subsection: Yes

115.316(c)

Policy Review

Standard compliance was demonstrated via review of Policy No. 115.316, Section III(C)(3), pg. 4. Policy states, "Other residents may not serve as interpreters, readers or assistants to other residents except in circumstances where a delay in obtaining an effective interpreter should compromise the resident's safety or the performance of first response duties."

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Random Sample of Staff
There were no Residents with Limited English Proficiency available to interview.

Staff reported only personnel provide translation for residents that would need it.

Documentation Review

There were no instances reported that required interpretation services that staff were not able to provide internally.

Compliance Demonstrated with this Subsection: Yes

§115.317 – Hiring and Promotion Decisions

X☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

115.317(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.317, Section III(D)(2), pg. 4. Policy requires compliance with TJJD standards, which require background checks are conducted on each applicant, contractors and volunteers, prior to hire and to each employee every two years. The policy reflects criminal background records checks will be conducted using the State of Texas Department of Public Safety (DPS) FASTPASS system, which uses DPS and FBI databases. The system is designed to notify human resources of any criminal activity, upon receipt, of current employees and contractors who may have contact with residents.

Documentation Review

The visiting auditor reviewed seven (7) randomly selected personnel files, of staff hired or promoted by the agency within the past 12 months, to determine if proper criminal background checks were conducted. All files reviewed reflected the proper criminal background checks were conducted and the staff was cleared for continued work at the facility.

Compliance Demonstrated with this Subsection: Yes

115.317(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.317, Section III(D)(2)(c), pg. 4.

Interviews

The Following Staff were Interviewed by the Auditor:

Administrative (Human Resources) Staff – Employees and Contractors

The agency utilizes two separate staff to be responsible for maintaining employee and contract staff personnel files. The visiting auditor interviewed each individual separately as it pertained to his or her assigned duties. Staff interviewed reported reference checks are done on all newly hired staff or contractors prior to having contact with any resident.

Compliance Demonstrated with this Subsection: Yes

115.317(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.317, Section III(D)(3)(a-c), pgs. 4-5.

Interviews

The Following Staff were Interviewed by the Auditor:

Administrative (Human Resources) Staff - Employees

Staff responsible for employee personnel files reported criminal history background checks and reference checks are required for all new hires. Additionally, staff check to make sure new hires are not listed on the DPS Sex Offender Registry.

Documentation Review

The visiting auditor reviewed seven (7) randomly selected personnel files, of staff hired or promoted within the past 12 months, to determine if proper criminal background checks were conducted. All files

reviewed reflected the proper criminal background checks were conducted and the staff was cleared for continued work at the facility.

Compliance Demonstrated with this Subsection: Yes

115.317(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.317, Section III(D)(4), pg. 5.

Interviews

The Following Staff were Interviewed by the Auditor:

Administrative (Human Resources) Staff - Contractors

Staff responsible for contract staff personnel files reported criminal history background checks and reference checks are required for all new contractors. Additionally, staff check to make sure new contractors are not listed on the DPS Sex Offender Registry.

Documentation Review

The visiting auditor confirmed criminal history background checks are conducted on contractors. It was noted that a criminal history background check was conducted on the visiting auditor, as a contractor. A review of the visiting auditor's background check file was conducted. Proper documentation was retained to demonstrate compliance with this subsection of this standard.

Compliance Demonstrated with this Subsection: Yes

115.317(e)

Policy Review

Standard compliance was demonstrated via Policy No. 115.317, Section III(D)(1), pg. 4. The policy states, "TJJD Standards will be followed as outlined and through the Fast Pass System, criminal reference and background checks are conducted on each applicant, contractors and volunteers, prior to hire and to each employee, contractors and volunteers every two years. The JPD will either conduct criminal background records checks at least every two years of current contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees."

Interviews

The Following Staff were Interviewed by the Auditor:

Administrative (Human Resources) Staff – Employees and Contractors

Staff reported they rely on notifications on current employees. Any 'arrest' event of a current employee or contractor is automatically received and reported. Staff do not rely on the arrested staff or contractor to self-report the arrest. The DPS FASTPASS system is designed to automatically notify HR staff.

Documentation Review

The visiting auditor reviewed seven (7) randomly selected personnel files, of staff hired or promoted within the past 12 months, to determine if proper criminal background checks were conducted. A review of a random selection of employee/contractor files reflected criminal background checks were completed within the past two year period. The staff responsible for background checks for volunteer, contractors and inters reported background checks are conducted every year.

Compliance Demonstrated with this Subsection: Yes. Exceed. Policies and practices exceed the five (5) year requirement under PREA Standard 115.317(e).

115.317(f)

Policy Review

Standard compliance was demonstrated via Policy No. 115.317, Section III(D)(6), pg. 5. Agency policy requires all employees, contractors or volunteers immediately (within 24-hours) disclose, in written and verbal form, to their immediate supervisor, or designee in the supervisors' absence, any misconduct.

Interviews

The Following Staff were Interviewed by the Auditor:

Administrative (Human Resources) Staff – Employees and Contractors

Staff reported applicants are asked to disclose the reason for leaving their prior job and that current employees are not eligible for promotion if they have an active performance improvement or disciplinary action in there file. Staff also reported policy imposes on employees a continuing affirmative duty to disclose any sexual misconduct.

Compliance Demonstrated with this Subsection: Yes

115.317(g)

Policy Review

Standard compliance was demonstrated via Policy No. 115.317, Section III(D)(7), pg. 5.

Compliance Demonstrated with this Subsection: Yes

115.317(h)

Policy Review

Standard compliance was demonstrated via Policy No. 115.317, Section III(D)(8), Pg. 5, which states, "Unless prohibited by law, the Director will 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."

Interviews

The Following Staff were Interviewed by the Auditor:

Administrative (Human Resources) Staff

Staff reported there have been no inquiries from other institutions regarding prior employees.

Compliance Demonstrated with this Subsection: Yes

§115.318 – Upgrades to Facilities and Technology

X☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

115.318(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.318, Section III(E), Pg. 5.

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Head
Superintendent

Staff reported there has not been an acquisition of a new facility or substantial modifications to the current facility.

Audit Tour

There were no areas in the facility indicating it had been renovated, modified or expanded.

Compliance Demonstrated with this Subsection: Not Applicable

The agency has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012.

115.318(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.318, Section III(E), Pg. 5.

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Head
Superintendent

Agency staff interviewed elaborated on the planned enhancements in the camera surveillance technology. Staff demonstrated how electronic records are maintained and retained for investigative purposes.

Audit Tour

No upgrades have been completed since August 2012. Currently, the agency utilizes video monitoring systems throughout the facility. Digital surveillance files are retained for at least 15 days. The security system provide for door and entry control, intercom communication and live viewing, recording and playback of the various areas throughout the facility. At the time of the audit, the County was in the process of putting out a proposal seeking to upgrade and enhance the current system by replacing the existing door and entry controls intercom communications and the existing analog cameras and DVR's and replacing them with Digital cameras and DVRs. The County is also requesting audio recording capability on the systems housing units.

Compliance Demonstrated with this Subsection: Yes. Exceed. Plans are underway for the agency to proactively enhance their current video technology, plus incorporating audio technology capabilities, which will enhance any investigative efforts for both administrative and criminal investigations.

§115.321 – Evidence Protocol and Forensic Medical Examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.321(a)

Interviews

The Following Staff were Interviewed by the Auditor:

Random Sample of Staff

The El Paso County Sheriff's Office is responsible criminal investigations involving allegations of sexual abuse. The facility staff reported the department is responsible for administrative sexual abuse investigations. In all instances, TJJD is notified of all sexual abuse and sexual harassment allegations. Staff reported being familiar with securing evidence protocol and of their responsibilities if they are the first person alerted of the situation.

Compliance Demonstrated with this Subsection: Yes

115.321(b)

The auditor interviewed one of the certified SANE nurses from Sierra Medical Center. The nurse reported she is certified to conduct adult, adolescent and pediatric SANE exams, and that she was initially certified in 2011 and is required to be recertified every two years. She reported the two-week training is through the Office of the Texas Attorney General.

Documentation Review

A service agreement between EPCJPD and El Paso Children's Hospital dated 7-1-13 was provided and reviewed and addresses the needed medical services of any juvenile referred by the JPC. An amended version was approved by the El Paso County Commissioner's Court on 8-31-15, which specifically incorporates an inclusion of the Forensic Examination in accordance with PREA. Additionally, an MOU between the El Paso County Juvenile Board and the El Paso County Sheriff's Office for Forensic Investigation Referrals, dated 8-21-15, addresses the Sheriff's Office responsibility to make forensic referrals in the event a juvenile makes an outcry of sexual abuse. The agency reported no sexual abuse allegations had been made requiring a forensic exam in the past 12 months.

Compliance Demonstrated with this Subsection: Yes

115.321(c)

Interviews

The Following Staff were Interviewed by the Auditor:

SAFEs/SANEs Staff

The facility utilizes the United Medical Center or Sierra Providence Medical Center, where Sexual Abuse Nurse Examiner (SANE) nurses are available, to conduct forensic medical exams. The auditor interviewed one of the certified SANE nurses from Sierra Medical Center. The nurse reported she is certified to conduct adult, adolescent and pediatric SANE exams.

Documentation Review

Agency policy no. 115.321, Section IV(A)(1), pg. 5, and the Resident Handbook reflect forensic medical exam services are offered at no cost to the resident.

Compliance Demonstrated with this Subsection: Yes

115.321(d)

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Compliance Manager
Since no residents had reported sexual abuse, there were no residents to interview
Qualified Agency Staff Member
Center Against Sexual and Family Violence

The staff reported a qualified agency staff member has been available to provide victim advocate services. The qualified staff member reported the availability of services, as needed. Additionally, staff reported that prior to PREA, the services of the Center Against Sexual and Family Violence (CASFV) had been previously utilized to refer parents and residents who were victims of domestic violence or sexual assault. The JPD has now also formally secured the CASFV, in response to PREA, to make available to the victim a victim advocate from a rape crisis center in the event a resident makes a sexual abuse allegation. During the second onsite review visit, the auditor called the CASFV from the 'hotline phone' to verify their contact number and availability to juvenile residents at the facility. The individual answering the phone confirmed their knowledge of being a victim advocate resource to residents of the JPD and affirmed their availability to residents. To date, no resident has reported a sexual assault.

Documentation Review

The auditor reviewed the credentials of the agency staff member responsible for providing victim advocate services. The credentials include, but are not limited to, National Advocate Credentialing Program, Certified Department of Defense Sexual Assault Advocate, and Licensed Professional Counselor.

The agency also has an agreement, dated 6-24-15, with the CASFV, which allows residents access to a crisis hotline, which is distributed to youth upon entry into the facilities and further upon request. Information on the CASFV is posted next to the PREA posters in each housing unit.

Compliance Demonstrated with this Subsection: Yes

115.321(e)

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Compliance Manager
Qualified Agency Staff Member
Since no residents had reported sexual abuse, there were no residents to interview

Staff reported, although no sexual abuse reports had been made, services would be provided as requested, including through any investigative process involving the EPSO or TJJD. Staff reported services would be confidential.

Compliance Demonstrated with this Subsection: Yes

115.321(f)

Documentation Review

The agency relies on the local sheriff's office and/or the Texas Juvenile Justice Department when external investigations are needed. A formal request was made by the department asking the Sheriff's Office follow the PREA standards.

Compliance Demonstrated with this Subsection: Yes

115.321(g-h)

Compliance Demonstrated with this Subsection: Not Applicable

§115.322 – Policies to Ensure Referrals of Allegations for Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.322(a)

Policy Review

Agency Policy No. 115.322, Section IV(C), pg. 6, states, "… an administrative internal investigation will be promptly, thoroughly, and objectively conducted and completed for all allegations of sexual abuse and sexual harassment including third-party and anonymous reports. The allegations will also be referred to the EPSO for determination of criminal investigation to be conducted and completed. At their discretion, TJJD may also conduct a separate individual investigation of the allegations."

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Head

Staff reported the agency ensures that investigations are completed for all allegations of sexual abuse or sexual harassment. It was reported, investigations require a crossover between the Pre and Post-Adjudication Facilities. Allegations made in the pre-adjudication program are to be investigated by the post-adjudication investigators and allegations made in the post-adjudication program are to be investigated by the pre-adjudication investigators. Additionally, the local law enforcement agency and TJJD are notified. Steps are taken to remove the alleged perpetrator pending the outcome of the investigation.

Documentation Review

There have been no allegations of sexual abuse or sexual harassment reported, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes.

115.322(b)

Policy Review

Policy 115.322, Section IV(B)(1),pg. 6, states, "Upon receiving any allegation of sexual abuse or sexual harassment, the Director or designee shall promptly (within 1 hour of receipt) report the allegation to the ESPO, TJJD, and …."

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported the El Paso County Sheriff's Office is responsible for conducting criminal investigations per policy.

Documentation Review

The agency policy is posted on the agency's website: http://www.epcounty.com/jvprobation/

The language noted on the agency's website states, "To report sexual abuse, please tell a facility staff member or contact the Texas Juvenile Justice Department at …."). The website includes a link to the EPSO and the TJJD, which directs visitors to PREA related information, including the toll free number to report allegations. A brochure titled, "Abuse is a Crime! Tell Someone" is distributed and made available as a handout and outlines all the definitions of abuse (sexual, emotional and mental) and includes the abuse reporting phone numbers. The brochure is incorporated as part of the Resident Handbook. In the past 12 months, no resident has reported any sexual abuse or sexual harassment incidents; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.322(c)

Documentation Review

The agency policy is posted on the agency's website: http://www.epcounty.com/jvprobation/

The language noted on the agency's website states, "To report sexual abuse, please tell a facility staff member or contact the Texas Juvenile Justice Department at …."). The website includes a link to the EPSO and the TJJD, which directs visitors to PREA related information, including the toll free number to report allegations. A brochure titled, "Abuse is a Crime! Tell Someone" is distributed and made available as a handout and outlines all the definitions of abuse (sexual, emotional and mental) and includes the abuse reporting phone numbers. The brochure is incorporated as part of the Resident Handbook.

Compliance Demonstrated with this Subsection: Yes

115.322(d-e)

Compliance Demonstrated with this Subsection: Not Applicable

§115.331 – Employee Training

X☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period

☐ Does Not Meet Standard (requires corrective action)

115.331(a)

Policy Review

Agency Policy No. 115.331, Section V(A) Training for Staff, Contractors, Interns and Volunteers (1-11), Pg. 8, addresses the required topics stated in the standard.

Interviews

The Following Staff were Interviewed by the Auditor:

Random Sample of Staff

A random sample of seven staff was interviewed and reported receiving training in all the required topics.

Documentation Review

A review of the curriculums provided and titled "Juvenile Probation/Supervision Officer Basic Training Curriculum" and the National Curriculum & Training Institute, Inc. (NCTI) "PREA-Preventing Sexual Misconduct Against Offenders Juvenile Facilities" do address each individual topic required by the standard or agency policy.

Compliance Demonstrated with this Subsection: Yes

115.331(b)

Policy Review

Agency Policy No. 115.331, Section V(A), pg. 8, addresses the training of all staff that has contact with the residents.

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Training Coordinator

There is no exchange of staff between the Pre-Adjudication and Post-Adjudication Facilities. The facility houses both male and female residents and all staff assigned to the facility are provided the same training in response to the training needs of the facility.

Documentation Review

A review of a sample of training records reflected staff has participated in PREA related training.

Compliance Demonstrated with this Subsection: Yes

115.331(c)

Policy Review

Policy No. 115.331, Section V(A)(12), pg. 8, states, "Refresher training will be conducted with all employees every year." This practice exceeds the two-year refresher training called for in PREA Standard 115.331(c).

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Training Coordinator

Staff reported all staff is required to receive the required training prior to performing their duties, plus be certified per TJJD standards. Staff reported training is provided on an annual basis.

Documentation Review

A review of a random selection of training records of facility staff reflected staff had received the required training.

Compliance Demonstrated with this Subsection: Yes. Exceed. The PREA standard requires refresher training every two years. Staff reported training is conducted on an annual basis; training documentation reflects annual training.

115.331(d)

Documentation Review

Agency policy 115.331, Section V(A)(12), pg. 8, states, "…A pre/post test will be given to ensure the staff, volunteers, and contractors understand the training they received. Following the training, the staff, volunteers, and contractors will sign a statement that they understand the training provided." The random sample of individual trainee acknowledgement forms reviewed did include the statement the trainee understood the training received.

Compliance Demonstrated with this Subsection: Yes

§115.332– Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.332(a)

Policy Review

Agency Policy No. 115.332, Section V(A) Training for Staff, Contractors, Interns and Volunteers (1-11), pg. 8, requires the same training requirement applicable to employees also apply to contractors, volunteers, and interns.

Interviews

The Following Staff were Interviewed by the Auditor:

Volunteer(s) and Contractor(s) who have Contact with Residents

The auditor interviewed three (3) volunteers/contractors. All reported having received PREA related training pertaining to their responsibilities.

Documentation Review

A review of the curriculums provided and titled "Juvenile Probation/Supervision Officer Basic Training Curriculum" and the National Curriculum & Training Institute, Inc. (NCTI) "PREA-Preventing Sexual Misconduct Against Offenders Juvenile Facilities" do address each individual topic required by the standard or agency policy. A review of a random selection of training records of volunteers, contractors and interns indicated they are provided the same training as staff.

Compliance Demonstrated with this Subsection: Yes

115.332(b)

Interviews

The Following Staff were Interviewed by the Auditor:

Volunteer(s) and Contractor(s) who have Contact with Residents

The agency reported 93 volunteers, contractors and interns have been trained in the agency's policies and procedures on PREA in the past 12 months. The auditor interviewed three (3) volunteers/contractors. All stated a list of PREA related topics they have received training on and the reporting requirements.

Documentation Review

A review of a random selection of training records of volunteers, contractors and interns indicated they are provided the same training as staff

Compliance Demonstrated with this Subsection: Yes

115.332(c)

Documentation Review

The sign-in sheets reviewed included a reference to a statement that the trainee understood the training received.

Compliance Demonstrated with this Subsection: Yes

§115.333 – Resident Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.333(a)

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Intake Staff
Random Sample of Residents

While interviewing a random selection of staff and residents, it was noted that staff reported residents are provided with PREA related information and, if needed, the information is translated in Spanish if the

child speaks primarily Spanish. Staff reported if the resident has any questions, time is taken to explain or answer any questions. All residents reported being admonished of PREA related information upon admission, and the information is provided in a format tailored to the resident's need.

Documentation Review

The facility prepared a juvenile 'mock' file for the visiting auditor. In the Admission Records Section, a form title, "El Paso County Juvenile Detention Facility Prison Rape Elimination Act Unit Comprehensive Orientation" is utilized. The agency reported there were 75 residents admitted during the past 12 months that were provided PREA information upon intake. Compliance was verified via a review of a randomly selected sample of five (5) resident admission files (records). The cadet handbook incorporates the PREA Brochure titled, "Abuse is a Crime! Tell Someone," and is part of the admission process.

Compliance Demonstrated with this Subsection: Yes

115.333(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.333, Section V(B)(2), pg. 8, requires the additional education is provided within 7 days of admission, plus requires the JSO assigned to the unit will ensure that the residents watch a comprehensive video.

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Intake Staff
Random Sample of Residents

Staff reported residents are provided with PREA related information upon admission, and added it is the first step completed as soon as the resident arrives. Staff reported if a resident is being transferred from the agency's pre-adjudication facility, the orientation begins at that point and continues and is completed once the resident is formally admitted into the post-adjudication facility. Residents also reported being admonished of PREA related information upon admission.

Documentation Review

Compliance was also verified via a review of a randomly selected sample of five (5) resident admission files (records) and Cadet Handbooks (English and Spanish). PREA videos are presented to all residents every Friday and logs are maintained documenting the resident's participation in the viewing of the video presentations.

Compliance Demonstrated with this Subsection: Yes.

115.333(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.333, Section V(B), pg. 8.

Interviews

The Following Staff were Interviewed by the Auditor:

Intake Staff

Staff reported all residents are provided the PREA education information upon intake, and if a resident is being transferred from the agency's pre-adjudication facility, the orientation begins at that point and continues and is completed once the resident is formally admitted into the post-adjudication facility.

Documentation Review

Compliance was also verified via a review of a randomly selected sample of five (5) resident admission files (records). There were no residents at the facility that had not been admonished of the PREA information. All had been admitted within the past 12 months.

Compliance Demonstrated with this Subsection: Yes

115.333(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.333, Section V(B)(2), pg. 8.

Documentation Review

The auditor reviewed brochures (English and Spanish) and the posting of PREA posters (English and Spanish) throughout the facility and the housing units. Agency policy requires residents are provided PREA related information during the admission process verbally and through the cadet handbook. The cadet handbook incorporates the PREA Brochure titled, "Abuse is a Crime! Tell Someone," and is part of the admission process.

Compliance Demonstrated with this Subsection: Yes

115.333(e)

Documentation Review

Compliance was also verified via a review of a randomly selected sample of five (5) resident files and documented in the Admission Records section in the files (records).

Compliance Demonstrated with this Subsection: Yes

115.333(f)

Documentation Review/Tour

Compliance was also verified during the audit tour. The auditor noted the residents are provided with Cadet Handbooks, PREA posters (English and Spanish) were posted in front of the control room, which made them visible to all residents when there was movement of residents within the facility, plus posted within each housing unit. A set of posters (English and Spanish) was also posted just outside the suicide/restrictive rooms.

Compliance Demonstrated with this Subsection: Yes

§115.334 – Specialized Training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.334(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.334, Section V(C)(1), pg. 9. Administrative investigations are conducted by trained investigators; criminal investigations are referred to the EPSO.

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported having completed their training courses online through NIC. Staff referenced a list of topics covered during the training pertaining to the required PREA topics.

Documentation Review

Documentation of successful training course completion was provided for staff designated as an investigator.

Compliance Demonstrated with this Subsection: Yes

115.334(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.334, Section V(C)(2), pg. 9.

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported having completed their training courses online through NIC. Staff interviewed referenced the topics covered during the training pertaining to the required PREA topics.

Documentation Review

Documentation of successful training course completion was provided for staff designated as an investigator.

Compliance Demonstrated with this Subsection: Yes

115.334(c)

Documentation Review

Documentation of successful training course completion was provided for staff designated as an investigator.

Compliance Demonstrated with this Subsection: Yes

115.334(d)

Compliance Demonstrated with this Subsection: Not Applicable

The agency relies on the local sheriff's office and the TJJD when external investigations are needed. The agency has requested the Sheriff's Office comply with the PREA investigative requirements.

§115.335 – Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.335(a)

Policy Review

Policy No. 115.335, Section V(D)(a-d), pg. 9, addresses training for medical and mental health care staff.

Interviews

The Following Staff were Interviewed by the Auditor:

Medical or Mental Health Staff

Standard compliance was also verified via interviews of a random sample of medical and mental health staff. Staff interviewed reported receiving specialized training on all required topics.

Documentation Review

Training documentation was provided and reviewed reflecting training is provided to medical and mental health staff. Although 'how to preserve physical evidence of sexual abuse' is referenced in the training curriculum, it was recommended the agency collaborate specifically with the EPSO investigators to ensure staff is aware of the EPSO's protocol on preserving physical evidence.

Compliance Demonstrated with this Subsection: Yes

115.335(b)

Interviews

The Following Staff were Interviewed by the Auditor:

Medical or Mental Health Staff

It was reported that facility medical staff are not qualified SANE staff, therefore do not conduct forensic medical exams.

Compliance Demonstrated with this Subsection: Not Applicable

115.335(c)

Documentation Review

Training documentation was provided and reviewed reflecting training is provided to medical and mental health staff.

Compliance Demonstrated with this Subsection: Yes

115.335(d)

Documentation Review

Training documentation was provided and reviewed reflecting training is provided to medical and mental health staff.

Compliance Demonstrated with this Subsection: Yes

§115.341 – Obtaining Information from Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.341(a)

Policy Review

Agency Policy No. 115.341, Section VI(A)(2), pg. 9, states, "Upon intake and periodically throughout the resident's confinement… 2. Post – in addition to the above forms (*pre-adj. facility forms*): the interagency common application, social history report, court orders or the referral information form." which exceeds the 72 hours required by the standard. The policy addresses each specific requirement pertaining to the screening for the purpose of reducing the risk of sexual abuse by or upon a resident. On average, the intake process is completed within four (4) hours

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Staff Responsible for Risk Screening
Random Sample of Residents

Staff and residents interviewed indicated information is secured upon the resident's arrival at the facility and subsequent follow-up inquiries are made throughout the resident's confinement

Documentation Review

Admission records reflected information was collected, and follow-up reviews are conducted and documented by clinical staff. Staff reported juveniles with sex offending history are not eligible for participation in this program. Additionally, the agency, which had previously utilized the services of the Center Against Sexual and Family Violence (CASFV) to refer parents and residents who were victims of domestic violence or sexual assault, has expanded those services to now include an allowance for the CASFV, in response to PREA, to make available to any victim a victim advocate from the rape crisis center in the event a sexual abuse allegation is made by a resident. Staff reported, to date, the services of CASFV have not been requested by a resident of the facility.

Compliance Demonstrated with this Subsection: Yes

115.341(b)

Documentation Review

The following pre-adjudication intake forms are utilized: the facility objective screening instrument, follow up questionnaire, intake behavioral screening form, intake behavioral screening follow-up questionnaire, medical health screening forms, as well as the interagency common application, social history report, court orders or the referral information form.

Compliance Demonstrated with this Subsection: Yes. Instruments currently used are objective.

115.341(c)

Interviews

The Following Staff were Interviewed by the Auditor:

Staff Responsible for Risk Screening

Staff reported the screening information is used to determine the resident's overall risk and needs, determine the need for additional assessments in specific areas, treatment and identify other issues

Documentation Review

The facility's screening forms were updated and now reflect all elements required by the standard are included as part of the screening process. The agency policy was amended to include the collaborative effort involving staff and formalized the screening process.

Compliance Demonstrated with this Subsection: Yes

115.341(d)

Interviews

The Following Staff were Interviewed by the Auditor:

Staff Responsible for Risk Screening

Staff reported information is ascertained through interviews/conversations with the resident, medical, mental health, dental, and staff; plus a review of screening/intake information, incident reports and grievances.

Compliance Demonstrated with this Subsection: Yes

115.341(e)

Policy Review

Standards compliance was demonstrated by Agency Policy No. 115.341, Section VI(E), pg. 10.

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Coordinator
PREA Compliance Manager
Staff Responsible for Risk Screening

Staff reported the following individuals have access to the juvenile record/information: probation officers, team leaders, and counselors. Other staff does not have access to the information.

Documentation Review

All juvenile residential files are kept in the control room. A 'check-out' and tracking record is maintained for any files removed by staff from the control room. Medical records are maintained in the Medical Services Department.

Compliance Demonstrated with this Subsection: Yes

§115.342 – Placement of Residents in Housing, Bed, Program Education, and Work Assignments

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.342(a)

Policy Review

Standards compliance was demonstrated by Policy No. 115.342, Section VI(A), Pg. 10. Due to the facility's design, all program and education services are brought into the resident's housing units.

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Compliance Manager
Staff Responsible for Risk Screening

Staff reported the screening process was revised to meet PREA. Residents with prior sex offenses are not eligible to participate in the program and if a current resident were to be charged with a sex offense, he/she would not be eligible to continue in the program. Residents who have experienced trauma/PTSD are provided access to grief counselors. Staff reported resident safety is emphasized. The auditor noted all residents and staff reported feeling safe in the facility and voiced no concerns.

Documentation Review

A classification process is utilized based on the information secured during the screening process. Due to the facility's design, all program and education services are brought to the residents in their respective housing units.

Compliance Demonstrated with this Subsection: Yes

115.342(b)

Policy Review

Agency policy no. 115.342, Section VI (B-C), pg. 10, states, "A resident may be isolated only as a last resort when less restrictive measure are inadequate …." Policy requires residents in isolation shall not be denied large-muscle exercise, education programming, special education services and other programs to the extent possible. Policy also requires residents in isolation shall receive daily visits from a medical or mental health care clinician.

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent
Staff who Supervise Residents in Isolation
Medical and Mental Health Staff
No Residents were placed in isolation under this criteria, therefore not interviewed

Staff reported residents are isolated only as a last resort. Of the 22 residents placed in isolation during 2014, 17 were in isolation for less than four (4) hours. None were placed in isolation due to being at risk of sexual victimization. All residents placed in isolation were as a result of behavioral problems. Staff reported residents received daily visits from medical or mental health staff. Staff also reported that no resident is afforded work opportunities, due to program design, but residents are not denied access to programming to the extent possible if they were to be isolated.

Documentation Review/Tour

Due to the facility's design, all program and education services are brought to the respective housing units. The agency reported there were no residents at risk of sexual victimization placed in isolation in the past 12 months, therefore no resident at risk of sexual victimization was denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months.

Compliance Demonstrated with this Subsection: Yes

115.342(c)

Policy Review

Agency policy 115.342, Section VI(D), pg. 10, states, "Lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall the agency consider LGBTI identification or status as an indicator of likelihood of being sexually abusive."

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Coordinator
PREA Compliance Manager
There were no identified Transgender/Intersex/Gay/Lesbian/Bisexual Residents to Interview

Staff reported the facility does not have a special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents.

Documentation Review/Tour

There were no identified Transgender/Intersex/Gay/Lesbian/Bisexual Residents. A tour of the facility did not indicate a designated housing unit for Transgender, Intersex, Gay, Lesbian, or Bisexual Residents

Compliance Demonstrated with this Subsection: Yes

115.342(d)

Policy Review

Standards compliance was demonstrated by Agency Policy No. 115.342, Section VI(E), pg. 10.

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Coordinator
There were no known/identified Transgender or Intersex Residents to Interview

Staff reported, per policy, housing and program assignments for transgender or intersex residents in the facility are made on a case-by-case basis.

Compliance Demonstrated with this Subsection: Yes

115.342(e)

Policy Review

Standards compliance was demonstrated by Agency Policy No. 115.342, Section VI(F), pg. 10.

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Coordinator
Staff Responsible for Risk Screening

Staff reported all residents, regardless of sexual orientation, would be kept safe and any abuse or harassment would not be allowed. Staff reported all residents and staff are constantly monitored and constant communication is encouraged.

Documentation Review

There was no previously identified transgender or intersex residents; therefore there was no documentation to review reassessments of placement or programming assignments.

Compliance Demonstrated with this Subsection: Yes

115.342(f)

Policy Review

Standards compliance was demonstrated by Agency Policy No. 115.342, Section VI (G), pg. 10.

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Compliance Manager
Staff Responsible for Risk Screening
There were no known/identified Transgender or Intersex Residents to Interview

Staff reported, although there have no known identified transgender or intersex residents, the resident's views would be given serious consideration, as well as management or security problems.

Compliance Demonstrated with this Subsection: Yes

115.342(g)

Policy Review

Standards compliance was demonstrated by Agency Policy No. 115.342, Section VI(H), pg. 10.

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Coordinator
Staff Responsible for Risk Screening
There were no known/identified transgender or Intersex Residents to Interview

Staff reported all residents are given the opportunity to shower separately.

Audit Tour

During the tour, it was noted the shower areas allow for all residents to shower separately from other residents

Compliance Demonstrated with this Subsection: Yes

115.342(h)

Documentation Review

There was no Residents Placed in Isolation (for the risk of sexual victimization/who alleged to have suffered sexual abuse) in the past 12 months, therefore there were no files to review.

Compliance Demonstrated with this Subsection: Yes

115.342(i)

Policy Review

Standards compliance was demonstrated by Agency Policy No. 115.342, Section VI(I), pg. 10.

Interviews

The Following Staff were Interviewed by the Auditor:

Staff who Supervise Residents in Isolation
There were no Residents Placed in Isolation (for the risk of sexual victimization/who alleged to have suffered sexual abuse) to Interview

Staff reported there has been no Residents Placed in Isolation, for the risk of sexual victimization/who alleged to have suffered sexual abuse, in the past 12 months. Staff also reported any isolation of a resident beyond 24 hours requires the director's approval.

Documentation Review

There was no Residents Placed in Isolation (for the risk of sexual victimization/who alleged to have suffered sexual abuse) in the past 12 months, therefore there were no files to review.

Compliance Demonstrated with this Subsection: Yes

§115.351 – Resident Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.351(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.351, Section VII(A)(2), pg. 11.

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Random Sample of Staff
Random Sample of Residents

Staff and residents interviewed reported the following numerous ways residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff, and staff neglect: hotline phone number, staff (team leader, director, probation officer, parent, counselor), and writing a grievance. Based on the responses received, the auditor felt the residents were aware they can report sexual abuse or sexual harassment, retaliation by other residents or staff, and staff neglect.

Documentation Review/Audit Tour

Copies of an English and Spanish version of the cadet handbooks and PREA brochures were provided to the auditor. Attached and as part of the cadet handbook is a separate two-page PREA document outlining how the resident can report any allegations to any staff, or place the grievance in the unit grievance box. The document also includes the toll free phone numbers to the TJJD and the local El Paso County Sheriff's Department phone number. The auditor noted the posting of the PREA posters and CASFV information (English and Spanish).

Compliance Demonstrated with this Subsection: Yes

115.351(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.351, Section VII(A)(3), pg. 12, regarding resident access to an outside agency: TJJD and the El Paso County Sheriff's Office. Policy 115.311, Section I, pg. 1, states, "El Paso JPD does not detain residents solely for civil immigration purposes."

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

PREA Compliance Manager
Random Sample of Residents

Staff and residents interviewed reported residents can make a confidential phone call to the TJJD hotline number, although most residents reported they would probably tell a parent first. Staff reported residents can also contact the EPSO, CASFV, parents, and any staff.

Documentation Review/Audit Tour

Attached and as part of the resident handbook is a separate two-page PREA document that includes the toll free phone numbers to the TJJD and the local El Paso County Sheriff's Department phone number. Information provided to the residents includes what the resident can expect when they call TJJD and confidential and anonymous reporting. During the tour, the auditor noted the posted PREA posters containing the TJJD hotline number information and the CASFV information and phone number. The auditor used and contacted the TJJD hotline number and found the system works and TJJD staff is responsive to reports made on the hotline number

Compliance Demonstrated with this Subsection: Yes

115.351(c)

Policy Review

Agency policy addresses this subsection in Policy No. 115.351, Section VII(A)(4), pg. 12.

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Random Sample of Staff
Random Sample of Residents

Staff reported they are required to document all reports not just verbal reports. It was noted during the interviews of staff and residents, there was little mention of third-party reporting options. During the subsequent onsite review, interviews of staff and residents reflected a greater awareness of third party reporting to include any staff, as well as contract staff.

Documentation Review

In the past 12 months, no resident has made an allegation of sexual abuse or sexual harassment; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.351(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.351, Section VII(A)(2), pg. 11. Policy requires staff ensure copies of blank grievances are available in the unit at all times.

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

PREA Compliance Manager
Residents who Reported a Sexual Abuse

Staff and residents reported residents have access to the Grievance Form. Residents reported being familiar with the grievance process. In the past 12 months, no resident has made an allegation of sexual abuse or sexual harassment; therefore there was no documentation to review

Documentation Review

Sample grievance form and resident handbook; both available in English and Spanish.

Compliance Demonstrated with this Subsection: Yes

115.351(e)

Policy Review

Standard compliance was demonstrated via Policy No. 115.351, Section VII(A)(5), pg. 12. Staff can privately report sexual abuse or sexual harassment of residents to the EPSO, TJJD, direct supervisor or the PREA Coordinator.

Interviews

The Following Staff were Interviewed by the Auditor:

Random Sample of Staff

Staff reported they are required to report to local law enforcement within one hour, to TJJD within 4 hours and submit a TJJD Incident Report within 24 hours. The TJJD hotline is utilized. The staff referred to the reporting requirement as "1 – 4 – 24," which reflected the timeframes they are required to make PREA related reports. Staff reported they can report directly to their supervisor or submit a written report.

Documentation Review

Agency policy.

Compliance Demonstrated with this Subsection: Yes

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.352(a)

Policy Review

The agency does have administrative procedures to address resident grievances regarding sexual abuse. Per policy, the grievance process extends to and includes sexual harassment allegations. Standard compliance was demonstrated via 115.352, Section VIII(A)(2, 8-18), pgs. 13-14.

Compliance Demonstrated with this Subsection: The agency is not exempt from 115.352.

115.352(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.352, Section VIII(A)(2,8), pg. 13.

Documentation Review

Review of policy and resident handbook.

Compliance Demonstrated with this Subsection: Yes

115.352(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.352, Section VII(A)(9), pg. 13.

Documentation Review

Review of resident handbook

Compliance Demonstrated with this Subsection: Yes

115.352(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.352, Section VIII(A)(10-11, 14-15), pgs. 13-14.

Interviews

The Following Residents were Interviewed by the Auditor:

There were no residents who had reported sexual abuse to interview

Documentation Review

The agency reported no allegations of sexual abuse in the past 12 months; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.352(e)

Policy Review

Standard compliance was demonstrated via Policy No. 115.352, Section VIII(A)(16-18), pg. 14.

Documentation Review

The agency reported no allegations of sexual abuse in the past 12 months; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.352(f)

Policy Review

Standard compliance was demonstrated via Policy No. 115.352, Section VIII(A)(12-13), pg. 14.

Documentation Review

The agency reported no allegations of sexual abuse in the past 12 months; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.352(g)

Policy Review

Standard compliance was demonstrated via Policy No. 115.352, Section VIII(A)(10)(a), pg. 14.

Documentation Review

The agency reported no allegations of sexual abuse in the past 12 months; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

§115.353 – Resident Access to Outside Support Services and Legal Representation

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.353(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.353, Section VII(B)(1-2), pg. 12.

Interviews

The Following Residents were Interviewed by the Auditor:

Random Sample of Residents
There were no residents who had reported sexual abuse to interview

Residents reported they do have access to their attorneys, parents or legal guardians. During the first onsite review, neither staff nor residents were familiar with other outside victim advocates for emotional support services related to sexual abuse. Subsequently, staff reported that prior to PREA, the services of the Center Against Sexual and Family Violence (CASFV) had been previously utilized to refer parents and residents who were victims of domestic violence or sexual assault. The JPD has now also formally secured an agreement with the CASFV, dated 6-24-15, in response to PREA, to make available to the victim a victim advocate from a rape crisis center in the event a sexual abuse allegation is made by a resident. During the second onsite review visit, the auditor called the CASFV contact number from the 'hotline phone' to verify their contact number and availability to juvenile residents at the facility. The individual answering the phone confirmed their knowledge of being a victim advocate resource to residents of the JPD and affirmed their availability to residents. The CASFV information is now included in the PREA brochure that is an attachment to the cadet handbook, and the CASFV information is posted next to the PREA posters in the housing units and other areas within the facility. The agency reported no resident has reported a sexual assault in the past 12 months.

Documentation Review

CASFV information posted next to the PREA posters within facility and CASFV information is included in the PREA brochures, which are an attachment to the cadet handbook.

Compliance Demonstrated with this Subsection: Yes

115.353(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.353, Section VII(B)(3), pg. 12.

Interviews

The Following Residents were Interviewed by the Auditor:

Random Sample of Residents
There were no residents who had reported sexual abuse to interview

During the subsequent onsite review, staff reported, to date, no resident has requested access to victim services.

Compliance Demonstrated with this Subsection: Yes

115.353(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.353, Section VII(B)(5), pg. 12.

Documentation Review

The agency has an agreement with the Center Against Sexual and Family Violence (CASFV) dated 6-24-15 in response to subsection 115.353(c).

Compliance Demonstrated with this Subsection: Yes

115.353(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.353, Section VII(B)(4), pg. 12.

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Superintendent
PREA Compliance Manager
Random Sample of Residents
There were no residents who had reported sexual abuse to interview

Staff and residents reported residents do have access to their attorneys, parents or legal guardians privately. It was reported residents can visit with their parents weekly at designated times. Staff reported residents have access to attorneys for other reasons, not just for PREA related issues. Staff reported access to attorneys is provided via phone, letters, and visitation; access to parents is through visitation and the parent is involved in the cadet's orientation process.

Documentation Review/Audit Tour

The cadet handbook addresses the resident's rights regarding access to their attorneys and the courts as well as visitation. Visitation is provided at the entrance of the Pre-Adjudication Facility and has a set schedule for residents in the Post-Adjudication Facility.

Compliance Demonstrated with this Subsection: Yes

§115.354 – Third-Party Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.354(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.354, Section VII(C)(1-3), pgs. 12-13.

Documentation Review

The agency has created a "Juvenile, Parent, Community Grievance Report" form, which is posted and made available to the public on the agency's website: http://www.epcounty.com/jvprobation/

Compliance Demonstrated with this Subsection: Yes

§115.361 – Staff and Agency Reporting Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.361(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.361, Section VIII(A)(6), pg. 13.

Interviews

The Following Staff were Interviewed by the Auditor:

Random Sample of Staff

Staff reported they are required to report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported such incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff reported they are required to report all allegations of sexual abuse to local law enforcement within one hour, to TJJD within 4 hours and submit a TJJD Incident Report within 24 hours. The staff referred to the reporting requirement as "1 – 4 – 24," which reflected the timeframes they are required to report and write incident reports.

Compliance Demonstrated with this Subsection: Yes

115.361(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.361, Section VIII(A), pg. 13.

Interviews

The Following Staff were Interviewed by the Auditor:

Random Sample of Staff

Staff reported they are informed of mandatory child abuse reporting laws in training, and they are required to report to local law enforcement within one hour, to TJJD within 4 hours and submit a TJJD Incident Report within 24 hours in accordance with the Texas Family Code and Texas Administrative Code. The staff referred to the reporting requirement as "1 – 4 – 24," which reflected the timeframes they are required to make PREA related reports.

Documentation Review

Juvenile Probation/Supervision Officer Basic Training Curriculum

Compliance Demonstrated with this Subsection: Yes

115.361(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.361, Section VIII(A)(7), pg. 13.

Interviews

The Following Staff were Interviewed by the Auditor:

Random Sample of Staff

Staff reported such reports would be made as required to supervisory staff, the TJJD hotline, as well as reported via written incident reports

Compliance Demonstrated with this Subsection: Yes

115.361(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.361, Section V(D)(e-f), pg. 9.

Interviews

The Following Staff were Interviewed by the Auditor:

Medical and Mental Health Staff

Medical and mental health staff reported they do disclose the limitations of confidentiality and duty to report at the initiation of services to a resident, and that they would report incidents of sexual abuse and sexual harassment. They also reported, to date, they were not aware of any such incidents occurring at the facility.

Compliance Demonstrated with this Subsection: Yes

115.361(e)

Policy Review

Standard compliance was demonstrated via Policy No. 115.361, Section IV(B)(1-3), pg. 6.

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Compliance Manager
Superintendent

Staff reported local law enforcement, TJJD, medical staff, CASFV, juvenile's family, and administration would be notified. The child's attorney would also be contacted immediately. If the abuse were to be reported during the weekend, they would to contact the child's attorney.

Compliance Demonstrated with this Subsection: Yes

115.361(f)

Policy Review

Standard compliance was demonstrated via Policy No. 115.361, Section VIII(A)(3), pg. 13.

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent

Staff reported all allegations of sexual abuse and sexual harassment are reported to the facility's investigators.

Documentation Review

No allegations of sexual abuse or sexual harassment have been made; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

§115.362 – Agency Protection Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.362(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.362, Section VIII(A)(12), pg. 14.

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Head
Superintendent
Random Sample of Staff

All staff reported they respond immediately if they were to learn a resident is subject to a substantial risk of imminent sexual abuse.

Documentation Review

The agency reported there were no reported incidents of a resident being subjected to substantial risk of imminent sexual abuse in the past 12 months

Compliance Demonstrated with this Subsection: Yes

§115.363 – Reporting to Other Confinement Facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.363(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.363 Section VIII(B)(1), pgs. 16. The policy requires the appropriate investigative agency and facility administrator be notified.

Documentation Review

The agency reported there were no allegations the facility received that a resident was abused while confined at another facility in the past 12 months; therefore there was no documentation to review

Compliance Demonstrated with this Subsection: Yes

115.363(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.363 Section VIII(B)(2), pg. 16.

Compliance Demonstrated with this Subsection: Yes

115.363(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.363 Section VIII(B)(3), pg. 16.

Documentation Review

The agency reported there were no allegations the facility received that a resident was abused while confined at another facility in the past 12 months, therefore there was no documentation to review

Compliance Demonstrated with this Subsection: Yes.

115.363(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.363 Section VIII(B)(4), pgs. 16.

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Head
Superintendent

Staff reported the appropriate law enforcement agency and facility administrator would be contacted. Staff reported if they were to be contacted of an allegation of a previous resident occurring within the facility, TJJD would be notified and the allegation would be investigated. Additionally, TJJD would be notified on the outcome of the investigation.

Documentation Review

The agency reported there were no allegations the facility received that a resident was abused while confined at another facility in the past 12 months, therefore there was no documentation to review

Compliance Demonstrated with this Subsection: Yes

§115.364 – Staff First Responder Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.364(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.364 Section VIII(C)(1-4), pg. 16.

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Security Staff and Non-Security Staff First Responders
There were no residents who had reported sexual abuse to interview

Although, there had been no incident reported requiring any staff to act as a first responder, staff interviewed explained what they would do. It appeared staff has an understanding of the duties of first responders.

Documentation Review

The agency reported there were no allegations of sexual abuse reported by any residents in the past 12 months, therefore there was no documentation to review. The facility has developed a "Facility PREA First Responders Checklist" for first responders.

Compliance Demonstrated with this Subsection: Yes

115.364(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.364, Section VIII(C)(5), pg. 16.

Interviews

The Following Staff were Interviewed by the Auditor:

Security Staff and Non-Security Staff First Responders
Random Sample of Staff

While conducting interviews of security staff first responders and a random sample of staff, it appeared staff has an understanding of the duties of first responders.

Documentation Review

The agency reported there were no allegations of sexual abuse reported by any residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

§115.365 – Coordinated Response

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.365(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.365, Section VIII(C), pgs. 13-16, and is titled, "Official Response Following a Resident Report." The section addresses (A) Mandatory Reporting and Protective Duties; (B) Reporting to Other Facilities; and (C) First Responder Duties.

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent

Staff reported the response to an incident of sexual abuse would involve the team leader, medical, law enforcement, transporting the resident to the hospital, and securing evidence.

Compliance Demonstrated with this Subsection: Yes

§115.366 – Preservation of Ability to Protect Residents from Contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

XX☐ Not Applicable

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Head

Staff reported Texas is an "At-Will-Employment" State.

Compliance Demonstrated with this Subsection: Not Applicable

This "collective bargaining" aspect of this standard is not applicable in Texas as the State is an "At-Will-Employment" State and any collective bargaining agreements do not apply to the agency. All agreements related to the provision of services entered into with any agency require compliance with the PREA standards. Standard non-applicability was verified via an interview with the Chief Juvenile Probation Officer.

§115.367 – Agency Protection Against Retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.367(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.367, Section VIII(A)(21), pg. 15. Agency policy designates the PREA Coordinator/Investigator and Shift Supervisors as the staff who would monitor retaliation.

Compliance Demonstrated with this Subsection: Yes

115.367(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.367, Section VIII(A)(22-23), pg. 15.

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Head
Superintendent
Designated Staff Member Charged with Monitoring Retaliation
No Residents were in Isolation at the time of the Audit to Interview
There were no residents who had reported sexual abuse to interview

Staff leadership reported the importance of maintaining an open door policy and creating a positive and safe environment, and reinforcing the message that retaliation will not be tolerated. Staff reported they would also maintain an open door policy, continue with on-going check-ins with the resident or staff to ensure there were no concerns for their safety. Staff added they would immediately report any concerns to supervisory staff and, if needed, alert counselors.

Documentation Review

No allegations of sexual abuse or sexual harassment have been reported; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.367(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.367, Section VIII(A)(24-25), pg. 15.

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent
Designated Staff Member Charged with Monitoring Retaliation

Staff reported any allegations of retaliation would be investigated and acted upon. Staff reported there would be no time limit for monitoring for retaliation and the safety and wellbeing of the cadet is a priority.

Documentation Review

No allegations of sexual abuse or sexual harassment have been reported; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.367(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.367, Section VIII(A)(26), pg. 16.

Interviews

The Following Staff were Interviewed by the Auditor:

Designated Staff Member Charged with Monitoring Retaliation

Staff reported they would initiate conversation and check in with the resident on a regular basis.

Documentation Review

No allegations of sexual abuse or sexual harassment have been reported; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.367(e)

Policy Review

Standard compliance was demonstrated via Policy No. 115.367, Section VIII(A)(27), pg. 17.

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Head
Superintendent

Staff reported they would investigate any allegations of retaliation and impose sanctions.

Documentation Review

No allegations of sexual abuse or sexual harassment have been reported; therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.367(f)

Compliance Demonstrated with this Subsection: Not-Applicable

§115.368 – Post-Allegation Protective Custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.368(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.368, Section VIII(A)(29), pg. 16. Policy states, "Residents … will be provided with daily large-muscle exercise, educational programming or special education service, daily visits from medical or mental health care clinician and access to regular program opportunity to the extent possible."

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Superintendent
Staff who Supervise Residents in Isolation
Medical and Mental Health Staff
No Residents were in Isolation at the time of the Audit to Interview

Staff reported there have been no instances in which residents were placed in isolation for being at risk of sexual victimization or who alleged to have suffered sexual abuse. Of the 22 residents placed in isolation during 2014, 17 were in isolation for less than four (4) hours. Medical and mental health staff reported daily visits are conducted for residents in isolation. Staff reported all residents placed in isolation was as a result of behavioral problems. Staff also reported that no resident is afforded work opportunities, but

residents are not denied access to programming to the extent possible if they were to be isolated, and that any stay longer than 24 hours would require the director's approval.

Documentation Review/Audit Tour

The agency reported there no reported instances in which segregated housing was used to protect a resident who at risk of sexual victimization or who alleged to have suffered sexual abuse, therefore no documentation to review. The isolation rooms are in close proximity to the control room to allow for easy access by staff and supervision.

Compliance Demonstrated with this Subsection: Yes

§115.371 – Criminal and Administrative Agency Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.371(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.371, Section IV(C), pg. 6. Policy states, "The El Paso Juvenile Justice Center PRE and POST facilities will ensure that an administrative internal investigation will be conducted and completed for all allegations of sexual abuse and sexual harassment that occur. The allegations will also be referred to the EPSO for determination of criminal investigation to be conducted and completed. At their discretion, TJJD may also conduct a separate individual investigation of the allegations."

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff (Pre-Adjudication Staff)

Staff reported the investigation is initiated "right away." Staff reported any PREA related allegation requires immediate response by staff. As soon as a staff member is made aware of the allegation, the staff member is to immediately notify his/her supervisor. Staff reported anonymous or third-party reports are noted, recorded, and the information submitted to TJJD and the Sheriff's Office. The Sheriff's Office is notified within one hour. All other required notifications are completed within a few hours, including the Deputy Chief, who formally assigns the investigator to the case.

Documentation Review

The agency reported there were no allegations of sexual assault reported by any residents in the past 12 months, therefore there were no investigative reports to review.

Compliance Demonstrated with this Subsection: Yes

115.371(b)

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported having completed their training courses online through NIC. Staff interviewed referenced the topics covered during the training pertaining to the required PREA topics. Staff reported any allegation of sexual abuse and sexual harassment would be investigated by the Pre-Adjudication Facility Investigators. The Post-Adjudication Facility Investigators conduct investigation when allegations are made within the Pre-Adjudication Facility. This arrangement was made to maintain the integrity and staff neutrality of the investigative process.

Documentation Review

Training Records: The agency reported three staff is assigned to conduct investigations for the agency. Supporting documentation reflected all investigators have completed the required training. Written policy states, "The Director of the Pre facility (or designee) will conduct investigations for the Post facility. The Director of the Post facility (or designee) will conduct investigations for the Pre facility.

Compliance Demonstrated with this Subsection: Yes

115.371(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.371, Section IX, pg. 17.

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported the evidence collection process would begin immediately, even prior to an investigator being formally assigned to the case. The investigator would schedule an appointment with the alleged victim and alleged perpetrator, identify witness and secure statements, examine the evidence, review statements and made a determination. Evidence collected would include staff schedule, resident housing assignments, logs, videos, witness interview statements, and medical records (pictures and descriptions from nurses/doctors). The investigation would be completed within 30 days and forwarded to the Deputy Chief for approval. Subsequent action would be taken with the alleged perpetrator. Once the investigation is approved and completed, the finding would be reported to TJJD.

Documentation Review

The agency reported there were no allegations of sexual assault reported by any residents in the past 12 months, therefore there were no investigative reports to review.

Compliance Demonstrated with this Subsection: Yes

115.371(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.371, Section IX(O), pg. 17.

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported an investigation would not terminate if the alleged victim recants the allegation. Staff reported the recantation would be noted, but still complete the investigation.

Compliance Demonstrated with this Subsection: Yes

115.371(e)

Policy Review

Standard compliance was demonstrated via Policy No. 115.371, Section IX(P), pg. 18.

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported no interviews would be conducted and the prosecutor and law enforcement would be notified.

Documentation Review

The agency reported there were no allegations of sexual abuse reported by any residents in the past 12 months, therefore there were no investigative reports to review.

Compliance Demonstrated with this Subsection: Yes

115.371(f)

Policy Review

Standard compliance was demonstrated via Policy No. 115.371, Section IX(Q), pg. 18.

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff
No Resident Reported a Sexual Abuse, therefore, there was no one to interview.

Staff reported they would look for consistency of the story, plausibility of story and events, and match information with videos. Staff reported no resident would be required to submit to a polygraph exam.

Compliance Demonstrated with this Subsection: Yes

115.371(g)

Policy Review

Standard compliance was demonstrated via Policy No. 115.371, Section IX(A-B), pg. 17.

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported information would be reviewed for gaps in security, staffing issues and lapse in judgment. Any concerns would include addressing employee issues; reiterate employee roles to all staff; consider revisions in policy; and train and educate.

Documentation Review

The agency reported there were no allegations of sexual abuse reported by any residents in the past 12 months, therefore there were no investigative reports to review.

Compliance Demonstrated with this Subsection: Yes

115.371(h)

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported criminal investigation documentation is the role of law enforcement.

Compliance Demonstrated with this Subsection: Yes

115.371(i)

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported all allegations are reported to law enforcement and they determine referral to prosecution.

Documentation Review

The agency reported there were no allegations of sexual abuse reported by any residents in the past 12 months, therefore there were no cases referred for prosecution.

Compliance Demonstrated with this Subsection: Yes

115.371(j)

Policy Review

Standard compliance was demonstrated via Policy No. 115.371, Section IX(H), pg. 17.

Documentation Review

The agency reported there were no allegations of sexual abuse reported by any residents in the past 12 months, therefore there were no investigative reports to review.

Compliance Demonstrated with this Subsection: Yes

115.371(k)

Policy Review

Standard compliance was demonstrated via Policy No. 115.371, Section IX(I), pg. 17.

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported the investigation would continue until it was completed.

Compliance Demonstrated with this Subsection: Yes

115.371(l)

Compliance Demonstrated with this Subsection: Not Applicable

115.371(m)

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent
PREA Coordinator
PREA Compliance Manager
Investigative Staff

Staff reported they would collaborate with the outside agency and provide resources and assistance as needed. Staff reported EPSO deputies have an office onsite. The auditor interviewed one of the deputies and affirmed the collaborative efforts between both agencies. Staff reported collaborative efforts with outside investigators in order to maintain communications involving an investigation would include phone calls, email communication, correspondence, and communicate information regarding timelines.

Compliance Demonstrated with this Subsection: Yes

§115.372 – Evidentiary Standard for Administrative Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.372(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.372, Section IX(C), pg. 17.

Interviews

The Following Staff were Interviewed by the Auditor:

Investigative Staff

Staff reported the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment is preponderance of the evidence.

Documentation Review

The agency reported there were no allegations of sexual abuse reported by any residents in the past 12 months, therefore there were no case files to review.

Compliance Demonstrated with this Subsection: Yes

§115.373 – Reporting to Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.373(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.373, Section IX(F), pg. 17.

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent
Investigative Staff

Staff reported the resident would be notified.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any residents in the past 12 months, therefore there were no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.373(b)

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any residents in the past 12 months, therefore there were no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.373(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.373, Section IX(L), pg. 17.

Interviews

The Following Residents were Interviewed by the Auditor:

No Resident Reported a Sexual Abuse; therefore, there was no resident to interview.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.373(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.373, Section IX(M), pg. 17.

Interviews

The Following Residents were Interviewed by the Auditor:

No Resident Reported a Sexual Abuse; therefore, there was no resident to interview.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.373(e)

Policy Review

Standard compliance was demonstrated via Policy No. 115.373, Section IX(N), pg. 17.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any residents in the past 12 months, therefore there were no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.373(f)

Compliance Demonstrated with this Subsection: Not Applicable

§115.376 – Disciplinary Sanctions for Staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.376(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.376, Section X(A)(1-4), pg. 18.

Compliance Demonstrated with this Subsection: Yes

115.376(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.376, Section X(A), pg. 18.

Documentation Review

The agency reported there has been no staff member that has been disciplined for violation of agency sexual abuse or sexual harassment policies.

Compliance Demonstrated with this Subsection: Yes

115.376(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.376, Section X(A), pg. 18.

Documentation Review

The agency reported there has been no staff member that has been disciplined for violation of agency sexual abuse or sexual harassment policies.

Compliance Demonstrated with this Subsection: Yes

115.376(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.376, Section X(A), pg. 18.

Documentation Review

The agency reported there has been no staff member that has been disciplined for violation of agency sexual abuse or sexual harassment policies.

Compliance Demonstrated with this Subsection: Yes

§115.377 – Corrective Action for Contractors and Volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.377(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.377, Section X(B)(1), pg. 19.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by residents in the past 12 months nor any contractors or volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

Compliance Demonstrated with this Subsection: Yes

115.377(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.377, Section X(B)(2), pg. 19.

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent

Staff reported a volunteer and contractor would be immediately prohibited from returning to the facility until the completion of the investigation and outcome.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by residents in the past 12 months nor any contractors or volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

Compliance Demonstrated with this Subsection: Yes

§115.378 – Disciplinary Sanctions for Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.378(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.378, Section X(C)(1), pg. 19.

Compliance Demonstrated with this Subsection: Yes

115.378(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.378, Section X(C)(2-4), pg. 19.

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent

Staff reported a resident charged with sexual abuse would be unsuccessfully discharged, sent to the pre-adjudication facility and criminal charges would be filed. Staff also reported sanctions are proportionate to the abuse committed and the resident's history and sanctions imposed for similar offenses by other residents. Staff reported a removal period is used as a disciplinary sanction.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any residents in the past 12 months.

Compliance Demonstrated with this Subsection: Yes

115.378(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.378, Section X(C)(10), pg. 19.

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent

Staff reported if an offense occurred, a resident would be discharged and referred to the court.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any residents in the past 12 months.

Compliance Demonstrated with this Subsection: Yes

115.378(d)

Interviews

The Following Staff were Interviewed by the Auditor:

Medical and Mental Health Staff

Staff reported, if provided, the facility would consider whether to offer the offending resident participation in such interventions

Compliance Demonstrated with this Subsection: Yes

115.378(e)

Policy Review

Standard compliance was demonstrated via Policy No. 115.378, Section X(C)(12), pg. 19.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any staff in the past 12 months.

Compliance Demonstrated with this Subsection: Yes

115.378(f)

Policy Review

Standard compliance was demonstrated via Policy No. 115.378, Section X(C)(13), pg. 19.

Compliance Demonstrated with this Subsection: Yes

115.378(g)

Policy Review

Standard compliance was demonstrated via Policy No. 115.378, Section X(C)(14), pg. 19.

Compliance Demonstrated with this Subsection: Yes

§115.381 – Medical and Mental Health Screenings; History of Sexual Abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.381(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.381, Section XI(A)(1), pg. 20.

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Residents who Disclose Sexual Victimization at Risk Screening
Staff Responsible for Risk Screening

Staff reported residents are referred for a follow-up meeting with a mental health practitioner. Residents reported counselors are available.

Documentation Review

Screening instruments and case files.

Compliance Demonstrated with this Subsection: Yes

115.381(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.381, Section XI(A)(2), pg. 20.

Interviews

The Following Staff were Interviewed by the Auditor:

Staff Responsible for Risk Screening

Staff reported services are not available for adjudicated sex offenders based on the facility's program design. Adjudicated sex offenders are not eligible to participate in the Challenge Program.

Documentation Review

Screening instruments and case files.

Compliance Demonstrated with this Subsection: Yes

115.381(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.381, Section XI(A)(4), pg. 20.

Documentation Review/Audit Tour

Case files are securely maintained in the control room. A checkout and tracking protocol is in place. Medical files are secured within the medical department.

Compliance Demonstrated with this Subsection: Yes

115.381(d)

Compliance Demonstrated with this Subsection: Not Applicable, since all residents are under the age of 18.

§115.382 – Access to Emergency Medical and Mental Health Services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.382(a)

Interviews

The Following Staff were Interviewed by the Auditor:

Medical and Mental Health Staff
No Residents have Reported Sexual Abuse, therefore there was no resident to interview

Medical and mental health staff reported residents are provided emergency medical services, which would be provided immediately, and those decisions would be made by medical and mental health practitioners. The department will transport victims of sexual abuse to Sierra Providence Medical Center.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any residents in the past 12 months. The agency has an agreement with the CASFV to provide mental health counseling services, an agreement with the EPSO for forensic investigation referrals, and an agreement with the El Paso Children's Hospital for emergency medical services.

Compliance Demonstrated with this Subsection: Yes

115.382(b)

Interviews

The Following Staff were Interviewed by the Auditor:

Security Staff and Non-Security Staff First Responders

Staff reported they would immediately report the allegation to a supervisor and take preliminary steps to protect the victim.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.382(c)

Interviews

The Following Staff were Interviewed by the Auditor:

Medical and Mental Health Staff
No Residents have Reported Sexual Abuse, therefore there was no resident to interview

Staff reported residents would be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Documentation Review

The agency reported there have been no reported allegations of sexual abuse made by any residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.382(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.382, Section XI(B)(4), pg. 20.

Compliance Demonstrated with this Subsection: Yes

§115.383 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.383(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.383, Section XI(C)(1), pg. 20.

Audit Tour

The agency provides medical staff, which is housed within the pre-adjudication facility. Medical staff is shared between the pre-adjudication and post-adjudication facilities. Mental health staff provides mental health services within the facility.

Compliance Demonstrated with this Subsection: Yes

115.383(b)

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Medical and Mental Health Staff
No Residents have Reported Sexual Abuse, therefore there were no residents to interview

Staff reported residents would be provided follow-up services. The department contracts with Texas Tech for needed services.

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.383(c)

Interviews

The Following Staff were Interviewed by the Auditor:

Medical and Mental Health Staff

Medical staff reported medical services are provided consistent with the community level of care. Mental Health staff reported the mental health services provided exceed the community level of care.

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.383(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.383, Section XI(C)(4), pg. 20.

Interviews

The Following Residents were Interviewed by the Auditor:

No Residents have Reported Sexual Abuse; therefore there were no residents to interview

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.383(e)

Policy Review

Standard compliance was demonstrated via Policy No. 115.383, Section XI(C)(5), pg. 20.

Interviews

The Following Staff and Residents were Interviewed by the Auditor:

Medical and Mental Health Staff
No Residents have Reported Sexual Abuse; therefore there was no resident to interview

Staff reported timely and comprehensive information and timely access to all lawful pregnancy-related medical services that would be provided.

Compliance Demonstrated with this Subsection: Yes

115.383(f)

Policy Review

Standard compliance was demonstrated via Policy No. 115.383, Section XI(C)(6), pg. 20.

Interviews

The Following Residents were Interviewed by the Auditor:

No Residents have Reported Sexual Abuse, therefore there were no residents to interview

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.383(g)

Policy Review

Standard compliance was demonstrated via Policy No. 115.383, Section XI(C)(7), pg. 21.

Interviews

The Following Residents were Interviewed by the Auditor:

No Residents have Reported Sexual Abuse; therefore there were no residents to interview

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.383(h)

Policy Review

Standard compliance was demonstrated via Policy No. 115.383, Section XI(C)(8-9), pg. 21.

Interviews

The Following Staff were Interviewed by the Auditor:

Medical and Mental Health Staff

Mental health staff reported a mental health evaluation would be conducted on all residents, regardless, and residents would not be treated differently and would be provided treatment.

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore no documentation to review.

Compliance Demonstrated with this Subsection: Yes

§115.386 – Sexual Abuse Incident Reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.386(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.386, Section XI(D)(1), pg. 21.

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.386(b)

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.386(c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.386, Section XI(D)(3), pg. 21.

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent

Staff reported reviews would be done within 30 days and noted individuals that would be part of the review team.

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.386(d)

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent
PREA Compliance Manager

Staff discussed items the incident review team would consider, as well as the makeup of some of the team members, the review of data collected. Staff also reported all residents shower separately and out of view of any staff of peer cadets.

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

115.386(e)

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months, therefore there was no documentation to review.

Compliance Demonstrated with this Subsection: Yes

§115.387 – Data Collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.387(a) and (c)

Policy Review

Standard compliance was demonstrated via Policy No. 115.387, Section XI(E)(1), pg. 21.

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months. The agency is set up to collect the required data, including data pertaining to sexual harassment.

Compliance Demonstrated with this Subsection: Yes

115.387(b)

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months. The agency is set up to collect the required data, including data pertaining to sexual harassment.

Compliance Demonstrated with this Subsection:

115.387(d)

Policy Review

Standard compliance was demonstrated via Policy No. 115.387, Section XI(E)(4), pg. 22.

Compliance Demonstrated with this Subsection: Yes

115.387(e)

Compliance Demonstrated with this Subsection: Non-applicable as the agency is a stand-alone agency and does not contract for the confinement of its residents.

115.387(f)

Compliance Demonstrated with this Subsection: Not applicable. To date, the DOJ has not requested agency data

§115.388 – Data Review for Corrective Action

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.388(a)

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Head
PREA Coordinator
PREA Compliance Manager

Staff reported information is provided to the County Commissioners for consideration, including for budget purposes. Staff reported data is being collected and would be reviewed. Staff reported an Annual Report is done for the department. Staff reported there have been no allegations of sexual abuse.

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months.

Compliance Demonstrated with this Subsection: Yes

115.388(b)

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months.

Compliance Demonstrated with this Subsection: Yes

115.388(c)

Interviews

The Following Staff were Interviewed by the Auditor:

Agency Head

Staff reported reports are approved.

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months. The comparison data report is posted on the agency's website: http://www.epcounty.com/jvprobation/

Compliance Demonstrated with this Subsection: Yes

115.388(d)

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Coordinator

Staff reported data is being collected and information would be redacted, as needed.

Documentation Review

The agency reported there were no reported allegations of sexual abuse made by residents in the past 12 months.

Compliance Demonstrated with this Subsection: Yes

§§115.389 – Data Storage, Publication, and Destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

X☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.389(a)

Policy Review

Standard compliance was demonstrated via Policy No. 115.389, Section XI(E)(7)(a), pg. 22.

Interviews

The Following Staff were Interviewed by the Auditor:

PREA Coordinator

Staff reported data a data collection system is in place and is aligned with TJJD. Data is collected per incidents and assessed for operational effectiveness. No personal identifiers are included in reports, only numbers and an annual report is done for the department.

Compliance Demonstrated with this Subsection: Yes

115.389(b)

Policy Review

Standard compliance was demonstrated via Policy No. 115.389, Section XI(E)(7)(b), pg. 22.

Documentation Review

The report is posted on the agency's website: http://www.epcounty.com/jvprobation/

Compliance Demonstrated with this Subsection: Yes

115.389(c)

Documentation Review

The report does not contain personal identifiers and is posted on the agency's website: http://www.epcounty.com/jvprobation/

Compliance Demonstrated with this Subsection: Yes

115.389(d)

Documentation Review

Standard compliance was demonstrated via Policy No. 115.389, Section XI(E)(7)(d), pg. 22.

Compliance Demonstrated with this Subsection: Yes

AUDITOR CERTIFICATION:

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

A. T. A.

Ana T. Aguirre, ATA3 Consulting, LLC

10-4-15

Date