



<b>Email:</b> mike.breedlove@cornerstoneprograms.com	<b>Telephone:</b> 806-495-1261
<b>PREA Coordinator Reports to:</b> Joseph Newman	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

### Facility Information

<b>Name of Facility:</b> Garza County Regional Juvenile Center			
<b>Physical Address:</b> 800 N. Ave F; Post, Texas 79356			
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.			
<b>Telephone Number:</b> 806-495-1506			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other

**Facility Mission:** : Cornerstone's mission is to operate safe programs that change the values, decision making and behaviors of at-risk youth. We achieve this through a comprehensive approach to treatment and by maintaining the highest quality of staff and standards

**Facility Website with PREA Information:** www.cornerstoneprograms.com

**Is this facility accredited by any other organization?**  Yes  No

### Facility Administrator/Superintendent

<b>Name:</b> Michael Breedlove	<b>Title:</b> Facility Director
<b>Email:</b> mike.breedlove@cornerstoneprograms.com	<b>Telephone:</b> 806-495-1261

### Facility PREA Compliance Manager

<b>Name:</b> Michael Breedlove	<b>Title:</b> Facility Director
<b>Email:</b> mike.breedlove@cornerstoneprograms.com	<b>Telephone:</b> 806-495-1261

### Facility Health Service Administrator

<b>Name:</b> Benjamin Edwards	<b>Title:</b> M.D.
<b>Email:</b> Edwards@veritasmmedical.com	<b>Telephone:</b> 855-683-7482

### Facility Characteristics

<b>Designated Facility Capacity:</b> 96		<b>Current Population of Facility:</b> 56	
<b>Number of residents admitted to facility during the past 12 months</b>			197
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>			174
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			174
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>			0
<b>Age Range of Population:</b>	10-19		
<b>Average length of stay or time under supervision:</b>			6-9 months
<b>Facility Security Level:</b>			High Restriction
<b>Resident Custody Levels:</b>			Medium-High
<b>Number of staff currently employed by the facility who may have contact with residents:</b>			58
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>			23
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>			03
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 1		<b>Number of Single Cell Housing Units:</b> 7	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		0	
<b>Number of Open Bay/Dorm Housing Units:</b>		0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		3	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
In September 2016 a new video surveillance system was added to the facility, increasing the number of cameras from 23 to 58. The system upgrade is a fully HD color system with recording capability, which replaced a black/white analog system. The surveillance cameras are monitored from a central control room 24 hours a day.			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Infirmary – In house	
<b>Forensic sexual assault medical exams are conducted at:</b>		University Medical Center – Lubbock, Texas	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>			2
<b>Number of investigators the agency currently employs to investigate allegations of</b>			0

sexual abuse:	
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# Audit Findings

## Audit Narrative

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

The Prison Rape Elimination Act (PREA) on site audit of the Garza County Regional Juvenile Center was conducted in Post, Texas on August 9-10, 2017. The audit was conducted by U.S. Department of Justice Certified PREA Auditors Allen Wallace and Dwight Sadler.

Pre-audit preparation included verification of PREA audit notices being posted at least six weeks prior to the audit and containing necessary contact information and a review of the Pre-Audit Questionnaire, facility policies, and documentation supporting compliance with each standard.

The Facility Administrator at the Garza County Regional Juvenile Center also serves as the PREA Coordinator for the facility. The PREA Coordinator was present throughout both days of the on-site audit. The audit began with a brief meeting with the facility leadership team at which time the schedule for the audit activities was discussed and finalized.

Following the entrance meeting a comprehensive tour of the facility was provided. The PREA Coordinator accompanied the auditors for the tour. The tour consisted of all resident dorms, office/administrative areas, the gym area which is also where the residents eat and the two education buildings that consist of four classrooms. A tour of the exterior of the facility was also provided and included a review of the maintenance room and discussion of several cameras that have been added to enhance supervision of the outside recreation yard. During the tour attention was given to lines of sight, the identification of blind spots, the level of youth supervision, PREA related material, camera coverage, and discussion with staff and residents. Several areas without camera coverage included a Unit Manager's office, a male Therapist's office, the school computer room, and the school Principal's office. Since the facility's initial PREA audit was conducted in 2014, the facility has increased the number of cameras from 23 to 58 with the majority of the new cameras placed in the interior part of the building.

PREA posters were displayed in English and Spanish throughout the facility. Camera placement was reviewed and verified that they were restricted to areas that do not involve the residents showering, using the bathroom, or changing clothes. It was noted that Dorms A,B, and C were dimly lit around the shower areas and therefore dark on the cameras.

Following the tour the auditors conducted interviews with the staff and residents for the remainder of the day. The PREA Coordinator provided a comprehensive list of all facility staff by shift and job assignment and residents by housing units. There were a total of 56 residents in the facility on the first day of the audit. The random selection of residents was inclusive of all housing units and programs within the facility including youth from the Bureau of Prisons (BOP), the pre adjudicated youth, and post

adjudicated youth from the county and state programs. The random selection of Juvenile Supervision Officers (JSOs) was inclusive of all three shifts. The list of residents and staff selected for interviews was provided to the PREA Coordinator who coordinated the interview process. Specialized staff were interviewed and were randomly chosen to include an intermediate and higher level staff, medical and mental health staff, human resources, volunteers, staff who conduct intakes, staff who perform screening for risk of victimization and abusiveness, staff who monitor for retaliation, first responders, staff on the incident review team, and staff who supervise residents in isolation.

The second day of the on-site audit was spent completing interviews, including the Facility Superintendent and PREA Coordinator, and reviewing documentation to determine compliance. A total of 16 staff, 8 direct care and 8 specialized, and 13 residents were interviewed. Documentation reviewed included randomly selected resident files, employee files, and volunteer/contractor files. At the end of the second day an exit meeting was held with the Facility Superintendent before leaving the facility.

## Facility Characteristics

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

The Garza County Regional Juvenile Center is a 96 bed secure residential program for moderate to high risk males and females located in Post, Texas. The facility is equipped with 58 surveillance cameras throughout the interior and exterior portions of the facility to help ensure the safety and security of the staff and youth. The cameras are monitored from the control room area and have recording capability. This represents an increase of 35 cameras from the time of the facility's initial PREA audit in 2014. The recording capabilities are also an addition since the time of the initial audit. The facility is comprised of 1 building with 7 dorms. Each wing houses residents and has a multi-purpose room for resident recreation and activities. Five of the dorms are designed with 16 individual rooms and 2 dorms are built with 8 individual rooms. Individual showers are located in the back of each of the dorms and are equipped with curtains to provide privacy. There is an indoor gym that is also used as a dining area. The kitchen is located just off of the gym. Two modular buildings are located off the North end of the facility that each contain 2 classrooms. Education is provided by the Post Independent School District. There is an infirmary that includes the intake area and two nurse's offices. The facility has nurses on site during program hours 7 days a week. There are multiple administration offices, classrooms, and storage rooms within the facility. There is a large secure visitation area located off the lobby towards the entrance of the facility. Two large, fenced in recreation yards are located on the east and northeast sides of the facility.

The Garza County Regional Juvenile Center provides residential treatment for post adjudicated adolescent males and females for various counties throughout the State of Texas as well as the Texas Juvenile Justice Department (TJJD), the State of Nevada, and the Federal Bureau of Prisons (BOP). The facility offers drug and alcohol treatment, sex offender therapy, gender specific programming for girls, and vocational training. The average length of stay for the post adjudicated youth is 6-9 months. The facility also provides pre-adjudicated detention services for multiple counties throughout the State of Texas. Any criminal investigations at the facility would be conducted by the Garza County Sheriff's Office, with possible assistance from the TJJD Office of Inspector General (OIG). Administrative investigations are conducted by

the TJJD Administrative Investigations Division (AID). SAFE/SANE examinations are conducted at the University Medical Center (UMC)- Emergency Medical Services Department in Lubbock, Texas.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 01

115.317

**Number of Standards Met:** 40

115.311, 115.312, 115.313, 115.315, 115.316, 115.318, 115.321, 115.322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

**Number of Standards Not Met:** 00

### Summary of Corrective Action (if any)

115.315 – In order to gain compliance with this standard the facility will need to provide additional documentation of training for staff regarding cross gender/transgender and intersex pat searches. Documentation provided during the corrective action period should include training materials and sign-in sheets verifying staff attendance.

115.322 – In order to gain compliance with this standard the facility needs to update their webpage to include their zero tolerance policy statement and identify the investigative agency(s) as well as their contact information, so persons wanting to make 3<sup>rd</sup> party reports may do so.

115.354 – Same as 115.322

115.364 - In order to gain compliance with this standard the facility will need to provide documentation of training for staff regarding the responsibilities of 1<sup>st</sup> responders. The training should address all requirements of the standard including evidence protocols. Documentation provided during the corrective action period should include training materials and sign-in sheets verifying staff attendance.

### Summary of Corrective Action since the Audit:

The Interim Audit report was sent to Garza County Regional Juvenile Center (GCRJC) on September 25, 2017 with corrective action for each of the 4 non-compliant standards.

On October 3, 2017 the facility administrator requested the auditors to review the facility's website to determine if the additions made met the requirements for 115.322 and 115.354. On October 10, 2017 the auditor advised the facility the additions to the website appeared to be appropriate and met the requirements in 115.322 and 115.354. The additions were short, to the point and easily understood. The auditors did make a recommendation (reference 115.388) that the website be updated to include a table/chart that shows a clear comparison of year to year facility data in the posted annual report. The current posted annual report includes that data - but in paragraph form.

On November 15, 2017 the facility provided the auditors the following documentation: a) training curriculum: PREA Security Training: Pat-Down on Cross-Gender, Transgender or Intersex; b) Staff Training Attendance Signature Logs; and c) Facility Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting with emphasis on first responders duties and evidence protocols. Training was provided to staff on October 25<sup>th</sup>, 26<sup>th</sup>, and 27<sup>th</sup> 2017.

On December 06, 2017 telephone interviews were conducted with 4 facility line staff to ensure they were knowledgeable of the facility's policy and practice on cross gender and transgender pat down searches; and first responder's duties and evidence protocols. Those interviewed representative of the 1<sup>st</sup> and 2<sup>nd</sup> shifts. The interviews confirmed the additional training was conducted in October; and the employees had knowledge of the facility's policy and practice regarding cross gender and transgender PAT searches. Cross gender searches are not allowed except in exigent circumstances, and transgender youth PAT search preference is considered. Those interviewed were also able to describe first responder's responsibilities and evidence protocols.

Initially the facility was found in non-compliance with four standards as outlined above. After the corrective action period the facility was found in compliance with 40 standards and exceeded in 1 standard.

## PREVENTION PLANNING

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

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

#### 115.311 (a)

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

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No



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

**115.311 (c)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation Reviewed:

1. PAQ
2. GCRJC Policy Number: 03-041
3. Organization Chart

Interviews:

Facility Director / PREA Compliance Coordinator

The facility's written policy outlines the mandating zero tolerance of and response to sexual abuse, sexual harassment, or sexual activity. The policies contain PREA-related definitions, general provisions, prevention planning, responsive planning, training and education, screening for risk, reporting, responses following a report, investigations, disciplinary sanctions, medical and mental health care, incident reviews, and data collection and storage. It also identifies the role of the PREA Coordinator. At GCJRC the Facility Director is currently assigned the duties of PREA Coordinator.

**CORRECTIVE ACTION: No**

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

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

#### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### 115.312 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

#### Documentation Reviewed:

1. PAQ

#### Interviews:

Facility Director

Garza County Regional Juvenile Center (GCRJC) is a stand-alone facility contracted and governed by the Texas Juvenile Justice Department (TJJD) and does not contract for confinement of residents. GCRJC has various contracts to house youth from counties, state, and federal entities.

**CORRECTIVE ACTION: None**

## Standard 115.313: Supervision and monitoring

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

115.313 (a)

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

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

#### 115.313 (b)

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

#### 115.313 (c)

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

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No

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

**115.313 (e)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation Reviewed:

1. PAQ
2. GCRJC Policy Number: 03-041 – A. Detection & Prevention of Sexual Abuse Harassment, & Retaliation (Page 3 &4)
3. Administrative & PREA Rounds Log
4. Staffing Plan Review - October 2016; December 2015

Interviews:

Facility Director / PREA Compliance Coordinator  
 Director of Operations  
 Human Resource/ Business Manager

Based upon interviews and review of documentation provided GCRJC adheres to the Texas Administrative Code (TAC) which governs pre and post adjudicated juvenile facilities regarding staffing and the TJJD Institution State of Work which indicates a 1 to 12 staff-resident ratio during program

(waking hours) and a 1 to 24 ratio for non-program (sleeping) hours. It is also noted that GCRJC actually maintains a 1 to 16 staff to resident ratio during non-program (sleeping) hours. No deviations of the staffing plan for exigent reasons were documented. The Staffing plan also indicated the expansion of the surveillance system within the facility and recording capabilities were added to the system. Facility policy and documentation provided indicated immediate and higher level staff conducted unannounced rounds to monitor and deter sexual harassment / abuse. From the documentation provided to the auditors, it was noted unannounced rounds during late night hours were limited in the number.

**Recommendation:** Management should consider increasing the number of unannounced rounds between the hours of 10 p.m. and 6:00 a.m.

**CORRECTIVE ACTION:** No

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

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

### 115.315 (a)

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

### 115.315 (b)

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

### 115.315 (c)

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

### 115.315 (d)

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

residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

#### 115.315 (e)

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

#### 115.315 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

##### Documentation Reviewed:

1. PAQ
2. GCRJC Policy Number: 03-041 – A. Detection & Prevention of Sexual Abuse Harassment, & Retaliation
3. GCRJC Policy Number 03-021 (3) – Resident Searches
4. GCRJC Policy Number 04-001 (1) (i) – Intake, Admission, Referral, Release
5. PREA Security Training Module: Pat Down on Cross Gender, Transgender or Intersex

##### Interviews:

Facility Director  
Director of Operations  
Medical Staff  
Line Staff

## Youth

GCRJC policies (03.021; 03-041) prohibits cross-gender searches accept in exigent circumstances, and it must be documented in a search log maintained by the facility, with the justification for the opposite gender search. Policy 04-001 (i) prohibit staff from examining a transgender or intersex youth for the sole purpose of determining the resident's genital status. Body cavity searches require the Facility Director's authorization and must be conducted by licensed medical personnel in a medical facility. The GCRJC training module for Pat Down on Cross Gender, Transgender or Intersex was provided to the auditors for review also. Search log indicated there were no cross-gender searches, cross gender strip searches, or body cavity searches in the past 12 months. The Facility Director also provided written verification of no exigent situations requiring cross gender searches. Resident interviews confirmed only male staff performed pat and strip searches. Staff interviews also confirmed that male staff conducted pat and strip searches. Although over half of the direct supervision staff interviewed stated they had not been trained on cross gender pat searches and searches of transgender and intersex residents in a professional and respectful manner while remaining consistent with security needs.

### **Corrective Action: YES**

- 1) Provide and document additional training to address the matter of cross gender pat-down searches and searches of transgender or intersex residents in a professional and respectful manner.
- 2) Provide the auditors with the updated training records on this matter.

### **Corrective Action since the Audit:**

On November 15, 2017 the facility provided the auditors the following documentation: a) training curriculum: PREA Security Training: Pat-Down on Cross-Gender, Transgender or Intersex; b) Staff Training Attendance Signature Logs; and c) Facility Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting. Training was provided to staff on October 25<sup>th</sup>, 26<sup>th</sup>, and 27<sup>th</sup> 2017.

On December 06, 2017 telephone interviews were conducted with 4 facility line staff to ensure they were acknowledgeable of the facility's policy and practice on cross gender and transgender pat down searches; and first responder's duties and evidence protocols. Those interviewed representative of the 1<sup>st</sup> and 2<sup>nd</sup> shifts. The interviews confirmed the additional training was conducted in October; and the employees had knowledge of the facility's policy and practice regarding cross gender and transgender PAT searches. Cross gender searches are not allowed except in exigent circumstances, and transgender youth PAT search preference is considered.

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

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

#### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,



and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

**115.316 (b)**

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

### 115.316 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

#### Documentation Reviewed:

1. PAQ
2. GCRJC Policy Number: 03-041 – A. Detection & Prevention of Sexual Abuse Harassment, & Retaliation
3. Language Line Invoice through April 2017

#### Interviews:

Facility Director  
 Director of Operations  
 Line Staff  
 Youth

GCRJC policy 03-041 (page 15 ( c) and page 18 (d) requires provisions for residents with disabilities or who are limited English proficient have meaningful access to all aspects of the facility's efforts to prevent, protect, and respond to sexual abuse and harassment.

The policy further states resident interpreters, readers or any kind of resident assistant will not be relied upon except in situations where a delay in obtaining interpreting services could interfere with the safety of the resident.

The facility has several bi-lingual (Spanish speaking) employees which may provide assistance in emergency situations. Language Line invoices were provided to the auditors for review. Interviews with residents and employees confirmed compliance with this requirement.

**Corrective Action: No**

## **Standard 115.317: Hiring and promotion decisions**

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

### **115.317 (a)**

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

### **115.317 (b)**

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

### **115.317 (c)**

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

#### 115.317 (d)

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

#### 115.317 (e)

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

#### 115.317 (f)

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

#### 115.317 (g)

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

#### 115.317 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

Documentation Reviewed:

1. PAQ
2. GCRJC Policy Number: 11-002 – Personnel / Qualifications
3. Employee Files/Records – Documentation Review

Interviews:

Facility Director  
Director of Operations  
Human Resources/ Business Manager

GCRJC policy 11-002 (1, a-h) pages 2-3; specifically address all elements of this standard. A sample of employee personnel files was conducted by the auditors and confirmed criminal history checks, child abuse registry checks, finger printing, and PREA training documentation in each file reviewed. Due to the nature of the facility's population that includes, Federal youth (Bureau of Prisons –BOP), State (TJJD) post adjudicated youth, and County (pre and post adjudicated) youth; the facility is required to conduct 3 separate background checks - 1 each for BOP, TJJD, and the county. Each file reviewed contained documentation for all 3 sets of background checks. The background checks are conducted annually which exceeds the standard requirement. Two contractors (barbers) also received the same background checks and PREA training acknowledgement as employees.

**Corrective Action: No**

### Standard 115.318: Upgrades to facilities and technologies

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

#### 115.318 (a)

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

### 115.318 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

#### Documentation Reviewed:

1. PAQ
2. Video Surveillance System Expansion Plan agreement with POST ISD 12.01.2014
3. Staffing Plan 10.06.2016

#### Interviews:

Facility Director  
Director of Operations

Most recent expansion of video surveillance and recording system was included in the October 2016 Staffing Plan. The facility increased the number of cameras from 23 to 58 and added recording capabilities, to enhance the safety and security of the facility thus adding protection of the residents from sexual abuse or harassment.

**Corrective Action:** No

## RESPONSIVE PLANNING

## Standard 115.321: Evidence protocol and forensic medical examinations

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

### 115.321 (a)

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

### 115.321 (b)

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

### 115.321 (c)

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

### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

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

**115.321 (e)**

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

**115.321 (f)**

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

**115.321 (g)**

- Auditor is not required to audit this provision.

**115.321 (h)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation Reviewed:

1. PAQ



2. GCRJC Policy Number: 03-041 – Detection & Prevention of Sexual Abuse Harassment, & Retaliation
3. GCRJC Policy Number: 03-022 - Alleged Mistreatment
4. Memorandum of Understanding with Garza County Sheriff's Department (GCSO) Post, TX
5. Memorandum of Understanding with Lubbock Rape Crisis Center (aka Voice of Hope) Lubbock, TX
6. Memorandum of Understanding with University Medical Center (UMC) – Lubbock, TX including Emergency Services for Sexual Assault Protocols / Procedures
7. Certificates of Training for PREA Protocols – Law Enforcement

**Interviews:**

Facility Director  
Director of Operations  
Mental Health Staff  
Medical Services Staff  
Line Staff  
Youth

GCRJC does not conduct criminal or administrative investigations on alleged sexual abuse or harassment incidents. GCRJC policy requires such incidents to be reported to the Garza County Sheriff's Department (GCSO) and the TJJD Administrative Investigation Division (AID); and for state adjudicated youth to the TJJD Office of Inspector General (OIG). The GCSO is considered the lead criminal investigative agency and they indicated a uniform evidence protocol would be followed for obtaining physical evidence for administrative proceeding and criminal prosecutions.

Current MOUs with the GCSO, UMC, and Lubbock Rape Crisis were provided to the auditors for review. Certificates of training were also provided for law enforcement officials regarding PREA protocols.

The University Medical Center (UMC) – Lubbock provides emergency services regarding SAFE/SANE examinations.

The facility has a MOU with the Lubbock Rape Crisis Center (LRCC) to provide victim advocacy and support if requested by a resident victim. During interviews with residents it was evident not all residents were aware that if they were a victim of sexual abuse/harassment the outside resource was available to them.

**Recommendation:** The facility should provide additional training/orientation to residents regarding the available resources of LRCC if they were a victim of sexual abuse/harassment. If not already posted at a minimum the LRCC information should be posted in the Case managers office space, mental health and medical providers offices.

**Corrective Action: No**

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

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

### **115.322 (a)**

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

#### 115.322 (b)

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

#### 115.322 (c)

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

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

##### Documentation Reviewed:

1. PAQ
2. GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting
3. GCRJC Internet Web Page

Interviews:  
Facility Director

GCRJC policy 03-041 page 8 (16); page 15 (a), and page 21 outline the requirements for submitting referrals of sexual abuse/harassment allegations to the GCSO and the TJJD. For previous 122 month period there were 3 allegations made to either law enforcement or the TJJD AID. Two allegations were unsubstantiated and 1 was unfounded.

Upon reviewing the GCRJC's internet webpage it was found that the facility had NOT published their zero tolerance policy nor identified the investigative agency(s) for alleged sexual abuse or harassment as required in 115.322 (b).

**Corrective Action: Yes**

1) Update the facility's webpage to include the zero tolerance policy statement and identify the investigative agency(s) for alleged sexual abuse or harassment.

**Corrective Action since the Audit:**

On October 3, 2017 the facility administrator requested the auditors to review the facility's website to determine if the additions made met the requirements for 115.322 and 115.354. On October 10, 2017 the auditor advised the additions to the website appear to be appropriate to meet the requirements in 115.322 and 115.354. The additions were short, to the point and easily understood.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No

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

#### 115.331 (b)

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

#### 115.331 (c)

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

#### 115.331 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

#### Documentation Reviewed:

1. PAQ
2. GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting
3. GCRJC Policy 03-022 Alleged Mistreatment
4. Random Samples of Training sign in sheets and individual signature pages referencing PREA related policies
5. Training modules: TJJD Abuse Neglect Exploitation and PREA Mandatory Training; PREA: responding to Sexual Abuse of Youth; and PREA Pat-Down on Cross Gender /Transgender or Intersex

#### Interviews:

Facility Director  
Director of Operations  
Human Resource Staff  
Line Staff

GCRJC policy 03-022 and 03-041 outlines the training requirements for the 11 subsections of 115.331 (a). The facility provides annual training to all employees that include PREA related training requirements, which exceeds the standard of every 2 years. Employees sign a training record to document their attendance which is then retained in their training file.

During interviews with staff members confirmed their knowledge of the 11 specific subsection indented in 115 (a).

**Corrective Action: No**

### Standard 115.332: Volunteer and contractor training

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

#### 115.332 (a)

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

#### 115.332 (b)

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

#### 115.332 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

##### Documentation Reviewed:

1. PAQ
2. GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting
3. GCRJC Policy 03-022 Alleged Mistreatment
4. Training modules: TJJD Abuse Neglect Exploitation and PREA Mandatory Training; PREA: responding to Sexual Abuse of Youth; and PREA Pat-Down on Cross Gender /Transgender or Intersex
5. Volunteer Application and Training Packet

##### Interviews:

Facility Director  
Director of Operations  
Human Resource Staff

The facility polices require contractors and volunteers who have contact with residents to receive PREA training. Two contractors (barbers) received the same background checks and PREA training as employees. The acknowledgement was found in their records by the auditor. The facility had identified 2 active volunteers (clergy and clergy / abuse substance presenter). The volunteer background checks were reviewed during the on-site audit; and the PREA training documentation was provided to auditors after the on-site visit.

Corrective Action: No

## Standard 115.333: Resident education

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

### 115.333 (a)

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

### 115.333 (b)

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

### 115.333 (c)

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

### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No

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

**115.333 (e)**

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

**115.333 (f)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation Reviewed:

1. PAQ
2. GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting
3. Random Sample of Resident Files/Records
4. Random Sample of Student handbook Receipt signed by Youth
5. English and Spanish Version of Student handbook

Interviews:

- Facility Director
- Director of Operations
- Intake Staff and Staff that Perform Screening for Risk of Victimization/Abusiveness

GCRJC policy 03.041: page16 (B) (1&2); page 14 & 15; and page 18 requires residents to receive information during the intake process (within 24 hours) regarding the zero tolerance policy and how to report sexual abuse/harassment. Random samples of Student Handbook Receipts were reviewed. Youth signatures indicated they had received the required information/ training that included grievance policy, youth rights, Abuse/Neglect/Exploitation, and PREA. Review of the resident files/records



indicated PREA Intake Screening and PREA Training and education was completed on the same day of admission to the program. The receipt and review of the Student Handbook was confirmed during resident interviews. PREA posters (TJJD Break the Silence posters) and reporting instructions were observed throughout the facility during the tour.

The facility also utilizes The Language Line services as needed for youth that are not proficient in English.

**Corrective Action: No**

### **Standard 115.334: Specialized training: Investigations**

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

#### **115.334 (a)**

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

#### **115.334 (b)**

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

#### **115.334 (c)**

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

### 115.334 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The facility has no internal investigators. All criminal and administrative investigations are referred to and conducted by outside agencies. That includes the GCSO and the TJJD.

**Corrective Action: No**

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

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

### 115.335 (a)

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

### 115.335 (b)

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

#### 115.335 (c)

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

#### 115.335 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

##### Documentation:

1) GCRJC Policy 03-041 Page 18 Specialized Training: Medical and Mental Health care

##### Interviews:

Facility Director  
Mental Health Staff  
Medical Services Staff

GCRJC policy 03-041 page 18 requires all Garza County full time and part time medical and mental health practitioners receive specialized training. Interviews with nursing personnel and mental health providers indicated that they receive the same training as other facility employees as well as specialized training. The nursing staff confirmed they do not perform forensic examinations and that the facility has an MOU with the University Medical Center – Lubbock to perform such exams.

**Corrective Action: No**

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.341 (a)

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

#### 115.341 (b)

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

#### 115.341 (c)

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

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

**115.341 (d)**

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

**115.341 (e)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation:

- 1) GCRJC Policy 04-001 Intake, Admission, Referral and Release
- 2) GCRJC – Screening for Risk of Sexual Victimization/Abusiveness/Housing Assignment/Psycho-Social Assessment – Random Samples

3) Random Sample / Review of Resident Files/Records

Interviews:

- Facility Director
- Staff that Perform Screening for Risk of Victimization & Abusiveness (Unit Manager & Supervisor)
- Intake Staff
- Mental Health Staff
- Medical Services Staff
- Residents

GCRJC policy 04-001 (II a-e) and (V a-i) outlines the screening process for vulnerability to victimization and sexual aggressive behavior by using their assessment instrument (Screening for Risk of Sexual Victimization/Abusiveness/Housing Assignment/Psycho-Social Assessment). The screening is completed during the admission process which is conducted within the first 24 hours of admission. The screening instrument met all the requirements of 115.341. All youth without the appropriate scoring for a general housing assignment would be placed on a Special Housing Plan, that is created within 48 hours of admission by the Treatment Team and ensures delivery of program services, and treatment for who need special considerations. The plan is reviewed by the Treatment Team every 30 days.

Interviews with staff and residents confirmed the assessment process took place within 24 hours of admission. Review of resident files further confirmed the utilization and completion of the facility's assessment instrument. Facility staff indicated no resident had been placed on a Special Housing Plan as a result of the assessment screening indicating the need for such a plan.

**Corrective Action: No**

**Standard 115.342: Use of screening information**

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

**115.342 (a)**

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

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

#### 115.342 (b)

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

#### 115.342 (c)

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

#### 115.342 (d)

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

resident's health and safety, and whether a placement would present management or security problems?  Yes  No

**115.342 (e)**

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

**115.342 (f)**

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

**115.342 (g)**

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

**115.342 (h)**

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

**115.342 (i)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**



- 1) GCRJC Policy 04-001 Intake, Admission, Referral and Release
- 2) GCRJC – Screening for Risk of Sexual Victimization/Abusiveness/Housing Assignment/Psycho-Social Assessment – Random Samples
- 3) GCRJC – Reassessment of Risk of Sexual Victimization/Abusiveness/Housing Assignment/Psycho-Social Assessment
- 4) Random Sample / Review of Resident Files/Records

Interviews:

- Facility Director
- Staff that Perform Screening for Risk of Victimization & Abusiveness (Unit Manager & Supervisor)
- Intake Staff
- Mental Health Staff
- Medical Services Staff

GCRJC has single occupancy cells/rooms for residents. Victimization screening assessments may be used to determine a resident's specific cell/room assignment and its proximity to direct supervision staff in the housing unit to ensure the safety of the resident.

GCRJC policy 04.001 (II a-e) precludes LGBTI residents being placed in a particular housing unit. Isolation rooms are used for the shortest amount of time possible. No resident had been assessed and placed in Isolation for the sole purpose of ensuring their safety. The policy covers each of the 11 subsections of this standard. Interviews with residents and staff support the adherence to the policy. Review of resident files/records and random sample of assessments support this practice. Three residents identified as being LGBTI during the previous 12 months. Only 1 required a reassessment, as the other 2 were discharged from the program prior to reassessment dates.

**Corrective Action: No**

## REPORTING

### Standard 115.351: Resident reporting

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

#### 115.351 (a)

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

**115.351 (b)**

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

**115.351 (c)**

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

**115.351 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting
- 3) Garza County Juvenile Center – Long Term Resident Handbook

Interviews:  
Facility Director / PREA Compliance Manager  
Direct Supervision Staff  
Residents

GCRJC policy 03-041 (B 1-6 & 15) provides ways for residents to report sexual abuse/harassment including pre-programmed phones to outside agency hotline numbers. The policy also includes anonymous reporting.

The GCRJC Long Term Resident Handbook (IV- Formal Grievance Resolution) states "all youth have a right to confidentiality in regards to grievances, PREA & reporting of ANE" . The PREA section of the handbook addresses in detail how reporting may be accomplished and it further provides various contacts ( Hotline numbers – TJJD , Abuse Reporting Hotline, Victims Reporting Hotline, Rape Crisis numbers, etc.), and mailing addresses.

Interviews with residents and staff members confirmed their knowledge of how they may report. During the tour of the facility reporting hotline numbers were posted that included the TJJD hotline and the Office of Independent Ombudsman – TJJD hotline.

**Corrective Action: No**

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

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

### **115.352 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

### **115.352 (b)**

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

### **115.352 (c)**

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

#### 115.352 (d)

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

#### 115.352 (e)

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

upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (f)

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

### 115.352 (g)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting
- 3) Garza County Juvenile Center – Long Term Resident Handbook

### Interviews:

Facility Director / PREA Compliance Manager  
Direct Supervision Staff  
Residents

GCRJC policy 03-041 ( B 6-23) outlines the procedures for the handling of resident's grievances and allegations of sexual abuse/harassment. The policy contains elements that address each competent of the standard regarding reporting by residents and/or staff members. In the past 12 months 3 allegations of sexual abuse/harassment were reported and found unsubstantiated or unfounded by investigators. None of the 3 allegations were reported by use of the resident grievance system.

Interviews with residents and staff confirmed their knowledge of the grievance process are how it may be utilized to report sexual abuse/harassment.

**Corrective Action: No**

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

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

### 115.353 (a)

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

### 115.353 (b)

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

**115.353 (c)**

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

**115.353 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting
- 3) Garza County Juvenile Center – Long Term Resident Handbook
- 4) MOU – Lubbock Rape Crisis Center

Interviews:

Facility Director / PREA Compliance Manager  
Direct Supervision Staff  
Residents

GCRJC policy 03-041 (E 13-15) states all facility staff are mandated reporters and required to immediately report any knowledge, suspicion or information they receive regarding sexual abuse/harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may contribute to an incident or retaliation. The facility does have a MOU with the Lubbock Rape Crisis Center (LRCC) for support and advocacy services if a resident so requests. The GCRJC resident handbook also provides the phone number for the LRCC and various other state or national hotline numbers that provide support to victims of sexual abuse/harassment.

Interviews with staff confirmed their knowledge of the tenets of this standard. During interviews with residents they had knowledge of the facility policy but several did not verbalized their knowledge of access to support and advocacy groups, although they had signed acknowledgement of receiving the resident handbook that contained this information.

**Recommendation:** Although the facility provides the LRCC number and various other advocacy groups numbers in the resident handbook it is recommended additional training/orientation to residents regarding the available resources of LRCC if they were a victim of sexual abuse/harassment be conducted on a routine basis. If not already posted at a minimum the LRCC information should be posted in the Case managers office space, mental health and medical providers offices.

**Corrective Action: No**

## Standard 115.354: Third-party reporting

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

### 115.354 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting
- 3) Parent letter Upon Admission to GCRJC

Interviews:

Facility Director/PREA Compliance Manager  
Case managers



GCRJC policy 03-041 provides for third party reporting in behalf of the residents of the facility. Parents receive information in a parent letter, upon their child's admission to the facility, regarding third party reporting. Resident interviews revealed they were aware they may report alleged sexual abuse/harassment to others outside of the facility. GCRJC's webpage does not provide the public with information regarding third party reporting of sexual abuse/harassment.

**Corrective Action: Yes**

1) Update the facility's webpage to include the zero tolerance policy statement and provide the public with information regarding third party reporting of sexual abuse/harassment by identifying the investigative agency(s) for alleged sexual abuse or harassment.

**Corrective Action since the Audit:**

On October 3, 2017 the facility administrator requested the auditors to review the facility's website to determine if the additions made met the requirements for 115.322 and 115.354. On October 10, 2017 the auditor advised the additions to the website appear to be appropriate to meet the requirements in 115.322 and 115.354. The additions were short, to the point and easily understood.

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.361: Staff and agency reporting duties**

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

**115.361 (a)**

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

**115.361 (b)**

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

**115.361 (c)**

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to

anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

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

#### 115.361 (e)

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

#### 115.361 (f)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting
- 3) GCRJC policy 03-022 Alleged Mistreatment

### Interviews:

Facility Director/PREA Compliance Manager  
Supervisory and Direct Supervision Staff  
Medical/Mental Health Providers

GCRJC policies 03-022 (pages 3-4, 6-7, & 10) and 03-041 (B 5, 15, & 17) outline that all facility staff are mandatory reporters of any allegation of sexual abuse/harassment or retaliation for reporting allegations of sexual abuse/harassment. Staff are required to immediately report any knowledge, suspicion or information they receive regarding sexual abuse/harassment, retaliation for reporting, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Interviews conducted with various staff positions verified their knowledge of the requirement to immediately report such allegations or suspicions.

**Corrective Action: No**

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting
- 3) TJJJD – AID – Incident Report Form – (AID-001)

- 4) TJJD – Initial Report of Serious Incident (CCF-351)
- 5) GCRJC Corrective Action Plan (related to specific incidents)

Interviews:  
Facility Director/PREA Compliance Manager  
Director of Operations  
Supervisory and Direct Supervision Staff

GCRJC policy 03-041 (page 20) requires immediate action be taken to protect a resident when staff first learns a resident is subject to a substantial risk of imminent sexual abuse. During the previous 12 months there were 3 reported allegations of sexual abuse/harassment by residents. All 3 were verbal reports to facility staff, which was then reported to the facility management. TJJD Incident Report Form (AID001); and TJJD Initial Report of Serious Incident (CCF-351) were reviewed for the 3 incidents. The facility's Corrective Action Plan (plan action with the employee) for the 3 incidents were also reviewed by the auditors. Immediate reporting and action was documented by facility management. Following investigations determined 1 allegation was unfounded and 2 were unsubstantiated.

**Corrective Action: No**

### **Standard 115.363: Reporting to other confinement facilities**

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

#### **115.363 (a)**

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

#### **115.363 (b)**

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

#### **115.363 (c)**

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

#### **115.363 (d)**

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

### **Auditor Overall Compliance Determination**

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

#### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting

#### Interviews:

Facility Director/PREA Compliance Manager  
Director of Operations

GCRJC policy 03-041 (B, 24) requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Director must notify the head of the facility where the alleged sexual abuse occurred; and notifies the appropriate investigative agency. The facility received no reports during the previous 12 months of allegations of sexual abuse from another facility or while at another facility, therefore was not required to document notifications.

**Corrective Action: No**

### Standard 115.364: Staff first responder duties

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

#### 115.364 (a)

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

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

##### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting

##### Interviews:

Facility Director/PREA Compliance Manager  
Supervisory and Direct Supervision Staff

GCRJC policy 03-041 (page 20) requires staff to take specific to respond to a report of sexual abuse including: separating the alleged victim from the abuser, preserving any crime scene within a period that still allows for collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, and ensure that the alleged abuser does not take any action to destroy physical evidence. Three allegations of sexual harassment were made in the previous 12 months, but no allegations of sexual abuse.

Interviews with direct supervision staff (first responders /security staff) validated their knowledge of 1) mandatory reporting to supervisory staff and management; 2) the requirement to document the incidents in detail; 3) separate victim from the abuser; and 4) keep the victim safe. The majority of the interviews indicated the staff were unable to articulate the evidence protocols (preserving evidence) and relied upon the Garza County Sheriff's Office to preserve and collect evidence.

#### Corrective Action: Yes

- 1) Provide additional training to all staff regarding all the requirements of 115.364 including the evidence protocols.
- 2) Document the training and provide the auditors with copies of the training sheets with staff signatures.

#### Corrective Action since the Audit:

On November 15, 2017 the facility provided the auditors the following documentation: a) training curriculum: PREA Security Training: Pat-Down on Cross-Gender, Transgender or Intersex; b) Staff Training Attendance Signature Logs; and c) Facility Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting with emphasis on first responders duties and evidence protocols. Training was provided to staff on October 25th, 26<sup>th</sup>, and 27<sup>th</sup> 2017.

On December 06, 2017 telephone interviews were conducted with 4 facility line staff to ensure they were knowledgeable of the facility's policy and practice on cross gender and transgender pat down searches; and first responder's duties and evidence protocols. Those interviewed representative of the 1<sup>st</sup> and 2<sup>nd</sup> shifts. The interviews confirmed the additional training was conducted in October; and those interviewed were also able to describe first responder's responsibilities and evidence protocols.

## Standard 115.365: Coordinated response

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

#### 115.365 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

##### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting
- 3) GCRJC policy 03-022 Alleged Mistreatment

##### Interviews:

Facility Director/PREA Compliance Manager  
Director of Operations  
Medical Providers

GCRJC policy 03-041 (page 21) specifically outlines directions concerning coordinated actions taken in response to an incident of sexual abuse/assault by first responders, medical, and facility supervisory/management staff. Interviews with Facility administrators and professional staff confirmed their knowledge of the requirements of their policy.

Corrective Action: No

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

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

### 115.366 (a)

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

### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

GCRJC is not in a Collective Bargaining Agreement.

Corrective Action: No

## Standard 115.367: Agency protection against retaliation

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

### 115.367 (a)

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



- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

**115.367 (b)**

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

**115.367 (c)**

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

**115.367 (d)**

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

**115.367 (e)**

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

**115.367 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting

Interviews:

Facility Director/PREA Compliance Manager  
Director of Operation

GCRJC policy 03-041 (A, 14-21 (page 4) requires monitoring of residents and staff who have reported sexual abuse/harassment or who cooperated in a sexual abuse/harassment investigation. The monitoring will continue for a 90 day period of time or longer if necessary or if allegation is unfounded by investigators.

Policy indicates that the facility administrator, assistant facility administrator, and shift supervisors will monitor for retaliation. It also states the program manager and director of operations will monitor resident disciplinary reports, housing assignments negative performance reviews or staff reassignments and will act promptly to remedy any situation that is or can be perceived as possible retaliation. There were no reports of retaliation in the previous 12 months.

**Corrective Action: No**

**Standard 115.368: Post-allegation protective custody**

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

**115.368 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting

Interviews:

Facility Director/PREA Compliance Manager  
Director of Operation

GCRJC policy 03-041 (page 21) requires compliance with 115.342 if isolation housing is utilized as a last resort of ensuring the safety and well-being of resident that has suffered sexual abuse.

GCRJC has 3 isolation (segregation) cells/rooms that could be utilized to ensure the safety of a resident that has suffered sexual abuse, as a last resort, only until alternative means for keeping the resident safe can be arranged. In the previous 12 months the isolation rooms have not been utilized for housing of residents who have suffered sexual abuse. In the previous 12 months there have been no reported incidents of alleged sexual abuse at the facility.

**Corrective Action: No**

**INVESTIGATIONS**

**Standard 115.371: Criminal and administrative agency investigations**

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

**115.371 (a)**

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

**115.371 (b)**

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

**115.371 (c)**

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

**115.371 (d)**

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

**115.371 (e)**

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

**115.371 (f)**

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

**115.371 (g)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

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

#### 115.371 (i)

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

#### 115.371 (j)

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

#### 115.371 (k)

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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

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

#### Auditor Overall Compliance Determination

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

#### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, & Reporting
- 3) TJJD – AID – Incident Report Form – (AID-001)
- 4) TJJD – Initial Report of Serious Incident (CCF-351)
- 5) GCRJC Corrective Action Plan (related to specific incidents)

#### Interviews:

Facility Director/PREA Compliance Manager  
Director of Operations

GCRJC policy 03-041 (pages 21-23) and the TJJD establish investigation guidelines for reporting allegations of sexual abuse/harassment. The Garza County Sheriff's Office (GCSO) is the lead criminal investigative agency for the GCRJC. The TJJD Office of Inspector General (OIG) and the TJJD Administrative Investigation Division (AID) may be party to allegations of sexual abuse/harassment.

In the previous 12 months 3 allegations of sexual harassment were reported for investigation. Two were closed as unsubstantiated and 1 was unfounded.

**Corrective Action: No**

### Standard 115.372: Evidentiary standard for administrative investigations

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

#### 115.372 (a)

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

#### Auditor Overall Compliance Determination

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

Documentation:

1) GCRJC Policy 03-022 - Alleged Mistreatment

Interviews:

Facility Director/PREA Compliance Manager

GCRJC policy 03-022 (page) states that findings of administrative investigations shall be based upon the preponderance of the evidence. The TJJD – AID conducts administrative investigations at the GCRJC, and the TJJD standard is preponderance of the evidence.

**Corrective Action: No**

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

#### 115.373 (b)

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

#### 115.373 (c)

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

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

#### 115.373 (d)

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

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

##### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-022 Alleged Mistreatment
- 3) TJJJ – AID – Incident Report Form – (AID-001)
- 4) TJJJ – Initial Report of Serious Incident (CCF-351)
- 5) TJJJ- AID Notice of Disposition – Report
- 6) TJJJ- OIG PREA Final Report

##### Interviews:

Facility Director/PREA Compliance Manager  
Director of Operations



GCRJC 03.022 (page 5; 12-14) establishes the procedures required in 115.373. The policy states a summary of the findings and conclusions shall be provided to the accused employee/volunteer, the resident, and the reporter at the conclusion of the investigation. During the previous 12 months 2 investigations were conducted by the TJJD- OIG and 1 by the TJJD- AID. All were either unfounded or unsubstantiated. The investigative agencies provided the facility director with written notification of the results of the investigation.

During the interview with the facility director/PREA compliance manager it was indicated the reporter resident is provided a copy of the final report cover page indicating the finding.

**Corrective Action: No**

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (c)

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

#### 115.376 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

#### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting

#### Interviews:

Program Director/PREA Compliance Manager  
Human Resource/Business Personnel

GCRJC policy 03-041 (C; 1-8) requires staff disciplinary sanctions up to and including termination for violating the facility's sexual abuse/harassment policies. It is also mandated that all violations be reported to law enforcement.

In the previous 12 months no staff have been terminated, or resigned prior to termination, for violating the programs sexual abuse/harassment policies.

**Corrective Action: No**

### Standard 115.377: Corrective action for contractors and volunteers

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

#### 115.377 (a)

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

#### 115.377 (b)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting

### Interviews:

Program Director/PREA Compliance Manager  
Human Resource/Business Personnel

GCRJC policy 03-041 (D; 1-2) states any contractor, volunteer, or intern that engages in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement, and any appropriate licensing body.

This procedure was validated through interviews with the facility management and human resource personnel. In the previous 12 months there have been no contractors/volunteers reported to law enforcement for engaging in sexual abuse of a resident.

**Corrective Action: No**

## Standard 115.378: Interventions and disciplinary sanctions for residents

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

#### 115.378 (a)

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

#### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

**115.378 (c)**

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

**115.378 (d)**

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

**115.378 (e)**

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

**115.378 (f)**

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

**115.378 (g)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting

Interviews:

Program Director/PREA Compliance Manager  
Director of Operations

GCRJC policy 03-041 (E 1-12) requires all residents alleged to have engaged in a major rule violation, which includes resident sexual abuse, will be subject to disciplinary sanctions pursuant to a formal disciplinary process. If disciplinary sanctions results in placement in an isolation/segregation rooms the resident will have daily access to large exercise, educational programming, special education services, and will be visited by medical / mental health providers on a daily basis.

In the previous 12 months no resident has been placed in isolation/segregation for sexual abuse/harassment of another resident.

**Corrective Action: No**

**MEDICAL AND MENTAL CARE**

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

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

**115.381 (a)**

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

**115.381 (b)**

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

#### 115.381 (c)

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

#### 115.381 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

##### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting
- 3) GCRJC Screening for Risk of Sexual Victimization/Abusiveness/Housing Assignment/Psycho-social Assessment
- 4) Sexual Victimization Follow Up and Referral

##### Interviews:

Program Director/PREA Compliance Manager  
Medical / Mental Health Providers

GCRJC policy 03-041 (page 23-24) requires mental health and medical staff to monitor and provide counseling on an ongoing basis for residents that disclose a history of prior sexual abuse or who disclose previously perpetrating sexual abuse.

The facility provided documentation of 3 residents reporting prior sexual abuse or being teased / bullied previously due to sexual orientation during the previous 12 months. All 3 consented to further mental

health follow up which resulted in referral to other mental health service providers, for 2 of the residents. The 3<sup>rd</sup> resident declined any further mental health services.

**Corrective Action: No**

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

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

**115.382 (a)**

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

**115.382 (b)**

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

**115.382 (c)**

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

**115.382 (d)**

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

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting

### Interviews:

Program Director/PREA Compliance Manager  
Medical / Mental Health Providers

GCRJC policy 03-041 (page 24 (a-d) mandates residents receive timely, unimpeded on-site and off-site emergency care and crisis intervention services; the nature and scope of services are determined by medical and mental health providers according to their professional judgement. Treatment services are provided at no cost to the victim of sexual abuse/harassment.

There were no incidents of sexual abuse in the previous 12 months. Interviews with facility management and medical/mental health providers confirmed the procedures outlined in policy.

**Corrective Action: No**

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

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

#### 115.383 (a)

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

#### 115.383 (b)

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

#### 115.383 (c)

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

#### 115.383 (d)

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



**115.383 (e)**

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

**115.383 (f)**

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

**115.383 (g)**

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

**115.383 (h)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting

Interviews:

Program Director/PREA Compliance Manager  
Medical / Mental Health Providers

GCRJC policy 03-041 (page 24-25 a-h) states the program will offer medical and mental health services and as appropriate, treatment to all residents who have victimized by sexual abuse in any prison, jail, lock up or juvenile facility. The care provided will be consistent with the community level of care. The treatment provided will be at no cost to the victim. Appropriate testing will be also be provided. In the previous 12 months there have been no alleged sexual assault victims.

Corrective Action: No

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

#### 115.386 (a)

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

#### 115.386 (b)

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

#### 115.386 (c)

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

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

Yes  No

### 115.386 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting
- 3) OIG/AID Notice of Findings/Disposition
- 4) GCRJC PREA Incident Checklist

Interviews:

Program Director/PREA Compliance Manager  
Director of Operations

GCRJC policy 03-041 (pages 25-26) provides the protocols for conducting sexual abuse incident reviews. The facility provided documentation received from the TJJJD OIG and AID indicating the findings and disposition of their investigations. The facility also provided the auditors with the GCRJC PREA Incident Checklist which provided the following information: 1) summary of the allegation of sexual abuse/harassment; 2) notifications made; 3) summary of retaliation monitoring conducted; and 4) the sexual abuse incident review that was conducted and conclusion of that review.

**Corrective Action: No**

### Standard 115.387: Data collection

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

### 115.387 (a)

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

**115.387 (b)**

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

**115.387 (c)**

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

**115.387 (d)**

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

**115.387 (e)**

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

**115.387 (f)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting

Interviews:

Program Director/PREA Compliance Manager

GCRJC policy 03-041 (F 1-6; pages 12-13) requires the collection of accurate, uniform data for every allegation of sexual assault. The facility PREA manager collects all data related to sexual assaults and PREA.

**Corrective Action: No**

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

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

### **115.388 (a)**

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

### **115.388 (b)**

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

### **115.388 (c)**

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

### **115.388 (d)**

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

### **Auditor Overall Compliance Determination**

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting
- 3) Survey of Sexual Victimization for 2014, 2015, 2016

Interviews:

Program Director/PREA Compliance Manager

GCRJC policy 03-041 (F 7-10; page 13) requires the review of data for correction action to improve the effectiveness of its prevention, detection, and response policies, practices, and training.

In the previous 12 months there 3 allegations of sexual abuse/harassment with none being substantiated.

**Corrective Action: No**

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

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

#### 115.389 (a)

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

#### 115.389 (b)

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

#### 115.389 (c)

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

#### 115.389 (d)

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

### Auditor Overall Compliance Determination

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

#### Documentation:

- 1) PAQ
- 2) GCRJC Policy 03-041 Sexual Abuse Prevention, Detection, and Reporting

#### Interviews:

Program Director/PREA Compliance Manager

GCRJC policy 03-041 (F 11-15; page 13-14 ) requires that data from every allegation of sexual misconduct shall be collected. The PREA Manager will review data collected in order to assess and improve the effectiveness of the facility's sexual misconduct prevention, detection, and response policies, practices, and training. The policy established that aggregated sexual abuse data be reviewed annually and placed on the facility's webpage after all identifiers are removed. All data collected will be maintained for at least 10 years after the date of the initial collection.

**Corrective Action: No**

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

The facility allowed access to all areas of the facility, and provided required and requested documentation both electronically and in hard copy.

#### Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued



in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

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### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The previous PREA on-site audit was conducted July 31, 2014 and the Final Audit Report was completed January 15, 2015. That Final Audit Report is posted on the facility's webpage.

