PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES

NATIONAL PREA RESOURCE CENTER

Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]					
Name of facility:	Judge Enrique H. Pena Juvenile Justice Center				
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 2-6, 2015; September 4, 2015				
Facility Information					
Facility mailing address: *(if different from above)*					
Telephone number:	915-849-2600				
The facility is:	☐ Military	X County	☐ Federal		
	☐ Private for profit	☐ Municipal	☐ State		
	☐ Private not for profit				
Facility Type:	X Detention	☐ Correction			
Name of PREA Compliance Manager:	Mike Soto			**Title:**	PREA Coordinator
Email address:	misoto@epcounty.com			**Telephone number:**	915-849-2586
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 Judge Enrique H. Pena Juvenile Justice Center (JEHPJJC) Pre-Adjudication Facility in El Paso, Texas was conducted on February 2-6, 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 weeklong onsite visit, the first two and a half days focused primarily on the pre-adjudication facility. Ms. Aguirre toured the pre-adjudication facility program areas, including common areas shared with the post-adjudication facility, which was scheduled to be the primary focus during the last 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 12 residents from all of the housing units; over 29 staff, of which over 26 were specialized staff and included contractors and volunteers. During the post audit phase and subsequent onsite visit, eight staff and two residents were interviewed. Because the JEHPJJC 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 question 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; Mike Soto, PREA Coordinator; and Louis Castillo, Facility Administrator.

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

The JEHPJJC is a secure 62-bed facility that houses both Pre-Adjudication male and female residents between 10 and 17 years of age. The facility design consists of six (6) housing units with 10 individual rooms in each unit, including a day area and one shower in each unit. Each individual room contains a bed, sink and toilet. Housing Units A and B are designated for the female residents; Housing Units C, D, E and F are designated for the male residents. During the on-site audit period, the current population stood at 53 residents. The population included 37 males and 16 females. Two individual cells serve as a suicide observation rooms or restrictive housing rooms.

The facility maintains two (2) contracts with a county and the U.S. Marshall's Office by providing pre-adjudication services.

The security aspect of the facility is designed to contain all operations within one building. There is no access to the outdoors. The facility is designed to bring support services to the residents into each housing unit: food, education and recreation (card/board games). The building also contains a fully functional kitchen and a laundry room. Residents are not allowed in the kitchen or laundry areas. There is a medical department, which includes one exam room. All perimeter locks in the 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.

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 JEHPJJC reported three (3) allegations of sexual harassment were received: two were determined to be inconclusive, and the third one was determined to be founded. Although required to conduct an incident review of sexual abuse incidents, the auditor noted the agency applied the incident review process to allegations of sexual harassment and created a corrective action plan as a result of the review. The corrective action plan included all staff being refreshed on agency's expectations regarding sexual harassment in the work place and with the juveniles. Additionally, the agency has requested audio recording be added to the video surveillance system. The report reflects no retaliation or recurrence was reported.

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. 1-23. The initial policies enumerated as 343 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, 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 was Interviewed by the Auditor:

PREA Compliance Manager

Staff reported managing time while working towards PREA compliance has been hectic but it got done. Staff reported the PREA Coordinator position was created and has been helpful.

Documentation Review

Initially, the agency designated a PREA Coordinator for the pre-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 Pre-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, 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)(b)

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 with staff, to date, the JEHPJJC has not entered into any contracts with private entities or other governmental agencies for the confinement of its residents.

§115.313 – Supervision and Monitoring

☐ 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)

115.313(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 the "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 also reported staff training has helped the facility come into compliance, regular meetings with team leaders are conducted to discuss PREA, unannounced rounds are now conducted, a Community Grievance Form and process was created and is now posted on the agency's website. Staff reported all staff is trained (policy requires annual training).

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. Female residents are housed in the female housing unit and were being supervised by female staff. The facility's staff shift roster and resident housing assignments reflecting proper staff coverage and staff assignments. A TJJD Compliance Monitoring Enforcement Tracking System (COMETS) report dated 8-18-14, reflecting full compliance with the following TJJD Standards: 343.340 Minimum Facility Supervision, and 343.434 Facility-Wide Ratio. A Shift Assignment schedule reflected the minimum of male and female staff required to meet adequate coverage. The facility operates on an 8-hour schedule: 7:00 AM – 3:00 PM; 3:00 PM – 11:00 PM; and 11:00 PM – 7:00 AM. The facility's Operational Budget includes consideration for psychiatric, clinical

and medical services and overtime costs as well as general operational costs. A program schedule was also reviewed. 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 had funding for all positions and also have an overtime budget.

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; therefore the agency has complied with the staffing plan. Additionally, policy 115.313, pg. 4, 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)

115.313(c) is **Not Applicable** as it applies in the future – Any facility that, as of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing rations set forth in this paragraph shall have until October 1, 2017, to achieve compliance. At the time of the audit, the facility maintains a 1:8 staff ratio during waking hours, which is in compliance with the standard. During sleeping hours, the facility complies with the Texas Juvenile Justice Department standard, which calls for a 1:18 staff ratio. The PREA standard requires a minimum of 1:16 staffing ratio during sleeping hours. Staff reported a "Plan of Action" is being developed in response to the October 1, 2017 date by which the agency must meet the required a 1:16 staffing ratio.

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, NIC resources.

Documentation Review

A TJJD Compliance Monitoring Enforcement Tracking System (COMETS) report dated 8-18-14, reflecting full compliance with the following TJJD Standards: 343.340 Minimum Facility Supervision, and 343.434 Facility-Wide Ratio. .

Compliance Demonstrated with this Subsection: Yes

115.313(e)

Interviews

The Following Staff were Interviewed by the Auditor:

Intermediate or Higher-Level Facility Staff

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

Documentation Review

At the time of the on-site audit, the practice of conducting unannounced rounds had not been implements. Subsequently, and as part of the corrective action plan, a review of documentation dated August 2, 2015, reflected the unannounced rounds were being documented. .

Audit Tour

While conducting the subsequent onsite review (tour), the auditor reviewed the logbook containing documentation of the unannounced rounds.

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

The staff interviewed reported there were 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

Note: A memo from the medical services department, dated June 11, 2014, "…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.

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 most residents interviewed confirmed staff announces 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, Pg. 4, addresses the prohibition of searching or physically examining a transgender or intersex resident for the 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 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
Residents with Limited English Proficiency

At the time of the on-site audit, there were two residents at the facility that required interpretation. One of the residents was randomly selected for an interview and confirmed he was provided PREA related information verbally in Spanish by Spanish speaking staff. The agency head reported compliance with the agency policy and the standard.

Documentation Review

The following items are available for the residents and staff: translated Spanish version PREA posters that are posted throughout the facility and in the housing units, PREA brochures, and Resident Handbook

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:

Residents with Limited English Proficiency

At the time of the on-site audit, there were two residents at the facility that required interpretation. One of the residents was randomly selected for an interview and confirmed he was provided PREA related

information verbally in Spanish by Spanish speaking staff. 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, Resident 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
Residents with Limited English Proficiency

At the time of the on-site audit, there were two residents at the facility that required interpretation. One of the residents was randomly selected for an interview and confirmed he was provided PREA related information verbally in Spanish by Spanish speaking staff. Staff interviewed reported compliance with the agency policy and the standard and the unlikelihood that Spanish-speaking staff would not be available to translate for Spanish speaking residents.

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 six (6) 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. Additionally, supporting documentation of a Texas Juvenile Justice Department (TJJD) Standards Compliance Report, dated 08-18-14, reflected a 100% compliance with the TJJD Criminal History Searches standards requirements on a random selection of juvenile supervision officers.

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 checks to make sure new hires are not listed on the DPS Sex Offender Registry.

Documentation Review

The visiting auditor reviewed six (6) 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. A review of the visiting auditor's 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 six (6) 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 their 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)

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)

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.

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

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. Staff reported, although it has not been utilized, the JPD has now also formally secured the Center Against Sexual and Family Violence (CASFV), 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. Staff reported information on the CASFV is posted next to the PREA posters in each housing unit. 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 and services have not been utilized, residents are made aware services would be provided as requested.

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 to 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 were three allegations of sexual harassment reported. All three allegations were also reported to TJJD. At the time of the first onsite audit, two administrative investigations had been completed and one administrative investigation was still pending completion. The third investigation was pending TJJD's final review. By the time the second onsite review was conducted, the third investigation had been completed.

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.

There were three allegations of sexual harassment reported. All three allegations were also reported to TJJD. At the time of the first onsite audit, two administrative investigations had been completed and one administrative investigation was still pending completion. The third investigation was pending TJJD's final review. By the time the second onsite review was conducted, the third investigation had been completed. Two of the investigations were determined to be inconclusive; the third investigation was ruled as "Founded."

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 six staff was interviewed and reported receiving training in 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 have 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 training records reflected all but two staff had participated in PREA related training. Upon further inquiry, it was determined the two staff in question were no longer employed by the department.

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 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 five (5) 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 five (5) 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

Agency policy also requires a pre/post test will be given to ensure the volunteers and contractors understand the training received and will sign an acknowledgement that they understood the training received. 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

Staff reported residents are provided with PREA related information at intake and, if needed, the information is translated in Spanish if the child speaks primarily Spanish. Staff reported if a resident can not read, the PREA information is read to the resident. Residents reported receiving the information right away and if they had any questions, they could ask. Residents and staff reported seeing a PREA video every Friday after the resident was admitted into detention.

Documentation Review

The facility prepared a juvenile 'mock' file for the visiting auditor. The agency reported there were 400 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 six (6) resident admission files

(records). The resident handbook incorporates the PREA Brochure titled, "Abuse is a Crime! Tell Someone," and is part of the admission process. The intake process takes approximately one hour.

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 the PREA information is explained, and sometimes read, to the residents upon admission. The information provided includes the residents' rights to be free from sexual abuse, how to report, their right to be free from retaliation, and the facility's rules. Residents reported the PREA related information is provided upon admission and being advised how they could report, how to file a grievance, and that a PREA video is viewed by the residents every Friday.

Documentation Review

Compliance was also verified via a review of a randomly selected sample of six (6) resident admission files (records) and Resident 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 reviewing and explaining the PREA information, and by reading or translating the information, if needed.

Documentation Review

Compliance was also verified via a review of a randomly selected sample of six (6) 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. Staff and residents advised bilingual staff provides translation needed. Agency policy requires residents are provided PREA related information during the admission process verbally and through the resident handbook. The resident 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 six (6) 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 Resident Handbooks, PREA posters (English and Spanish) were posted in each housing unit, and also posted throughout the corridors right next to the 'hotline' phones, which were visible to all residents when there was movement of residents within the facility. 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)(1), pg. 9, states, "Upon intake and periodically throughout the resident's confinement… 1. Pre – the facility objective screening instrument, follow up questionnaire, intake behavioral screening form, intake behavioral screening follow-up questionnaire, and medical health screening forms." 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 one (1) hour.

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. The auditor noted all residents and staff reported feeling safe in the facility and voiced no concerns.

Documentation Review

Admission records reflected information was collected, and follow-up reviews are conducted and documented by clinical staff. 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 intake forms are utilized: Detention Admission Information Form, Detention Coversheet General Information Form, and the Mental and Physical Health Screening Form; Massachusetts Youth Screening Instrument (MAYSI-2); Medical Health Screening; Juvenile Physical Description; and the Receiving Transport Acknowledgement Forms.

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 observation and interviews/conversations with the resident, as well as information secured from the medical and mental health staff; plus a review of all screening/intake information.

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. All information is entered into the resident's secure electronic file. 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 modified to meet the PREA standards and that staff are adjusting to the changes. Additionally, the orientation book changes and the residents are more aware of PREA. Staff reported they are watchful of resident behavior, allow no touching and correct behavior when needed. 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 into 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 residents placed in isolation, 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. Residents would not be placed in isolation for more than 72 hours. Staff reported residents received daily visits from medical or mental health staff or as needed. 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
Transgender/Intersex/Gay/Lesbian/Bisexual Residents

Staff reported the facility does not have a special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents. While interviewing randomly selected residents, one resident self-identified as LGBTI to the auditor. The resident did not recall being asked about their safety but stated feeling safe at the facility. The resident acknowledged the LGBTI status had not been reported to staff, but knew a counselor or doctor is available, if needed. The resident reported not being placed in a housing unit only for LGBTI residents. During the second onsite review visit, randomly selected residents reported being asked about their safety. These residents voiced no concerns for their safety while at the facility.

Documentation Review/Tour

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 Compliance Manager
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 and with the resident's input.

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 Compliance Manager
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 there has been no known identified transgender or intersex residents. Staff also reported residents are more accepting of LGBTI youth and staff are also accepting of LGBTI youth as well. While interviewing randomly selected residents, one resident self-identified as LGBTI to the auditor, but that the LGBTI status had not been reported to staff. The resident acknowledged having access to a counselor if needed. The resident reported feeling safe at the facility.

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

Staff reported all residents shower separately and one at a time. All residents reported they 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 were 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 residents placed in isolation are checked at 10 or 15 minute intervals based on their status.

Documentation Review

There were 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, a counselor, team leader, the director (facility administrator), supervisor, resident's

attorney or parent, staff outside (probation officer), 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 resident handbooks and PREA brochures were provided to the auditor. Attached and as part of the resident 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. One resident reported they can report to the Chief (Chief JPO). Staff reported residents can also contact the EPSO, CASFV, parents, their attorney, 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 nursing staff, a probation officer, and other residents.

Documentation Review

In the past 12 months, three residents made three allegations of sexual harassment. One allegation was reported by the resident directly to staff; two allegations were reported by the residents via the grievance process.

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, three residents made three allegations of sexual harassment. One allegation was reported by the resident directly to staff; two allegations were reported by the residents via the grievance process. One resident that had reported a sexual harassment allegation was still at the facility during the first onsite review. The resident interviewed reported using the grievance process when reporting the allegation and submitting a written grievance form.

Documentation Review

Sample grievance form and resident handbook; both available in English and Spanish. Staff provided access to the investigative reports pertaining to the three sexual harassment investigations. At the time of the first onsite review, one report was still pending final review by the TJJD. At the time of the second onsite review, all investigations had been completed.

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 go directly to the facility director, use the TJJD hotline, and submit a written report.

Documentation Review

Agency policy.

Compliance Demonstrated with this Subsection: Yes

§115.352 – Exhaustion of Administrative Remedies

☐ 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

The agency reported there were three allegations for sexual harassment and no allegations of sexual abuse in the past 12 months, therefore there was no sexual abuse related documentation to review.

Documentation Review

The agency reported there were three allegations for sexual harassment and no allegations of sexual abuse in the past 12 months, therefore there was no sexual abuse related 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 there were three allegations for sexual harassment and no allegations of sexual abuse in the past 12 months, therefore there was no sexual abuse related 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 there were three allegations for sexual harassment and no allegations of sexual abuse in the past 12 months, therefore there was no sexual abuse related 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 there were three allegations for sexual harassment and no allegations of sexual abuse in the past 12 months, therefore there was no sexual abuse related 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 resident 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 resident 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 and parents and that this information is included in the resident handbook.

Documentation Review/Audit Tour

The resident 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 Pre-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. Staff elaborated on internal staff they could also make a report to, plus the requirement to write an incident report.

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, medical staff, and administration would be notified, and that reporting protocols would be followed. The child's attorney would also be contacted.

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

Staff reported three allegations of sexual harassment and no allegations of sexual abuse had been made in the past twelve months. All allegations were referred to the investigators as well as reported to the EPSO and TJJD. At the time of the first onsite review, one investigation was pending TJJD final review. At the time of the second onsite review, the third investigation had been completed and closed.

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, they would develop a plan of action and assign an investigator, call in the employee, reassign, or place the employee on administrative leave with or without pay pending 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 allegation of sexual abuse in the past 12 months, staff reported on the steps they would follow in responding to the allegation. 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. Leadership staff reported ongoing PREA interaction with residents and unannounced rounds would occur. Monitoring staff reported retaliation allegations would be documented on the incident review report and reported to a supervisor. Staff also reported the Community Grievance form is posted on the agency website. 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. A resident that had reported a sexual harassment allegation against a staff member was interviewed and reported an investigation was conducted and being interviewed by staff and by a detective from the "State" and that the staff member involved in the allegation was "no longer with detention."

Documentation Review

No allegations of sexual abuse and three allegations of sexual harassment had been reported in the past year. The grievance forms were modified, and there were no reports of retaliation reported.

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 the monitoring for retaliation would continue until any concerns related to behavior or depression patterns

stopped or until the resident was released. Staff reported any retaliation allegations involving staff would result in the removal of the staff.

Documentation Review

No allegations of sexual abuse and three allegations of sexual harassment had been reported in the past year. The grievance forms were modified, and there were no reports of retaliation reported.

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 and look for changes in behavior or depression or acting out. Staff reported they would pull residents aside and talk with them and inquire on what was going on.

Documentation Review

No allegations of sexual abuse and three allegations of sexual harassment had been reported in the past year. The grievance forms were modified, and there were no reports of retaliation reported.

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 follow-up and interact with residents and staff, and reassign staff if necessary.

Documentation Review

No allegations of sexual abuse and three allegations of sexual harassment had been reported in the past year. The grievance forms were modified, and there were no reports of retaliation reported.

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

The agency reported there no reported instances in which segregated housing was used to protect a resident who alleged sexual abuse as no allegations of sexual abuse was reported in the past 12 months. Medical and mental health staff reported daily visits are conducted for residents in isolation. Staff reported residents would be afforded programming, and would be provided programming independently as a last resort. Staff also reported any stay would be no longer than 72 hours.

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 housing units 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 and that the law enforcement agency is notified regardless. Staff reported the TJJD form call for a law enforcement referral. Staff is required to immediately report allegations to supervisors, and normally TJJD is notified within one hour. Staff reported third-party and anonymous reports are also reported to law enforcement and TJJD and the same investigative process is used as with other investigations.

Documentation Review

The agency reported there were no allegations of sexual abuse and three allegations of sexual harassment reported by residents in the past 12 months. Records were maintained for each investigation. Two investigations were determined to be inconclusive. At the time of the first onsite visit, one of the three investigations was still pending final review by TJJD. During the subsequent onsite review, the remaining investigation was completed and determined to be "founded."

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 Post-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 as soon as a staff member is made aware of the allegation, the staff member is to immediately notify his/her supervisor as well as TJJD and a referral would be made to law enforcement. Statements from staff and residents would be secured, any videos would be secured, reports would be written, the outcome would be determined, including the rationale and a recommendation would be noted. The report would be sent to the facility administrator, who would then submit it to the Chief or Deputy Chief Juvenile Probation Officer and subsequently submitted to TJJD. All evidence, including videos, grievances, witness statements and any items secured from the scene that are tied to the investigation, such as clothing, would be collected.

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(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 be concluded even 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 TJJD and law enforcement would be notified and staff would do as TJJD and law enforcement directed.

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 hear the allegation first, and maintain an open mind. Staff reported no resident would be required to submit to a polygraph exam, as it would be beyond their scope.

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 written information gathered would be reviewed for gaps in what was reported and what actually happened, such as reviewing and comparing what is recorded on the videos. Staff reported all the information is documented on the Standard Form per TJJD.

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 the EPSO forwards the criminal investigation report to the department, which is then forwarded to TJJD.

Documentation Review

The agency reported there were no allegations of sexual abuse reported by any residents in the past 12 months, therefore there were not files to review.

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 regardless of whether the employee terminates employment or resident leaves the facility prior to the completion of the investigation.

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 full cooperation with outside investigators, and staff would maintain communications by phone to remain informed on the investigation's progress.

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 one staff member that has been disciplined for violation of agency 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 one staff member that has been disciplined for violation of agency 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 reported to law enforcement or licensing boards (no terminations or resignations prior to termination) for violating 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 face a Major Rule Violation and additional criminal charges. The resident would be referred to law enforcement and would immediately be separated from the alleged victim resident, as well as face any sanctions from 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(c)

Policy Review

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

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

While randomly interviewing residents, all residents denied sexual victimization prior to their admission into the pre-adjudication facility. Mental Health and Medical staff reported victims of prior sexual abuse are provided appropriate services.

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

Mental health staff reported services are provided to residents with prior sexual abuse perpetration. The agency has employed a properly credentialed staff member to work specifically with residents with sexual behavior problems.

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. 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

During the first onsite visit, staff reported the incident review procedures were still pending completion. Staff finalized policies and procedures during the corrective action phase. During the second onsite audit

phase, it was noted that although no sexual abuse allegation had been reported, an incident based data review was conducted pertaining to the three sexual harassment allegations reported during the past 12 months.

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. Staff presented the "PREA 115.388 Annual Corrective Action Plan August 2015" in response to the sexual harassment allegations reported. The standard requires incident reviews of sexual abuse allegations.

Compliance Demonstrated with this Subsection: Yes

115.386(d)

Interviews

The Following Staff were Interviewed by the Auditor:

Superintendent
PREA Compliance Manager

Staff reported all residents shower separately, one at a time, and outside the view of staff and peers. During the first onsite visit, staff reported the incident review procedures were still pending completion. Staff finalized policies and procedures during the corrective action phase. During the second onsite audit phase, staff reported, and it was noted, that although no sexual abuse allegation had been reported, an incident based data review was conducted pertaining to the three sexual harassment allegations reported during the past 12 months. Staff reported the incident report format was also modified to capture additional information related to PREA.

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. Staff presented to the auditor the "PREA 115.388 Annual Corrective Action Plan August 2015" in response to the sexual harassment allegations reported. The standard requires incident reviews of sexual abuse allegations and not of sexual harassment incidents. The "Corrective Action" taken as a result of the review of the sexual harassment incidents included all staff being refreshed on the expectations regarding sexual harassment in the work place and with the juveniles; an individual staff member's performance improvement plan; and a agency request that audio recording be added to the facility's video surveillance system. It was noted no retaliation or recurrence of sexual harassment have been reported.

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. In response to the incident based data reviewed pertaining to the three sexual harassment allegations, it was noted the agency has already requested an upgrade of the video monitoring technology to include audio capability.

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: Yes. Staff reported receiving a request by the DOJ for the data on July 28 2015. The agency was in the process of preparing the data for submission and reported the data was due to the DOJ by September 15 2015.

§115.388 – Data Review for Corrective Action

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)

115.388(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. Staff presented to the auditor the "PREA 115.388 Annual Corrective Action Plan August 2015" in response to the sexual harassment allegations reported. The standard requires incident reviews of sexual abuse allegations and not of sexual harassment allegations. The "Corrective Action" taken as a result of the review of the sexual harassment incidents included all staff being refreshed on the expectations regarding sexual harassment in the work place and with the juveniles; an individual staff member's performance improvement plan; and a agency request that audio recording be added to the facility's video surveillance system. It was noted no retaliation or recurrence of sexual harassment have been reported.

Compliance Demonstrated with this Subsection: Yes. Exceeds.

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/

Staff presented to the auditor the "PREA 115.388 Annual Corrective Action Plan August 2015" in response to the sexual harassment allegations reported. The standard requires incident reviews of sexual abuse allegations and not of sexual harassment allegations. The "Corrective Action" taken as a result of the review of the sexual harassment incidents included all staff being refreshed on the expectations regarding sexual harassment in the work place and with the juveniles; an individual staff member's performance improvement plan; and a agency request that audio recording be added to the facility's video surveillance system. It was noted no retaliation or recurrence of sexual harassment have been reported. The report reflects the agency head's signature.

Compliance Demonstrated with this Subsection: Yes. Exceeds.

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 j 10-4-15

Ana T. Aguirre, ATA3 Consulting, LLC Date