

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 2nd, 2016

Auditor Information			
Auditor name: Jerome K. Williams			
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Email: Jerome.williams@tjtd.texas.gov			
Telephone number: 512-490-7671			
Date of facility visit: November 10 th -12 th 2015			
Facility Information			
Facility name: Lubbock County Juvenile Justice Center			
Facility physical address: 2025 North Akron Lubbock, Texas 79415			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 806-775-1800			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Christopher Hill, Facility Administrator			
Number of staff assigned to the facility in the last 12 months: 109			
Designed facility capacity: 97			
Current population of facility: 77			
Facility security levels/inmate custody levels: Secure, court ordered placement and detainment			
Age range of the population: 10-17 years of age			
Name of PREA Compliance Manager: N/A		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	
Agency Information			
Name of agency: Lubbock County Juvenile Justice Center			
Governing authority or parent agency: <i>(if applicable)</i> Texas Juvenile Justice Department			
Physical address: 11209 Metric Blvd Building H, Suite A Austin, Texas 78758			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 512-490-7130			
Agency Chief Executive Officer			
Name: William Carter		Title: Director	
Email address: wcarter@co.lubbock.tx.us		Telephone number: 806-775-1800	
Agency-Wide PREA Coordinator			
Name: Regan Bullard		Title: PREA Coordinator	
Email address: rbullard@co.lubbock.tx.us		Telephone number: 806-775-1891	

AUDIT FINDINGS

NARRATIVE

The PREA Audit was conducted on November 11th to the 13th, 2015 at the Lubbock County Juvenile Justice Center in Lubbock, Texas, a county-run facility. The audit was conducted by the certified PREA Auditor for Juvenile & Adult Facilities, Jerome K. Williams.

Following the entrance meeting a thorough tour of the facility was provided by the PREA Coordinator, the Agency Head (Chief of Probation) and the Facility Administrator. Continuing on this first day of the audit a comprehensive listing of the youth and staff was requested and provided for the interviews with the necessary adjustments being made to compensate for schedule changes, etc. During the tour random interviews were conducted of the youth and staff to ascertain their knowledge of the PREA Standards, reporting procedures, services available and their reporting responsibilities. A total of 10 youths were interviewed during this on site visit and they all acknowledged receiving PREA training, written information (i.e. handbook, Hotline numbers, observing Break the Silence posters, etc.) and were informed of related policies that outlines the facility's zero tolerance towards sexual abuse, sexual harassment and their right to be free from retaliation for reporting sexual abuse and sexual harassment allegations.

A total of 10 specialized staff members were interviewed comprising of the Agency Head, the Facility Administrator, the PREA Coordinator, First Responder, Medical and Mental Health staff, Intake Juvenile Probation Officer, two volunteers, a member of the Sexual Abuse Incident Review Team were interviewed. A total of 12 random staff members were interviewed also. The staff interviewed were knowledgeable of their responsibilities in reporting sexual abuse and sexual harassment allegations, staff negligence and the steps required in monitoring for staff and or youth for retaliation. When questioned about evidence preservation, all the staff responses reflected their knowledge of the agency's policy and their first responder duties. There were no SAFE and or SANE personnel at this facility but they were available at the University Medical Center. The personnel indicated that they are aware of the SANE protocol if the facility were bring a youth there for a SANE examination.

The auditor reviewed blind spots, staff placement, supervisory presence, toured the facility and reviewed documentation to assist in determining PREA standard compliance. Upon completion of the audit an exit meeting was held with the Agency Head, the Facility Superintendent, the PREA Coordinator and two members of the Midland County Juvenile Detention Center as observers of the audit process. The facility was provided with a general overview of the audit process, audit highlights which included a synopsis of the files, documentation review, staff and youth interviews and of the facility tour. During the debriefing the auditor informed them that in the event there were standards that were not met that he would work closely with the agency's PREA Coordinator to accomplish PREA compliance within the 180 day corrective action period, if applicable. Once compliance is achieved then the agency will be required to post the final report, once issued, on the agency's website.

This report is considered to be the Final PREA Audit Report.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Lubbock County Juvenile Justice Center facility is a short term, secure facility, pre and post detention center with a design of 97 beds, pre and post adjudication, and coed long-term secure facility located in Lubbock, Texas with the mission to protect the community, hold juveniles accountable, and help them achieve goals for good citizenship while providing detention and secure custody services for all youth committed to their care. Through the Juvenile Probation Department their supervision takes into consideration the uniqueness of each child, their family and the developmental needs of children in general. Adherence to Texas law, the order of the court, and consideration given to the least restrictive avenues of intervention, as they guide, supervise and educate those youth whom they interact with. The facility is located in Lubbock, Texas and services youths from Lubbock County and some surrounding counties.

The Lubbock County Juvenile Justice Center facility is a secure detention holding for male and female youth from ages 10 through 18. The Pre-Detention services include assuring a safe return to court for youth who have a likelihood of flight issue or are a danger to the community. The Post-Adjudication Correctional Center is a secure custody portion of the facility that houses long term male and female youth sentenced to the facility. Those youths also are between the ages of 10 through 18. The facility has a design capacity for 97 males and female youths comprising detention and the post adjudication correctional sections of the facility.

On the day of the audit there were 80 youths assigned, 72 males and 8 females to the facilities in totality. The facility provides professional custodial care, crisis intervention, counseling, education, and other services through counselors, clinical staff, and a licensed psychologist that provide a wide variety of treatment services grounded in evidence-based principles and cognitive behavioral interventions including relationship-based and strength based services. They also provide individual, family and group counseling, substance abuse treatment, psychological evaluations, aggressive management, case management, individualized education, community service, life skills, drug education, Anti-victimization, and social skills for daily living. The facility also provides services for youth committed on a sexual offense.

The facility has 1 gymnasium, 1 kitchen area, 1 dining area, 9 classrooms, 9 dormitories (housing areas), 1 administrative area, 1 medical clinic, a large outside court for recreation, numerous offices, 1 intake areas for pre and post and 1 control communication center. The Secure Detention unit houses 4 dorms of 12 beds, 1 dorm designated for female and 1 isolation room for a capacity of 49 youths. The Post Adjudication unit house 4 dorms of 12 beds, 1 dorm designated for female youth, with a capacity of 48. Total bed capacity is 97. This is a coed facility.

The showers were located in the corner of each cluster unit where the cameras cannot view inside for privacy. Shower routines are conducted by male staff only for the male youth in each cluster unit and are conducted by female staff only for the female youth in each cluster unit of this facility. Staff of the opposite gender do announce their presence when entering a male or female cluster unit of the opposite gender. The facility was operating safely and observably clean throughout during the days of this on site audit visit.

SUMMARY OF AUDIT FINDINGS

The Lubbock County Juvenile Justice Center has administrative areas, housing areas (clusters), a recreation area, kitchen and dining areas, educational classrooms for both detention and post adjudication sections which were clean, well maintained, staff accordingly and operating orderly during the days of this visit. The PREA posters with the hot line number were scantily displayed in both detention and the adjudication sections of this facility and the PREA Coordinator was instructed to place them more thoroughly throughout the facility. There were appropriate staff to youth ratios observed and the shift supervisors were visible in the cluster area and throughout the facility. The PREA Audit Notices were displayed on colored paper throughout the facility and pictures were provided prior to the onsite visit. There are 95 cameras installed throughout this facility that were being monitored by the main control center. The cameras were placed in areas where a youth might frequent and where a staff's supervision and monitoring of the youths could be augmented. The cameras in the sections (housing areas) do not view into the shower or in the toilet areas, which are in the youth's room. It was recommended that additional cameras, if funding is available, be placed in other areas to cover blind spots on the detention and post adjudication sides of the facility i.e. near the holding cell, hallways, utility closets, etc. and to further augment staff supervision and monitoring. The 10 residents interviewed appeared to be well informed of their rights to be free from sexual abuse and sexual harassment, how to report such incidents and their rights to be free from retaliation if they report a sexual abuse and sexual harassment allegation. They were knowledgeable of the outside advocate agency that would provide emotional support and crisis counseling services related to sexual abuse if needed. It was noted that the youth's knowledge of PREA was limited upon Intake since the focus was more on the youth being informed about how to report abuse. It was recommended that the Intake staff provide more comprehensive information on PREA during after the initial intake and to give the youth a hard copy of PREA-related information during this time. The 10 specialized staff members and the 12 random staff members interviewed were knowledgeable regarding the facility's reporting procedures, the facility's PREA policy, were able to articulate the facility's protocol for collecting evidence, their first responder's duties and the procedures to be followed in a situation when they become knowledgeable of, suspect or are notified of a sexual abuse allegation. A review of the personnel and youth files contained the required documentation and a review of their client management database, Juvenile Case Management System (JCMS) provided more insight into the access and security of these files. As to their preparation for this audit the facility demonstrated their continued practice towards preventing, detecting and responding to sexual abuse, sexual harassment and staff neglect policy violation. During the past 12 months the facility reported that there were zero administrative investigative cases and zero criminal investigative cases alleging sexual abuse and sexual harassment. The facility was under a 180 corrective action plan with the assistance of the PREA Auditor and has successfully provided the required documentation, institutionalized the required practices and protocols, translated the required PREA-related information and enhanced their comprehensive education provided for all new youth intakes thus demonstrating compliance with all 41 PREA standards to date.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Organizational Chart, Agency Website and Interview with the PREA Coordinator.

Findings: A. The Lubbock County Juvenile Justice Center has a written Zero Tolerance policy towards preventing, detecting and responding to all forms of sexual abuse and sexual harassment. The policy includes a description of how the agency responds to allegations of sexual abuse and sexual harassment as well as how they will go about reducing and preventing these incidents. This policy also has definitions that pertained to PREA. The facility need to revise, reformat and insert the PREA standard language throughout their policy for clarity and flow. The PREA policy does have sanctions for youth, staff, volunteers and contractors who participate in the listed prohibited behaviors of sexual abuse, sexual harassment and policy violation. The facility’s Zero Tolerance policy is not posted on the agency’s web site for review. B. The facility has one dedicated PREA Coordinator reports to the Facility Superintendent as indicated by the organizational chart provided reflecting this position and the PREA Coordinator indicated that he has sufficient time to fulfill his PREA responsibilities during his interview.

Corrective Action Findings: The facility must revise, edit and insert the word “sexual harassment” in 115.317, insert the language in section (b) of this same standard into this policy, insert the number and add the language from 115.366, add that “polygraph” will not be used in an investigation from 115.371 (f), add and insert the language from 115.383 (H), add the language and numbers 115.387, 388 and 389 to their policy and must have a date of implementation on this policy in order to be in compliance with this standard.

Resolution: The facility did provide a final copy of their Zero Tolerance policy with the required revisions inserting the word “sexual harassment” in section (b) of this same standard into this policy, inserting that “polygraphs” will not be used in an investigation, and inserting the language from 115.383 (H), in 115.387, 388 and 389 into their finalized Zero Tolerance policy, thus demonstrating compliance with this standard.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, to be reviewed Sample Residential and Service Contracts and Interview with the PREA Coordinator and Facility Administrator.

Findings: The Lubbock County Juvenile Justice Center does include in all of their residential contracts to contracting facilities the PREA compliance language requirement which indicates that they will adopt and comply with the PREA standards. A. The PREA Coordinator stated but did not provide documentation of the sixty one (61) contracts of residential providers during the audit process for verification. The

PREA Coordinator indicated during the interview that PREA language is included and is reviewed with each contractor prior to their annual contract renewal period. B. The Facility Administrator and PREA Coordinator indicated that monitoring for PREA compliance of these residential contract providers is conducted quarterly and that each agency contract program is working independently towards their PREA certification to be achieved by August 2016. A listing of the residential providers was not provided for the auditor's review.

Corrective Action Findings: The facility must provide written documentation of the listing and contracts of the sixty one residential contract providers, highlighting the PREA language in these contracts, and then provide them on the USB drive for my final review in order to be in compliance with this standard.

Resolution: The facility did provide a listing of the sixty one residential contract providers of which all have the PREA compliance language contained in these contracts, thus demonstrating compliance with this standard.

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policies and Evidence reviewed: Zero Tolerance Policy, Staffing Plan, Budget and Schedules, Memorandum, meeting minutes, Unannounced Rounds log/documentation, Staffing and Youth Roster, Video Monitoring documentation, Facility Administrator, PREA Coordinator and Intermediate and Higher Level Staff Interviews.

Findings: The Lubbock County Juvenile Justice Center policy requires the supervision and monitoring of the youth in the facility. A. The daily average number of youth in this facility is 39 in detention and 42 in post but the staffing plan is predicated on the average daily population total of 97 youths. B and C. The facility did provide documentation during the audit that demonstrated compliance with this standard and at no time has the facility deviated from their staff-to-youth ratio of 1:12 during waking hours and 1:24 sleeping hours, which would be inclusive of their staffing plan if provided. D. The facility did not provided written evidence indicating that the Agency Head, Facility Administrator and the PREA Coordinator reviews the staffing plan annually which include video monitoring and their commitment to adherence of this plan. There was no plan provided for fiscal year 2015-16 that included the hiring of any full time equivalents (FTEs) in an effort to bring their staff -to-youth ratio to 1:8 during waking hours and 1:16 during sleeping hours by October of 2017. A budgeted spreadsheet for the FTEs for staffing this facility on each shift was not provided as a sample. E. The facility did not provide written evidence and or photo still shots that higher level supervisors are conducting unannounced rounds on all shifts to reflect such practices. The facility's policy indicates that disciplinary action does occurs if staff alert other staff of these unannounced rounds and during the random interviews of staff, especially those working the control center, are aware of this policy. During the visits to the clusters (housing units) I did not observed the opposite gender staff utilized the knock and announce method to announce their presence before entering a cluster but both the staff and youth during the interviews confirmed that this practice was occurring.

Corrective Action Findings: The facility must provide written evidence that the staffing plan is reviewed annually with the Facility Administrator, the PREA Coordinator and Agency Head, must provide copies of the staffing assessment and staffing plan and must provide written evidence that the unannounced visits are occurring by intermediate and upper level supervisors in order to be in compliance with this standard.

Resolution: The facility did provide a copy of their staffing plan assessment and staffing plan as evidence and a memorandum indicating that it is reviewed annually with the Facility Administrator, the PREA Coordinator and Agency Head. The facility did provide copies of the logs as evidence that the unannounced visits have and does occur on each shift at least once per month during this corrective action period by intermediate and upper level supervisors, thus demonstrating compliance with this standard.

Standard 115.315 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Search Logs, PREA Coordinator, Random Staff and Youth Interviews.

Findings: A and B. The Lubbock County Juvenile Justice Center policy prohibits cross gender viewing during rest room, changing clothes and shower routine and prohibits cross gender pat, visual body and strip searches absence exigent circumstances. There were no cross gender pat, visual or strip searches conducted by medical personnel or for an exigent circumstance during the last 12 months. The language of this facility’s policy need to be revised to align with the language of this standard. C and E. A review of the search logs as well as the staff and youth interviews verified that this prohibited practice do not exist including searching or physically examining a Transgender or Intersex youth to determine their genitalia. There were no transagender or intersex youth in their population during the onsite visit. The facility did not provide written evidence in addition that further prohibits this practice. D. The youth were able to definitively articulated during the interviews that either the female and or male staff do knock and announce their presence when entering the opposite gender cluster (housing unit), that they are able to shower, dress and change clothing without being observed by the opposite gender and at no time had a staff of the opposite gender pat searched their person. A copy of the cross gender pat search training curriculum was not provided but the PREA Coordinator indicated that all searches would be conducted professionally and in a respectful manner consistent with the security needs of the facility. The staff definitively articulated this practice during the interviews although no searches were observed during the facility tour. F. There was no written evidence provided showing that the staff were trained in cross gender pat searches.

Corrective Action Findings: The facility must edit the language in the policy to align with the PREA standard 115. 315 (a-f), must provide written evidence that all of the Juvenile Supervision Officers (JSO) have been trained in cross gender pat searches including searches of Transgender and Intersex youth in the event an exigent circumstance arises requiring such which training can be obtained from the NIC website, must provide written evidence stating that in the last 12 months there were no cross gender pat search conducted and provide a copy of or reference the cross gender pat search training curriculum in order to be in compliance with this standard.

Resolution: The facility did provide a final copy of their Zero Tolerance policy with the language aligning with the PREA standard 115. 315 (a-f), and did provide signed training rosters as evidence that all of the Juvenile Supervision Officers (JSO) have been trained in cross gender pat searches including searches of Transgender and Intersex youth in the event an exigent circumstance arises. The facility also provided evidence in the form of a memorandum indicating that in the last 12 months there were no cross gender pat search conducted and provide a copy of the cross gender pat search training curriculum, thus demonstrating compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Intake and Orientation Documentation, Youth Handbook, PREA Posters, Lubbock ISD Agreement, PREA Coordinator, Random Staff, and Youth Interviews.

Findings: A. The Lubbock County Juvenile Justice Center provided to the auditor the Zero Tolerance policy as well as written PREA material in English i.e. handbook, brochures, etc. which the Intake staff provides to the youth during intake and orientation. The facility did not reference nor address this PREA standard in their policy. B. The facility did not provide documentation of the agency who would be providing interpreting services or a listing of the facility staff who could interpret, but did indicate that through the Language Line they would provide interpreting services for youth who may be deaf, speech impaired, blind and or low vision, and for those youth who are limited in English proficiency or who are psychiatric or intellectually disabled those services will be provided by the Lubbock Independent School District. The facility did not provide the auditor with a copy of the contract for interpreting services for my review and also did not provide a listing of the staff utilized as interpreters for Spanish speaking youth, as applicable. The facility did not identify any youth in their care and custody, during this audit, to be interviewed as being Limited in English Proficiency or needing other interpreting services in the last 12 months. C. The PREA Coordinator indicated that the utilization of youth interpreters, youth assistants or youth readers is prohibited in this facility by practice and policy. The facility's Intake Juvenile Probation Officer did have written PREA-related information available to provide the youth during Intake in Spanish during the on site visit.

Corrective Action Findings: The facility must insert the language and number from PREA Standard 115.316 into their Zero Tolerance policy, must provide written evidence in the form of a memorandum of the staff who will be utilized as interpreters and or contractual agreement with Language Line for interpreting services and include a listing of the staff who will be utilized to interpret in order to be in compliance with this standard.

Resolution: The facility did provide a final copy of their Zero Tolerance policy inserting the language that interpreting services will be provided for youth in need of these services, and they did provide evidence in the form of a memorandum of the staff identified to be used as interpreters if the need arises. The facility also provided a contractual agreement with Language Line for interpreting services, thus demonstrating compliance with this standard.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Criminal Records and Child Abuse Registry Check Documentation, Training Records and Interview with the PREA Coordinator.

Findings: A. The Lubbock County Juvenile Justice Center policy does not considers any incident of sexual abuse and sexual harassment in determining whether to hire, promote or enlist the services of contractors who have contact with the youth. This language needs to be inserted in their policy. The policy states that providing false information will be grounds for termination for omitting information of misconduct. It also provides that a former employee's misconduct will be provided to another agency for substantiated findings of sexual abuse and sexual harassment. B. For volunteers, their services will be terminated and for contractors, the finding will be reported to their licensing authority. An interview with the PREA Coordinator revealed that the agency conducts criminal background checks and child abuse registry checks prior to hiring and promotions. C, D and E. The facility did not provide written evidence showing that they did conduct background checks and child abuse registry checks on all current employees, which is also performed every five years. F. The facility did not provide written evidence on self reporting requirements of their employees, that the policy references omissions regarding misconduct shall be grounds for termination and they provided sample reference check forms that staff, volunteers and contractors complete for the background checks. The facility did not provide documentation supporting that 100% of their staff, volunteers and contractors had background and child abuse registry checks performed during the last 12 months. There were 12 new hires during this reporting period and 5 service contractors meeting this standard whereas background and child abuse registry checks were conducted.

Corrective Action Findings: The facility must insert in this policy the language from standard 115.317 (b), must insert in this policy that
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employees must self report misconduct, and they must provide written evidence that 100% of their staff, volunteers and contractors have had criminal background and child abuse registry checks in the last 12 month in order to be compliance with this standard.

Resolution: The facility did provide a copy of the final Zero Toerance policy that reflected the insertion of the language from standard 115.317 (b), including that employees must self report any misconduct. The facility did provide evidence in the form of a memorandum that 100% of their staff, volunteers and contractors have had criminal background and child abuse registry checks in the last 12 month including documentation from the FAST system and the Department of Family Protective Services, thus demonstrating compliance with this standard.

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Facility Schematics reflecting the camera locations and viewing Control Room cameras.

Findings: A. The Lubbock County Juvenile Justice Center has not made any modifications to or any renovations in this facility as of August 20, of 2012 and they currently have 95 cameras throughout the facility to augment the staff’s supervision and monitoring of the youth and have upgraded their radios. B. It was recommended by the auditor if funding becomes available that some additional cameras be purchased for placement in other identified blind spot areas i.e. holding room, intake area, hallways, etc. throughout the facility to augment staff supervision, monitoring and in the prevention, detection and response to sexual abuse and sexual harassment allegations, thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Memorandum from County Sheriff Department, University Medical Center, proposed Lubbock Rape Crisis Center dba Voice of Hope, and interview with Nursing staff.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines the protocol for conducting investigations of sexual abuse and sexual harassment as well as requesting information from the respective investigative entities on the progress of each investigation. B. The facility states that they follow the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents 2013 for

obtaining usable evidence for administrative and criminal investigations. The Lubbock County Juvenile Justice Center is responsible for conducting administrative investigations for the agency and the Lubbock County Sheriff is responsible for conducting criminal investigations of sexual abuse. C. The University Medical Center is the hospital where a youth receives emergency medical care including where they would be taken by local law enforcement in the event a forensic examination (SANE) for sexual abuse incident is required. D. The facility did not provide written evidence verifying that they have obtained emotional support and crisis counseling services from the Lubbock Rape Crisis Center dba Voice of Hope, if and when needed. In the last 12 months the facility indicated that there have been no SANE examinations required which was also confirmed by the medical personnel during a file review and during the interview. E. The facility indicated that they do have a qualified staff member to serve as an advocate if needed, for a victim of sexual abuse. F. The facility did not provide written evidence requesting the Lubbock County Sheriff Department to follow the requirements of the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents 2013 for obtaining usable evidence for administrative and or criminal investigations.

Corrective Action Findings: The facility must provide written evidence that Lubbock Rape Crisis Center dba Voice of Hope will provide emotional support and crisis counseling services, must provide written evidence in the form of a memorandum that there zero SANE examine conducted by the University Medical Center for the facility and written evidence that the Lubbock County Sheriff Department agrees to utilized the National Protocol for Sexual Assault Medical Forensic Examination in order to be in compliance with this standard.

Resolution: The facility did provide as evidence a Memorandum of Agreement from the Lubbock Rape Crisis Center dba Voice of Hope indicating that they will provide emotional support and crisis counseling services to sexual abuse victims when applicable. The facility did provide evidence in the form of a memorandum that there were zero SANE examination conducted by the University Medical Center for the facility and evidence in the form of a memorandum from the Lubbock County Sheriff Department regarding their agreement to utilized the National Protocol for Sexual Assault Medical Forensic Examination when conducting a criminal investigation, thus demonstrating compliance with this standard

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Incident Reports, Copies of Investigative Cases, Agency Website, and the Investigator's Interviews.

Findings: A and B. The Lubbock County Juvenile Justice Center policies requires that all allegations of sexual abuse and sexual harassment are to be reported to the Facility Administrator. It further describes that the Internal Investigators are charged with conducting the administrative investigations and the Lubbock County Sheriff will conduct all criminal investigations. The facility provided the auditor with a copy of their Incident Report that is shared with the Lubbock County Sheriff in the event of a criminal investigation as applicable. The Lubbock County Juvenile Justice Center reported zero allegations during the last 12 months for sexual abuse with zero resulting in a criminal investigation, and zero resulting in an administrative investigation. The facility does not have their Zero Tolerance policy which is inclusive of the internal administrative procedure on their website for review as required by this standard.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there have been zero allegations of sexual abuse and sexual harassment in the last 12 months and must post their entire Zero Tolerance policy inclusive of their investigative process on the agency's website in order to achieve compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that there have been zero allegations of sexual abuse and sexual harassment allegations in the last 12 months and did send the link reflecting the posting of their entire Zero Tolerance policy inclusive of their investigative process on the agency's website, as reviewed by the auditor, thus demonstrating compliance with this standard.

Standard 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Training Curriculum, Staff Training Rosters, Schedule and Certificates, Random Staff Interviews, and Pat Down Search Logs.

Findings: A. The Lubbock County Juvenile Justice Center policy requires that the facility provide PREA related training to all its employees who may have contact with youth. The agency provided written evidence of the various PREA training curriculums i.e. LGBTI, communication boundaries, wherein staff are trained. The facility have not provided cross gender pat down search training to all of their security staff. B. The PREA Coordinator indicated that their PREA Refresher training occurs annually and certification training, which includes PREA, occurs every two years. C. The number of facility staff trained during the last 12 months were 107 with 100% of them being trained. The staff interviewed articulated that the required elements of 115.331a (1-11), (b) were being met through the new hire orientation/training and through on the job training sessions (refresher). The staff seemed well versed and trained in the areas of PREA, their reporting duties, were knowledgeable of their first responder responsibilities and what individuals and or entity conducts the administrative and criminal investigations based on the interviews. D. The facility provided written evidence of the trainee sign in sheets with the course title and descriptions for each training class, for the auditor's review.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that cross gender pat search training have been provided to all staff and submit signed copies of the staff training roster in order to become compliant with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that cross gender pat search training has been provided to all staff and they did provide signed copies of the staff training rosters, thus demonstrating compliance with this standard.

Standard 115.332 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Volunteer and Contractor's Training Curriculum, Training Roster and or Certificates, Volunteer and Contractor Interviews.

Findings: A. The Lubbock County Juvenile Justice Center policy requires that all volunteers and contractors who have direct access to youth are notified and trained on understanding their reporting responsibilities regarding PREA. B. The facility provided written evidence of the PREA curriculum for volunteers and contractors and but did not provide training records to demonstrate their compliance with this standard. C. The facility provided written evidence indicating the number of volunteers and contractors trained in PREA during the last 12 months

were 22 and that 100% of them were trained.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that all of their volunteers and contractors have received PREA training in the last 12 months in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum and signed training rosters that all of their volunteers and contractors have received PREA training in the last 12 months, thus demonstrating compliance with this standard.

Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Detention Resident Handbook, PREA Flyers, Brochures, etc. , Juvenile Client Management Database, Admitted and Educated Youth Documentation, Outside Interpreting Provider and Lubbock Unified School District Agreement, Retaliation Log, Random Staff and Youth Interviews.

Findings: A. The Lubbock County Juvenile Justice Center provides the youths with an orientation packet of information in English and in Spanish upon Intake, and they are proposing to have the youth watch the Safeguarding Your Sexual Safety PREA video during orientation and are given additional PREA brochures and other information i.e. hotline numbers, etc. during this time. The policy indicates that this information be provided to the youth in an age appropriate manner as demonstrated in the Detention Resident Handbook and PREA flyer. A review of this material verified that this standard is being met. The date and time of the resident's intake, orientation and when this information is provided is documented in the youth's file in JCMS, which is their client management database, as reviewed by the auditor. B. The comprehensive education occurs within 10 days of Intake orally and it was strongly recommended that the Intake Juvenile Probation Officer began utilizing the Safeguarding Your Sexual Safety DVD, employ the Instructor's Guide and conduct this session in a group rather than individually as has been the practice to ensure the youth's comprehension of this material. It was noted during the youth interviews that basis reporting, who the outside rape crisis center agency is and knowledge of the facility policy was not being retained. C. The facility admitted and educated 763 youth from the 1202 youth who came into Intake during the last 12 months. D and E. The facility did not provide written evidence demonstrating or identifying who will provide services to those youth who are hearing, vision impaired, psychiatric and disabled; but did indicate that the Lubbock Unified School District will provide assistance for those youth who are intellectually ,psychiatric disabled and limited in English proficiency. F. During the facility tour and interviews of the youths they acknowledged receiving the PREA information during the Intake and Orientation process and were able to articulate, though not completely, their knowledge regarding PREA, reporting and freedom from retaliation. The Zero Tolerance and other PREA related posters, brochures with the hot line numbers for reporting incidents of sexual abuse and sexual harassment were not as prominently displayed throughout the facility as they should be and they were encourage to display more in the hallways, clusters, intake, and dining areas.

Corrective Action Findings: The facility must provide written evidence that all of the youth have been shown the Safeguarding Your Sexual Safety DVD by the Intake JPO or other comparable mediums, as part of their comprehensive education along with copies of the signed training roster, must provide written evidence identifying what agency or entity will provide and or assist youth who are blind, low vision, deaf, disabled or psychiatric in transmitting PREA related information to them, and they must provide documentable evidence, via photos, that additional update PREA posters are being displayed in the hallways, clusters, dining area, classrooms, etc.. in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of signed training rosters that all of the youth have been provided comparable comprehensive education by the Intake JPO in a group setting ensuring that all of the elements required have been met and can be found in the cluster booklet. The facility did provide evidence in the form of a memorandum identifying the Lubbock Independent School District will be providing and or assist youth who are blind, low vision, deaf, disabled or psychiatric in transmitting PREA related information to them. The facility did provide documentable evidence, via photos, that additional update PREA posters have been displayed more thoroughly in the hallways, clusters, dining area, and classrooms areas, thus demonstrating compliance with this standard.

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Internal Investigator's Specialized Training Certificate, and the Investigator's Interview.

Findings: A. The Lubbock County Juvenile Justice Center policy indicates that they are the entity that will conduct their administrative investigations along with the Texas Juvenile Justice Department (TJJD) and that the Lubbock County Sheriff Department is the outside law enforcement entity who conducts the criminal investigations for sexual abuse and sexual harassment allegations. The PREA Coordinator did indicate but did not provide written evidence that the Lubbock County Sheriff Department agree to follow the National Protocol for Sexual Assault for Medical Forensic Examination when conducting sexual abuse investigation. B. The Lubbock County Juvenile Justice Center internal investigator indicated during his interview that he has received specialized interview training including Miranda and Garrity warning, evidence collection, etc. to assist him in conducting sexual abuse and sexual harassment investigations even though criminal investigations will be referred to outside law enforcement. C. The PREA Coordinator did not provide written evidence of their investigator's training records that reflected receipt of their specialized interviewing training when conducting sexual abuse investigations.

Corrective Action Findings: The facility must provide written evidence that the Lubbock County Sheriff Department agrees to follow the National Protocol for Sexual Assault for Medical Forensic Examination and must provide written evidence of the internal investigator’s specialized training record and certificate in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that the Lubbock County Sheriff Department has agreed to follow the National Protocol for Sexual Assault for Medical Forensic Examination. The facility also provided evidence in the form of training record and a certificate of their internal investigator’s specialized training, thus demonstrating compliance with this standard.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, University Medical Center, PREA Training Roster, Specialized Training Certificates for Medical and Mental Practitioners, Medical and Mental Health Staff Interviews.

Findings: A. The Lubbock County Juvenile Justice Center does not conduct forensic medical exams on a youth for sexual abuse but if applicable, they refer the alleged victim to the University Medical Center where the examination would occur free of charge. B. The medical

staff in this facility do not conduct SANE examination nor has the University Medical Center conducted a SANE examination for this facility in the last 12 months. C. All of the medical and contracting mental health personnel at the facility did not indicate that they have received specialized training in PREA and did not provide certificate and or training records. The interviews conducted with the mental health and medical staff revealed their knowledge of PREA, the reporting requirements, protocols to follow and their responsibilities as a first responder and member of the Sexual Abuse Review Team for this facility.

Corrective Action Findings: The facility must provide written evidence of the specialized training requirement being met for both the medical and mental health (certificates and or signed training rosters) staff in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of training rosters and certificates of the specialized training requirement for both the medical and mental health staff, thus demonstrating compliance with this standard.

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Juvenile Case Management System Database (JCMS), Electronic and Hard Copy of the Juvenile Behavioral Screening Instrument, Intake Juvenile Probation Officer Interview, Youth Interviews, and the PREA Coordinator's Interview.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines that the screening of youth during intake must occur within 72 hours. B, C and D. The screening instrument, including the Maysi, which is in their electronic client management database called Juvenile Case Management System (JCMS) did not contain all of the screening elements (1-11) required of this standard and but does contain questions which covers the youth own perception of vulnerability as well as any observations of the intake staff regarding a youth's gender non-conforming or perceived vulnerable appearance. They also have a process, according to policy, for the re-assessment of a youth and a hard copy of this form was provided for the auditor's review. E. Information obtained by the Intake Juvenile Probation Officer during the initial screening i.e. sensitive information has limited dissemination to prevent exploitation to the detriment to the youth and appropriate controls are in place and is password protected. Interviews with the Intake Juvenile Probation Officer and the youth revealed that these questions and assessments are occurring during a youth's Intake.

Corrective Action Findings: The facility must provide written evidence that element number eight (8) in 115.341 that asks if the youth is "intellectually or developmentally disabled" is added to the electronic and hard copy version of the screening instrument and must provide written evidence that all future intake youth, upon receipt of this Interim Report and thereafter are asked this question in order to be in compliance with this standard.

Resolution: The facility did provide a final copy of their Zero Tolerance policy inserting the eight (8) elements from PREA Standard 115.341 that asks if the youth is "intellectually or developmentally disabled" and included it on their the electronic and hard copy version of the screening instrument as reviewed by the auditor. The facility did provide evidence of new Intake assessment forms completed since December 11th, 2015 demonstrating that new intake youths were asked this question, thus demonstrating compliance with this standard.

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance, Isolation Policy, Intake Juvenile Probation Officer Interview, Juvenile Behavior Screening Instrument, Isolation Logs, and interviews with the Intake Juvenile Probation Officer, Behavior Health Specialist and the PREA Coordinator.

Findings: A. The Lubbock County Juvenile Justice Center Zero Tolerance policy was provided to the auditor that demonstrated compliance with this standard. The facility's Intake Juvenile Probation Officer and the behavior Health Specialist were able to demonstrate how the screening instrument is used to make informed housing assignments which is discussed weekly during their multidisciplinary meetings. B. The facility policy does not prohibit the placement of youth in isolation due to risk of sexual victimization and they did not provide written evidence indicating that seclusion (isolation) is not used for sexual abuse and sexual harassment victims and or perpetrators, though through the interview with the PREA Coordinator and Facility Superintendent that this does not occur. C and D. A copy of the Juvenile Behavior Screening form was provided to the auditor for review and he was informed by the PREA Coordinator and Behavior health Specialist that housing assignments are not based on LGBTGNC status, perceived status or identification status as an indicator of likelihood of being sexually abusive. This facility did not have any identified Transgender or Intersex youth in their population during this on site audit. E, F and G. The facility policy also allows for an Intersex and Transgender youth to shower separately and to be reassessed twice a year to review any threats to safety experienced by the youth as confirmed through the interview with the youth and staff as well as given consideration serious considerations with respect to his or her safety. H and I. During the last 12 months the facility reported that there were zero youth placed in isolation, zero youth denied daily access to services and zero youth averaging any time in isolation due to risk of sexual victimization.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that isolation is not used for a youth at risk of sexual victimization but only as a last resort when less restrictive measure are inadequate to keep the youth safe and they must provide written evidence that isolation has been used zero times in the last 12 months for any youth due to risk of sexual victimization in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that isolation had not been used for a youth at risk of sexual victimization but would only be used as a last resort when less restrictive measure are inadequate to keep the youth safe. The facility also provided written evidence in the form of a memorandum that isolation has been used zero times in the last 12 months for any youth due to risk of sexual victimization in order, thus demonstrating compliance with this standard.

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance, Grievance and Third Party Reporting Policy, PREA Posters, Hotline Numbers, Random Staff, Youth, PREA Coordinator and Facility Administrator Interviews.

Findings: A. The Lubbock County Juvenile Justice Center provides multiple internal ways (i.e. sick call, grievance, trusting adult) and several external numbers for a youth to privately report allegations of sexual abuse and sexual harassment. B. One such number for reporting an allegation is to the 1-877-STOP-ANE which is a toll free number posted by the phone in each cluster as observed. C. Interviews

conducted with the facility's random staff and youth demonstrated their knowledge, access and compliance with this standard including that staff do accept, document and immediately report verbal reports of sexual abuse and sexual harassment from a youth to the appropriate upper level supervisory and or administrative staff. D. Youth are provided with a grievance form as a tool for reporting any allegation. E. The staff and the youth also informed the auditor, during their interviews, that they can report sexual abuse and sexual harassment allegations privately, confidentially, anonymously and or through a 3rd party. The staff can use the same 1-877-STOP-ANE number for making such reports. The facility's Zero Tolerance policy states that youth who are detained for civil immigration purposes shall be provided information on how to contact the relevant consular officials, relevant officials at the Department of Homeland Security and during the interviews with the PREA Coordinator and the Facility Administrator it was stated that they do not detain youth for civil immigration purposes, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance and Grievance Policies, Retaliation Monitoring Form, Grievance Logs, Investigation Case Logs that exceeded 90 days or Required an Extension of 70 days, Disciplinary Action taken for Bad Faith filings, Investigator's, Staff and Youth Interviews.

Findings: A, B and C. The Lubbock County Juvenile Justice Center Grievance policy imposes no time limit regarding filing an allegation for sexual abuse, it indicates that a youth cannot resolve a sexual abuse grievance with the alleged staff person informally, that it is not referred to the alleged staff member. D. The facility shall issue a final decision within 90 days of the initial filing. E. That a 3rd party can file a grievance on behalf of a youth. The facility's policy does not state that a youth will be monitored for retaliation up to 90 days or until the investigation is closed or is unfounded. F. The PREA Coordinator showed the auditor the grievance boxes where a youth could file their grievance and provided him with a copy of the Detention Youth Handbook that describes the youth the grievance procedure including the filing of emergency grievances. G. The facility's policy does state that disciplinary action can be taken against a youth if a grievance is filed in bad faith. The Lubbock County Juvenile Justice Center did not provide written evidence but did indicate that zero grievances in the last 12 months were filed for sexual abuse and sexual harassment, zero emergency grievances filed, and that there were zero sexual abuse and sexual harassment grievances and or administrative/criminal investigations that were not completed within 90 days or that required extensions up to 70 days.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that zero grievances and zero emergency grievances were filed for sexual abuse and sexual harassment in the last 12 months in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that there were zero grievances and zero emergency grievances filed for sexual abuse and sexual harassment in the last 12 months, thus demonstrating compliance with this standard.

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance and Visitation Policies, proposed Lubbock Rape Crisis Center dba Voice of Hope Memorandum of Agreement, Detention Youth Handbook, PREA Posters and other documentation, Facility's Schematics of Visitation Area/Space, Random Staff, Youth, and PREA Coordinator Interviews.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines how a youth would have access to outside confidential support services. The facility provides the youth with information regarding their access to outside and other services i.e. 1-877-STOP ANE hotline during Intake and orientation via the Detention Youth Handbook which contains toll free and or local phone numbers. B and C. The facility did not provide written evidence on the established Memorandum of Understanding with the Lubbock Rape Crisis Center dba Voice of Hope for the provision of emotional support and crisis counseling services as needed for victims of sexual abuse. The youth interviewed could not recall being given information on outside support services during the Orientation process but knew that they can communicate with an outside service providers privately, that this conversation is confidential, and the youth indicated also that this was vaguely discussed during the Orientation. D. The facility does provide the youths with reasonable and confidential access to their parents, legal guardians and lawyers for visitation as indicated during the staff and youth interviews also as reviewed on the facility schematics for designated visitation space.

Corrective Action Findings: The facility must provide written evidence of the Memorandum of Agreement with the Lubbock Rape Crisis Center dba Voice of Hope and written evidence that acknowledges education about these services to the youth will be provided to all of the youth currently in the facility including all new intakes in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a Memorandum of Agreement with the Lubbock Rape Crisis Center dba Voice of Hope and evidence in the form of a memorandum that acknowledges that education of the services provided by the Voice of Hope has been provided to all of the youth in the facility including all new intakes, thus demonstrating compliance with this standard.

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance, Grievance and Third Party Reporting Policies, Agency Website, Random Staff and Youth Interviews, Copy of Youth Grievance Form, and the PREA Coordinator's Interview.

Findings: A. The Lubbock County Juvenile Justice Center policy establishes the method outlined to receive a 3rd party reports of sexual abuse and sexual harassment on behalf of a youth and that this information is also available on the Lubbock County Juvenile Probation's Department website. The facility provided written evidence for the link to this website which was visited by the auditor for review which shows how the public can report abuse including sexual abuse and sexual harassment. The Lubbock County Juvenile Justice Center provided written evidence outlining how they receive the 3rd party report for abuse, sexual abuse and sexual harassment which was corroborated during the interviews with random staff, youth and the PREA Coordinator. The facility provided written evidence to the auditor of what information is given and or mailed to the parent and or guardian including the website link, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, proposed Lubbock Rape Crisis Center dba Voice of Hope Memorandum of Agreement, Intake Juvenile Probation Officer, Medical and Mental Health Practitioners, Facility Administrator, Agency Head, PREA Coordinator, and Random Staff Interviews, Referral Form (Incident Report) to Outside Law Enforcement or Investigative Entity, and First Responder Interview.

Findings: A. The Lubbock County Juvenile Justice Center policy requires that all staff to immediately report to the Facility Administrator any suspicion, knowledge, or information of a allegation of sexual abuse, sexual harassment, retaliation and staff policy violation for neglect of their responsibilities that may have contributed to the incident or retaliation, including 3rd party reports. The facility also provided other related policies regarding their internal processes, personnel action and the first responders responsibilities and duties of the staff including referrals to be made to the proposed Lubbock Rape Crisis Center dba Voice of Hope for mental health assessment and treatment as necessary. B and D. The facility's policy indicates that all staff are mandatory reporters which was also verified during the staff interviews. The agency's policy directs the facility staff including medical and mental health personnel as mandatory reporters of child abuse, to immediately report the information, complete a serious incident report and forward it to the Facility Administrator. C. The facility's Zero Tolerance policy prohibits the staff from revealing any information related to the sexual abuse and sexual harassment allegation to anyone other than to the extent necessary. E and F. The Facility Administrator or designee will then report the allegation to their Internal Investigators, Texas Juvenile Justice Department (TJJD) and to the Lubbock County Sheriff Department as appropriate. During the staff interviews they demonstrated knowledge regarding their reporting responsibilities including notification to their immediate supervisor, the Facility Administrator, Lubbock County Sheriff Department, the internal investigator, the alleged victim's parent, legal guardian, lawyers and to the court of jurisdiction if applicable, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

Standard 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance and Isolation Policies, Isolation Log, Agency Head, Facility Administrator, PREA Coordinator and Random Staff Interviews.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines their internal processes regarding the agency's protection duties when informed that a youth is subject to substantial risk of imminent sexual abuse. During the specialized and random staff interviews they articulated their knowledge of actions need to be taken to protect a youth who may be subject to a substantial risk of imminent sexual abuse. The Facility Administrator and the PREA Coordinator indicated but did not provide written evidence i.e. Isolation logs that they had zero youth in isolation during the last 12 months who were subject to any type of substantial risk of imminent sexual abuse while in their facility.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there were zero youth in isolation who were subject to any type of substantial risk of imminent sexual abuse in the last 12 months in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that there were zero youth placed in isolation who were subject to any type of substantial risk of imminent sexual abuse in the last 12 months, thus demonstrating compliance with this standard.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Allegation Notification to Other Facilities, Facility Administrator, PREA Coordinator, Intake Juvenile Probation Officer and Internal investigator's Interviews, Investigative Administrative and or Criminal Cases.

Findings: A. and B The Lubbock County Juvenile Justice Center policy outlines the staff's requirement of reporting to other confinement facilities within 72 hour of being informed during Intake of an allegation being made by a youth of sexual abuse and sexual harassment and that it will be documented in the youth's electronic file. The interviews with the Intake Juvenile Probation Officer, the Facility Administrator and the facility's Investigator revealed their knowledge and understanding of this reporting requirement and policy adherence. C. The Lubbock County Juvenile Justice Center documented zero reported cases of reporting to another confinement facility an allegation of sexual abuse that occurred within the past 12 months as corroborated by the PREA Coordinator and the Intake Juvenile Probation Officer during their interviews. During the random staff interviews they rehearsed this notification protocol. D. The facility did not provide written evidence but did state that if sexual abuse occurred in another facility that they would notify that facility's administrator well within 72 hours and that the case would be properly investigated and closed by the investigative entities.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that notification will be made to another facility where a youth have been previously confined within 72 hours of receiving any allegation of sexual abuse, if applicable, in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that notification will be made to another facility where a youth have been previously confined within 72 hours of receiving any allegation of sexual abuse, when applicable, thus demonstrating compliance with this standard.

Standard 115.364 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, First Responder, Non-Security Staff, Random Staff, and PREA Coordinator Interviews.

Findings: A and B. The Lubbock County Juvenile Justice Center has established a policy that outlines the first responder duties for responding to sexual abuse and sexual harassment allegations. The Facility Administrator reported but did not provide written evidence that there were zero allegations of sexual abuse and sexual harassment, whereas in this instance the collection of evidence, which was not applicable, would have been collected in the appropriate time frame, but none was required. That there was zero times that the crime scene and or evidence needed to be preserved, zero times was requested of a victim not to take any action, zero times requested of the abuser not to take action, zero times that non-security staff had to respond, and in all times was the security staff notified and responded to the allegation. All of the random staff and the first responder interviewed were able to articulate their knowledge, understanding, responsibilities and duties as a first responder including informing the victim and the abuser not to destroy evidence by washing, eating, changing clothes, drinking, defecating or brushing teeth. The facility had reported zero allegation of sexual abuse and sexual harassment during the past 12 months and that if one was to occur that the first responder would act in accordance with the agency's policy and the facility's protocol.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there were zero allegations of sexual abuse and sexual harassment, zero times that the crime scene and or evidence needed to be preserved, zero times was requested of a victim not to take any action, zero times requested of the abuser not to take action, zero times that non-security staff had to respond, and that in all times would the security staff be notified and respond to the allegation in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that there were zero allegations of sexual abuse and sexual harassment, zero times that the crime scene and or evidence needed to be preserved, zero times was requested of a victim not to take any action, zero times requested of the abuser not to take action, zero times that non-security staff had to respond, and that in all times the security staff would be notified and respond to the allegations, thus demonstrating compliance with this standard.

Standard 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Copy of Facility's Written Plan for Coordinated Response to Sexual Abuse Allegation, Sexual Abuse Review Team Member and the PREA Coordinator Interview.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines the procedure for specific staff's response to allegations of sexual abuse and sexual harassment. The Lubbock County Juvenile Justice Center staff, as verified by the interview with a member of the Sexual Abuse Review Team and the PREA Coordinator that they knew of the process for reporting a sexual abuse and sexual harassment allegations, the responsibilities of the facility administrator, medical and mental health personnel, the investigator and the responsibility of a first responder. The PREA Coordinator stated that they have a plan but did not provide the auditor with their written coordinated response plan to demonstrate compliance with this standard.

Corrective Action Findings: The facility must provide written evidence of their facility's written coordinated response plan in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a copy of their facility's written coordinated response plan and its location in the facility thus demonstrating compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance, Facility Administrator and PREA Coordinator Interviews.

Findings: A and B. The Lubbock County Juvenile Justice Center Facility Administrator and PREA Coordinator stated that they do not enter into collective bargaining agreements. The facility's policy does not indicate if it allows for an alleged staff abuser to be removed from contact with a youth pending an investigation or of a determination of whether and what extent discipline is warranted.

Corrective Action Findings: The facility must provide written evidence that 115.366 has been added to their Zero Tolerance policy which clearly states that they do not enter into collective bargaining agreements and that the policy allows for an alleged staff abuser to be removed from contact with a youth pending an investigation or of a determination of whether and what extent discipline is warranted, in order to be in compliance with this standard.

Resolution: The facility did provide a final copy of their Zero Tolerance policy and a memorandum as evidence that they do not enter into collective bargaining agreements and that the policy does allow for an alleged staff abuser to be removed from contact with a youth pending an investigation or of a determination of whether and what extent discipline is warranted, thus demonstrating compliance with this standard.

Standard 115.367 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance and Retaliation Policies, Internal Investigator and Facility Administrator's Interview, proposed Lubbock Rape Crisis Center dba Voice of Hope Memorandum of Agreement.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines their response to retaliation and protection for all youth and staff members who report an allegation of sexual abuse and sexual harassment and or who cooperates with an investigation. The facility has designated the supervisors and administrators of the program to be responsible for monitoring youth and staff against retaliation for reporting

a sexual abuse or sexual harassment allegation. B. The facility's policy indicate that they employ multiple protective measures to protect a youth from changing housing assignments, removing them from the facility to another, removing the abuser or alleged staff member from contact with the victim, and providing emotional support to the victim. C and D. The facility indicated that a youth's conduct would be monitored up to 90 days against retaliation, including periodic status checks, that they would promptly remedy any such retaliation, will provide treatment services as needed. E. The facility policy indicates that they will protect any other individual who cooperates with an investigation who may express fear of retaliation. F. The facility's obligation to monitor shall terminate if the allegation is determined Unfounded. The Facility Administrator reported zero times where protective measures were required to protect staff and or youth against retaliation in the last 12 months.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there were zero times where protective measure were required to protect staff and youth against retaliation in the last 12 months in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that there were zero times where protective measure were required to protect staff and youth against retaliation in the last 12 months, thus demonstrating compliance with this standard.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance and Isolation policies, Isolation Log, Random Staff, Facility Administrator and PREA Coordinator Interviews.

Findings: A. The Lubbock County Juvenile Justice Center policy does not prohibit of the use of segregation and or seclusion housing to protect a youth who have alleged sexual abuse and sexual harassment but only as a last resort. The facility did not provide written evidence indicating that there were zero youths who were held in isolation who alleged sexual abuse and sexual harassment or who suffered sexual abuse in the last 12 months even though the facility's PREA Coordinator and the Facility Administrator stated during their interviews that they do not use segregation and or seclusion to protect a youth from sexual abuse or sexual harassment.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there have been zero times that isolation have been used to protect a youth who has alleged sexual abuse and sexual harassment or who have suffered sexual abuse in the last 12 months in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that there have been zero times wherein isolation have been used to protect a youth who has alleged sexual abuse and sexual harassment or who have suffered sexual abuse in the last 12 months, thus demonstrating compliance with this standard.

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance and Investigative Policies, Facility Investigator Interview, PREA Coordinators Interview, and the Investigator's Training Records.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines that they and the Texas Juvenile Justice Department (TJJD) conduct all administrative investigations and that the Lubbock County Sheriff Department will conduct all criminal investigations of sexual abuse and sexual harassment. B. The Lubbock County Juvenile Justice Center did not provide written evidence of their investigator’s training record. C. The facility’s Investigators described during the interview his gathering process i.e. evidence, videos, interviews, etc. and review of prior complaints and reports of sexual abuse of the alleged perpetrator. The Lubbock County Juvenile Justice Center did not provide written evidence but did state that there were zero cases where sexual abuse occurred at another facility and zero cases of sexual abuse and ssexual harassment that has occurred in this facility, which if they had occurred would be investigated by the appropriate entities. D and F. The facility reported that zero cases were needed to be closed in accordance with facility's policy. G, H, I and J. The facility also reported that zero substantiated investigative cases had been referred for prosecution and that they would retain these case files as long as the abuser is incarcerated or employed 5 years plus according to their policy and applicable law. K. The facility’s policy stat that an employee's termination or the departure of the victim and or perpetrator's being out of the control of the facility shall not cause the investigation to be terminate. The facility’s policy did not state that polygraphs would not utilized. M. The facility’s Investigator described how he has and will continue to remain in contact with the external investigative entities during an investigation.

Corrective Action Findings: The facility must provide written evidence that 115.371 (f) has been insert into the Zero Tolerance policy, regarding the prohibition of polygraph usage in an investigation, must provide written evidence of the internal investigator’s specialized training record and written evidence in the form of a memorandum that there were zero substantiated cases that has been referred for prosecution in the last 12 months in order to be in compliance with this standard.

Resolution: The facility did provide as evidence a copy of the final Zero Tolerance policy inserting the prohibition of polygraph usage in an investigation. The facility did provide copies of the internal investigator’s specialized training record and certificate. They also provided evidence in the form of a memorandum that there were zero substantiated cases that has been referred for prosecution in the last 12 months, thus demonstrating compliance with this standard.

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Investigation Policy and the Investigator's Interview.

Findings: A. The Lubbock County Juvenile Justice Center policy does state that the standard used for proof when determining substantiation of an allegation for sexual abuse and sexual harassment in an administrative investigations is the preponderance of evidence, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Youth Notification Documentation Sample and Interview of the Investigator.

Findings: A and B. The Lubbock County Juvenile Justice Center policy outlines the facility's responsibility in notifying a youth regarding the initiation and the outcome of an administrative and criminal investigation for sexual abuse and sexual harassment. C and D. The facility's policy also outlines the notification process for a staff on youth allegation and a youth on youth allegation. The facility has reported zero sexual abuse and sexual harassment allegation during the past 12 months, that they had informed the youth of the outcomes, and that this investigation was completed by Lubbock County Juvenile Justice Center's Internal Investigator. E. The facility did not provide written evidence verifying that notification had been given to any youth either during the initial or at the conclusion of an the investigation, whether it was for a youth on youth or staff on youth but did provide a sample copy of that notification letter. There were zero notifications made and zero notifications were documented. The facility's Investigator indicated that there have not been any indictments, no referrals for prosecution or convictions of a abuser for sexual abuse and sexual harassment in the last 12 months, thus demonstrating compliance with this standard.

Corrective Action Findings: None
Resolution: N/A

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance and Human Resource Policy, Staff Disciplinary Action Letter (if applicable), Referrals to law Enforcement Entity Documentation, and PREA Coordinator Interview.

Findings: A and C. The Lubbock County Juvenile Justice Center policy outlines the steps to be taken to discipline a staff for sexual abuse and sexual harassment and that this violation's sanction will be commensurate with the nature and circumstances of the act committed. B. The Lubbock County Juvenile Justice Center reported but did not provide written evidence that there have not been any staff disciplinary actions taken during the past 12 months due a to violation of the agency's policy of sexual abuse and sexual harassment and that termination would be the presumptive disciplinary sanction. D. The facility reported that zero referrals for sexual abuse and sexual harassment allegations were made to a law enforcement or relevant licensing entity.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum stating that there were zero disciplinary sanctions against staff taken in the last 12 months for violation of the agency's Zero Tolerance policy and that no referrals were

made to a law enforcement or licensing entity in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum stating that there were zero disciplinary sanctions against staff taken in the last 12 months for violation of the agency's Zero Tolerance policy and that there were no referrals made to a law enforcement or licensing entity, thus demonstrating compliance with this standard.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance, Volunteer and Contractor's Policies, Volunteer and Contractor's Disciplinary Letter (if applicable), Referral to Local Law Enforcement and Licensing Entity (if applicable), PREA Coordinator Interview.

Findings: A. The Lubbock County Juvenile Justice Center policy prohibits volunteers and contractors from contact with youths and outlines the steps to be taken when disciplining volunteers and contractors for sexual abuse and sexual harassment violations. B. The facility has reported but did not provide written evidence that there were zero cases where a volunteer and or a contractor received disciplinary action during the past 12 months due to violation of the agency's policy of sexual abuse and sexual harassment. The facility's PREA Coordinator indicated that there were zero reports made to local law enforcement or to a relevant licensing body for a contractor or volunteer engaging in sexual abuse with a youth.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum stating that there was zero disciplinary action taken against a contractor or volunteer for violating the facility's Zero Tolerance policy nor was a report made to law enforcement or a relevant licensing body in the last 12 months.

Resolution: The facility did provide evidence in the form of a memorandum stating that there were zero disciplinary action taken against a contractor or volunteer for violating the facility's finalized Zero Tolerance policy and that there were no reports made to law enforcement or a relevant licensing body in the last 12 months, thus demonstrating compliance with this standard.

Standard 115.378 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance and Isolation Policies, Youth and Parent Handbook and interview with the PREA Coordinator and Facility Administrator.

Findings: A. The Lubbock County Juvenile Justice Center policy prohibits denying a youth large muscle exercise, daily visits, educational programming, and access to other programs as a disciplinary sanction; outlines the process for taking disciplinary action against a youth when they participate in sexual misconduct with another youth, staff, volunteer or contractor in the facility. B and E. The policy outlines the formal due process hearing must occur following an administrative finding which the sanctions are commensurate with the nature and circumstances of the abuse committed including when a finding of sexual contact with a staff proves that they did not consent to such contact. C and D. The disciplinary process, according to their policy includes if the youth's mental disabilities and mental illness contributed to the behavior when determining sanctions and if therapy, counseling or other interventions shall be considered for the youth to participate in. F. The facility's policy indicates that they do not impose disciplinary sanctions if a youth makes a report of sexual abuse and sexual harassment in good faith. G. The facility reported zero administrative finding of a youth on youth sexual abuse, zero criminal finding of a youth on youth sexual abuse and zero disciplinary sanctions imposed for a sexual abuse and sexual harassment substantiated allegation. The facility has a Zero Tolerance policy against all forms sexual abuse, sexual harassment and sexual misconduct in the facility. During this reporting period the facility PREA Coordinator and Facility Administrator reported that zero youths were placed in isolation as a disciplinary sanction for a youth on youth sexual abuse and sexual harassment allegation in the past 12 months.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that there was zero disciplinary sanctions imposed on any youth who made a sexual abuse allegation in good faith, that there was zero administrative and zero criminal sexual abuse and sexual harassment substantiated findings and that there was zero youth who were placed in isolation as a disciplinary sanction in the last 12 months for sexual abuse and sexual harassment in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that there were zero disciplinary sanctions imposed on any youth who made a sexual abuse allegation in good faith, that there were zero administrative and zero criminal sexual abuse and sexual harassment substantiated findings and that there were zero youth who was placed in isolation as a disciplinary sanction in the last 12 months for sexual abuse and sexual harassment, thus demonstrating compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Mental and Medical Screening Instrument Form, Juvenile Case Management System (JCMS) Database Review, Prior Sexual Victimization Referral Forms and or Listing (if applicable), Youth Medical and Mental Health Files and Follow Up Documentation, Medical, Mental Health Practitioners, PREA Coordinator, Random Staff Interviews and review of the Facility's Schematics for Medical area.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines the procedure to follow for medical and mental health screenings i.e. Maysi, consisting of the youth's history of sexual abuse, if applicable. The files containing some of this information is not accessible to non-treatment staff. B. The Lubbock County Juvenile Justice Center did not identify any youth who had disclosed a prior sexual victimizations in the past 12 months, which occurred either at another confinement facility or in a community setting, and did not have to provide written evidence demonstrating that medical and mental health follow up assessments were offered to these and other youths within 14 days of Intake and or when prior sexual victimization was alleged to have occurred. C. The medical and mental health staff indicated during their interviews that they maintain secondary information in their treatment files, which are kept in an office under lock and key whereas only they have access to them. The facility's Zero Tolerance policy states that all staff are considered mandatory reporters of child abuse according to the State law which include medical and mental health practitioners, which also demonstrates compliance with the standards. D. The facility's policy indicates how consent is to be obtained from a youth, unless under the age of 18, where sexual abuse did not occur in an institutional setting.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum stating that there were zero youth who disclosed a prior sexual victimization and that zero follow up assessments were conducted within 14 days of intake in the last 12 months in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum stating that there were zero youth who disclosed a prior sexual victimization at Intake and that there were zero follow up assessments conducted within 14 days of Intake in the last 12 months, thus demonstrating compliance with this standard.

Standard 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Medical and Mental Health Practitioners Interviews, Youth Medical and Mental Health Files.

A. The Lubbock County Juvenile Justice Center reported that there were zero cases of sexual abuse requiring medical attention at this facility during the past 12 months and the facility’s policy outlines how a youth have access to these emergency services in a timely, unimpeded manner. B and C. The policy indicates if no qualified medical or mental health practitioner is on duty what the first responders responsibilities are to protect the victim and are offered timely information and access to emergency contraceptions and STI prophylaxis. D. The facility did not provide written evidence indicating that access to emergency medical and mental health services would be provided at the University Medical Center and that these treatment services shall be provided at no cost to the victim whether they name the abuser or cooperates with the investigation. There were zero sexual abuse and sexual harassment cases to review that required a youth emergency access to medical and mental health services in the last 12 months according to the Juvenile Health Specialist during her interview.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum stating that during the last 12 months there were zero instances where access to emergency medical and mental health services at University Medical Center was required in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum stating that during the last 12 months there were zero instances where access to emergency medical and mental health services at University Medical Center was required, thus demonstrating compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance and Medical and Mental Health Treatment Policies, Treatment Services Referral Form if applicable, Medical and Mental Health Practitioners Interviews.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines the procedure for a sexual abuse victim and or abuser being offered an evaluation who have been victimized including receiving ongoing medical and mental health care. B, D, E, F and G. The facility did not provide written evidence stating the these services will be provided to those youth who have been adjudicated and who are assigned to their pre/post detention facilities, that services are provided free of charge to the youth and that pregnancy tests as well as other treatment i.e. STI's as deemed appropriate by the medical and mental health practitioner will be offered. C. The Medical and Mental Health staff, during their interviews, indicated that the mental health and medical services are consistent with the community level of care and at no cost to the victim whether they name the abuser or cooperates with the investigation. H. The Behavior Health Specialist indicated during her interview that they will attempt to conduct an evaluation on the committed youth abuser within 60 days of learning of the abuse history and offer treatment when deemed appropriate by the mental health practitioner. The Lubbock County Juvenile Justice Center reported that there were zero youth identified as a sexual abuse victim and or abuser who required ongoing medical and mental health services during the last 12 months.

Corrective Action Findings: The facility need to provide written evidence in the form of a memorandum stating that during the last 12 months there were zero youth requiring ongoing medical and mental health care for sexual abuse as a victim and or abuser in order to demonstrate compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum stating that during the last 12 months there were zero youth requiring ongoing medical and mental health care for sexual abuse as a victim and or abuser, thus demonstrating compliance with this standard.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Sexual Abuse Review Team Initial and Ongoing Meeting Minutes, Monthly Meeting Notification (if applicable), and interview with the PREA Coordinator.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines the process for conducting sexual abuse reviews for substantiated and unsubstantiated cases of sexual abuse and sexual harassment. A review would not be held for Unfounded cases. B and C. Their sexual abuse team is represented by the agency head, the Facility Administrator, the Assistant Facility Director, the PREA Coordinator, an Investigator and the Medical and or Mental health practitioner, which is convened within 30 days of the conclusion of an administrative and or criminal investigation for sexual abuse and sexual harassment. D and E. The Team considers the six (6) elements of the review and submits its findings and the meeting is facilitated by the Facility Administrator and the PREA Coordinator as Co-Chair, who prepares the minutes and report recommendations for improvement as applicable. The Lubbock County Juvenile Justice Center reported but did not provide written evidence indicating that there were zero sexual abuse reviews held in the last 12 months. The facility PREA Coordinator reported but did not provide the auditor with copies of the meeting minutes for the months of July, August, September or October of 2015 to demonstrate that the sexual abuse team was actively meeting monthly. The PREA Coordinator, as a recommended best practice by the auditor, did not provide written evidence in the form a an e-mail that all the Sexual Abuse Review Team members are kept apprised monthly if there are any sexual abuse and sexual harassment allegations. The facility's PREA Coordinator has reported zero allegations of sexual harassment during the last 12 months and zero reviews were conducted.

Corrective Action Findings: The facility must provide written evidence of their initial Sexual Abuse Review Team meeting that reflects the discussion and purpose of the meeting and team members role, must provide written evidence in the form of a memorandum stating that during the aforementioned months that there were zero substantiated and zero unsubstantiated findings for sexual abuse, and must provide written evidence indicating that the sexual abuse review team members were apprised that there were zero substantiated and unsubstantiated findings of sexual abuse in the last 12 months in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of meeting minutes of their initial Sexual Abuse Review Team meeting reflecting PREA Audit Report

the discussion, purpose of the meeting and the team members roles. The facility did provide evidence in the form of a memorandum stating that during the corrective action period that there were zero substantiated and zero unsubstantiated findings for sexual abuse and provided evidence in the form of memorandums indicating that the sexual abuse review team members were apprised that there were zero substantiated and unsubstantiated findings of sexual abuse in the last 12 months, thus demonstrating compliance with this standard.

Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, DOJ Survey for Sexual Victimization for 2014, Sexual Abuse and Sexual Harassment Allegations for 2014-2015, Trends, Implemented Recommendations, etc. and the PREA Coordinator’s Interview.

Findings: A. The Lubbock County Juvenile Justice Center policy outlines the procedure for collecting uniform data on all allegations of sexual abuse and sexual harassment at all their facilities including private contractors if applicable, using a standardized instrument to demonstrate compliance with this standard. B and C. The Lubbock County Juvenile Justice Center did not provide written evidence of their annual DOJ Survey of Sexual Victimization, the last one being for 2014, as the standardized instrument for capturing this aggregate data annually, though confirmed through an interview with the agency's PREA Coordinator but not viewed on the agency's website. D and E. The facility's PREA Coordinator, during the interview, indicated that he would review, collect all the data including investigative reports and files from private facilities in which they contract for the confinement of its youth to identify trends, implements recommendations and documents the reason for not doing so locally. The PREA Coordinator indicated that upon request, this information will be provided to DOJ no later than June 30th of each year.

Corrective Action Findings: The facility must provide written evidence of their 2014 and 2015 annual DOJ Survey of Sexual Victimization and post these reports on their agency’s website in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of copies of their 2014 and 2015 annual DOJ Survey of Sexual Victimization and provided the link on their agency’s website where these reports are posted, thus demonstrating compliance with this standard.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Facility's Aggregated Sexual Abuse and Sexual Harassment Data (if applicable), and PREA Coordinator Interview.

Findings: A and B. The Lubbock County Juvenile Justice Center policy outlines the review of aggregate sexual abuse and sexual harassment data, including that of their private contractors, to assess and improve the effectiveness of the agency's policies, practices and training, identified problems and takes corrective action. The facility did not provide written evidence that demonstrated a review of the data collected, identification of trends, problem areas, and subsequent corrective action to be taken in accordance with this standards. C and D. The facility's PREA Coordinator indicated during the interview that he would prepare a report from these findings, comparing the current year's data with the prior year data, redacting any information that may present a clear and specific threat to the safety and security of the facilities, would obtain approval from the agency's head, makes available on the agency's website or other means and provides a copy to the Department of Justice upon their request.

Corrective Action Findings: The facility must provide written evidence in the form of a memorandum that a review of the previous and current year's data, trends, actions and recommendation would be taken into consideration to improve policy, training, etc. in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of a memorandum that a review of the previous and current year's data, trends, actions and recommendation had been taken into consideration to improve policy, training, etc., thus demonstrating compliance with this standard.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy and Evidence reviewed: Zero Tolerance Policy, Data Collection and Review of Sexual Abuse and Sexual Harassment Incidents (if applicable), and Interview with the PREA Coordinator.

Findings: The Lubbock County Juvenile Justice Center policy outlines that all sexual abuse data is under their control, that all personal identifiers are redacted and that this information is retained securely. A review of this policy reflected this procedure and was confirmed during the interview with the PREA Coordinator. Furthermore, the Lubbock County Juvenile Justice Center policy indicates that all sexual abuse data is retained securely and will be maintained for at least 10 years after the date of the initial collection, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Jerome K. Williams

Auditor Signature

June 2nd, 2016

Date