

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** June 20<sup>th</sup>, 2016

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|--|---|--|---|
| <b>Auditor Information</b>   |   |  |   |
| <b>Auditor name:</b> Jerome K. Williams  |   |  |   |
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| <b>Telephone number:</b> 512-490-7671  |   |  |   |
| <b>Date of facility visit:</b> January 25 <sup>th</sup> , 2016   |   |  |   |
| <b>Facility Information</b>  |   |  |   |
| <b>Facility name:</b> Cyndi Taylor Krier Juvenile Correctional Treatment Center  |   |  |   |
| <b>Facility physical address:</b> 3621 Farm Road San Antonio, Texas 78223  |   |  |   |
| <b>Facility mailing address:</b> <i>(if different from above)</i> N/A  |   |  |   |
| <b>Facility telephone number:</b> 210-335-1700   |   |  |   |
| <b>The facility is:</b>  | <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 |  |   |
| <b>Facility type:</b>  | <input type="checkbox"/> Correctional           | <input checked="" type="checkbox"/> Detention                      | <input type="checkbox"/> Other              |
| <b>Name of facility's Chief Executive Officer:</b> Carlos Zuniga, Facility Administrator                                 |   |  |   |
| <b>Number of staff assigned to the facility in the last 12 months:</b> 139   |   |  |   |
| <b>Designed facility capacity:</b> 96  |   |  |   |
| <b>Current population of facility:</b> 64  |   |  |   |
| <b>Facility security levels/inmate custody levels:</b> Secure, court ordered placement and detainment. Level 3-5 custody |   |  |   |
| <b>Age range of the population:</b> 13-17 years of age   |   |  |   |
| <b>Name of PREA Compliance Manager:</b> Tamara Vasquez   |   | <b>Title:</b> Assistant Facility Administrator                     |   |
| <b>Email address:</b> tlamprechtvasquez@bexar.org  |   | <b>Telephone number:</b> 210-335-1728                              |   |
| <b>Agency Information</b>  |   |  |   |
| <b>Name of agency:</b> Bexar County Juvenile Probation Department  |   |  |   |
| <b>Governing authority or parent agency:</b> <i>(if applicable)</i>  |   |  |   |
| <b>Physical address:</b> 301 E. Mitchell St San Antonio, Texas 78210   |   |  |   |
| <b>Mailing address:</b> <i>(if different from above)</i> N/A   |   |  |   |
| <b>Telephone number:</b> 210-335-7500  |   |  |   |
| <b>Agency Chief Executive Officer</b>  |   |  |   |
| <b>Name:</b> Lynne Wilkerson   |   | <b>Title:</b> Chief Probation Officer                              |   |
| <b>Email address:</b> <a href="mailto:lwikerson@bexar.org">lwikerson@bexar.org</a>                                       |   | <b>Telephone number:</b> 210-335-1811                              |   |
| <b>Agency-Wide PREA Coordinator</b>  |   |  |   |
| <b>Name:</b> Tony Martinez   |   | <b>Title:</b> Standards, Compliance and Investigation Unit Manager |   |
| <b>Email address:</b> <a href="mailto:tmartinez@bexar.org">tmartinez@bexar.org</a>                                       |   | <b>Telephone number:</b> 210-335-1836                              |   |

## AUDIT FINDINGS

### NARRATIVE

The PREA Audit was conducted on January 26th to January 29th, 2016 at the Cyndi Taylor Krier Juvenile Correctional Treatment Center in San Antonio, Texas, a county-run facility. The audit was conducted by the certified PREA Auditor for Juvenile & Adult Facilities, Jerome K. Williams, assisted by Lisa Caper, certified PREA Auditor for Juvenile Facilities and Kimbla Newsom, certified PREA Auditor for Juvenile and Adult Facilities and Carla Bennett-Wells, a PREA Compliance Manager of a State facility.

Following the entrance meeting a thorough tour of the facility was provided by the PREA Coordinator, the Facility Administrator and the maintenance supervisor. 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 youth and staff to ascertain their knowledge of the PREA Standards, reporting procedures, services available and their reporting responsibilities. A total of 13 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 including 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 Facility Administrator, the PREA Coordinator, first responder, medical and mental health staff, Intake staff, a volunteer, Human Resource Specialist, a member of the Sexual Abuse Incident Review Team, and Intermediate Supervisor were interviewed. A total of 14 random staff members were interviewed also. The staffs interviewed were knowledgeable of their responsibilities in reporting sexual abuse and sexual harassment allegations, staff negligence and the steps required in monitoring of 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 San Antonio Children's and the Methodist Hospitals. The personnel indicated that they are aware of the SANE protocol if the facility were to bring a youth there for a SANE examination.

The auditor reviewed blind spots, staff placement, and 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 Director, the PREA Coordinator and other members of their administrative team. The facility was provided with a general overview of the audit process, audit highlights which included a synopsis of the files, documentation review, and 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, as applicable. All corrective action documentation to bring into compliance any "did not meet" standard is to be uploaded on a USB Drive and sent to the auditor within the agreed upon timeframe during the corrective action period for his review. Once compliance is thereby 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 Cyndi Taylor Krier Juvenile Correctional Treatment Center is a secure, coed, longterm residential treatment center with a design capacity of 96 beds comprising 4 housing building, two 12 room pod per dorm, located in San Antonio, Texas with the mission to promote the lifelong development of healthy, empowered and responsible young citizens. The mission is also 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 youth in general including 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 San Antonio, Texas and services youths from Bexar County and some surrounding counties.

On the day of the audit there were 64 youths assigned to the facilities in totality and the audit notices were displayed throughout the facility on colored paper. The facility provides programming for residents with identified substance abuse concerns. Licensed master's level therapists provide individual, group and family counseling to the youth. Staff, youth and their families take part in creating, developing and implementing individual therapeutic programs. Educational services are provided on-site by the East Central Independent School District.

The facility has 1 gymnasium, 1 kitchen area, 1 dining area, 9 classrooms, 8 dormitories (housing area), 1 housing areas specifically designated for disciplinary seclusion, 1 administrative area, 1 medical clinic, 1 large court for recreation, numerous offices, and 1 control communication center. The showers are located inside of the restroom of each housing unit where the cameras cannot view inside and privacy is afforded the youth when showering. It was recommended that shower curtains or doors that cover the lower extremities of the youth be installed to provide additional privacy during shower routines. The shower routines are conducted by male staff only for the male youth in each housing unit and are conducted by the female staff only for the female youth in each housing unit of this facility. The staff of the opposite gender do announce their presence when entering a male or female housing unit area in this facility. The facility was operating safely and was observably clean throughout during the days of this on site audit visit.

## SUMMARY OF AUDIT FINDINGS

The Cyndi Taylor Krier Juvenile Correctional Treatment Center has an administrative areas, 4 youth housing areas, one recreation area, a kitchen and dining area, educational classrooms, a gymnasium and provides other treatment services which were clean, well maintained, properly staffed and operating orderly during the days of this visit. The PREA posters with the hotline number were displayed in each dorm/pod area, appropriate staff to youth ratios was observed and shift supervisors were visible throughout the facility. There are 142 cameras installed throughout this facility that were being monitored by the main control center. The cameras are 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 each dorm/pod area do not view into the separate shower or in the toilet areas. It was recommended that additional cameras, as funding becomes available, be placed in other areas to cover blind spots i.e. utility closets, hallways, dining area, etc. in and throughout the facility to further augment staff supervision and monitoring. The 13 youths 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 not as knowledgeable of the outside advocate agency that would provide emotional support and crisis counseling services to a victim of sexual abuse if needed. It was also 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 information on PREA during Intake and to give the youth a hard copy of PREA-related information during this time. During the Orientation phase of a youth's admission into the facility is when they receive a more comprehensive overview of PREA. The 10 specialized staff members and the 14 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. The direct care staff have not received any cross gender pat search training of Transgender and Intersex youth but were able to articulate that it was prohibited by the agency. A review of the electronic files was made to ascertain if the required documentation was being maintained on their client management database system called the Juvenile Justice Information System. This review further provided additional insight as to their preparation for this audit and their continued practice of 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 6 administrative investigative cases alleging sexual abuse and sexual harassment that had been completed and zero criminal investigations alleging sexual abuse. Of the 6 administrative investigative cases there were 2 substantiated and 4 Unsubstantiated that were properly closed with the proper notifications being made to all parties of concern. Of the 41 standards this facility was found to have "met" 32 of the standards, "did not meet" 9 of the standards and had 0 "not applicable" at the conclusion of this onsite visit. A corrective action plan was developed in conjunction with the PREA Coordinator, the facility did receive this Interim Report on February 29<sup>th</sup>, 2016 and proceeded into the 180 days corrective action period towards providing the required documentation and institutionalizing any required practices and protocols with documentation, in order to become fully compliant with the standards. Lastly, during this Corrective Action Period that concluded on June 20<sup>th</sup>, 2016, the facility did provide all of the required documentation, demonstrated the institutionalized, required practices and protocols as applicable, and edited the required policies thus demonstrating full compliance with all of the 41 PREA standards.

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 to be reviewed: Zero Tolerance and PREA Coordinator's Policies, Agency Organizational Chart, Agency Website, Interviews with the PREA Coordinator and the PREA Compliance Manager.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment 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 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 posted on the agency's web site for review and there a link explaining what PREA and or Zero Tolerance is. B. The facility has one dedicated PREA Coordinator and one PREA Compliance Manager who reports to the agency's head (Chief Probation Officer) as indicated by the organizational chart provided reflecting this position. The PREA Coordinator indicated that he has sufficient time to fulfill his PREA responsibilities during his interview. C. The facility's designated PREA Compliance Manager, who is the Facility Administrator indicated that he has sufficient time and authority to coordinate the facility's effort to comply with the PREA Standards who reports to the agency's head, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### **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 to be reviewed: Zero Tolerance Policy, Reviewed New and Renewal Residential, Service Contracts and Interviewed with the Contract Specialist.

Findings: The Cyndi Taylor Krier Juvenile Correctional Treatment 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. Forty One (41) contracts of residential providers were reviewed during the audit process for verification. The facility's Contract Administrator indicated during the interview that this language is included and is reviewed with each contractor prior to their annual contract renewal period. B. Monitoring for PREA compliance is conducted quarterly by that office and each agency contract program is working independently towards their PREA certification to be achieved by August 2016. A listing of residential providers was also given for the auditors review thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### 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 to be reviewed: Zero Tolerance and Resident Supervision Policies, Staffing Plan Assessment, Budget and Schedules, Memorandum, meeting minutes, Unannounced Rounds log/documentation, Staffing and Youth Roster, Facility Schematics of camera location, Video Monitoring documentation, Facility Administrator, PREA Coordinator, PREA Compliance Manager and Intermediate and Higher Level Staff Interviews.

Findings: The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does require the supervision and monitoring of the youth in the facility. A. The daily average number of youth in this facility is 57.5 but the staffing plan is predicated on the average daily population total of 96 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 1:8 during waking hours and 1:12 during sleeping hours, which is inclusive of their staffing plan. D. The facility did provide written evidence indicating that the PREA Coordinator, the Facility Administrator and the Agency Head, as indicated during their interviews, that they review the staffing plan annually which include video monitoring and their commitment to adherence of this plan. For fiscal year 2015-16 this plan did not include 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 provided as a sample. E. The facility did provide written evidence of higher level supervisors conducting Unannounced rounds on all shifts reflecting such practices. The facility's policy does indicate that disciplinary action will occur if staff alert other staff of these unannounced rounds and during the random interviews of staff, especially those working the control center, articulate their awareness of this policy. During the visits to the housing units I observed the opposite gender staff utilized the knock and announce method to announce their presence before entering that dorm/pod and both staff and youth during the interviews confirmed that this practice is occurring, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### 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 to be reviewed: Zero Tolerance, Hygiene Plan, Classification and Resident Search Policies, Search Logs, Cross Gender Pat Search Training Curriculum, Random Staff and Youth Interviews.

Findings: A and B. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does prohibit cross gender viewing during rest room, changing clothes and shower routine and prohibits cross gender pat, visual body and strip searches period. There were no cross gender pat, visual or strip searches conducted by medical personnel or for an exigent circumstance during the last 12 months. 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. The facility did provide written evidence in addition that further prohibits this practice throughout the agency. D. The youth were able to definitively articulate during the interviews that both the female and or male staff do knock and announce their presence when entering the opposite gender 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 training curriculum on searches was provided and reviewed which also emphasized 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 and it was observed during the facility tour. F. There was no written evidence provided to the auditor demonstrating that the staff were trained in cross gender pat searches of Transgender and Intersex youth except in exigent circumstances. A review of the policy, interviews with the agency head, the PREA Coordinator and other staff indicated that cross gender pat searches of Transgender and Intersex youth is strict prohibited in the agency even in exigent circumstance.

Corrective Action Findings: The facility must provide written evidence that their staff have been trained in cross gender pat searches, searches of Transgender and Intersex youth in the event an exigent circumstance arises in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of training rosters that all their staff have been trained in cross gender pat searches, searches of Transgender and Intersex youth in the event an exigent circumstance arises 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 to be reviewed: Zero Tolerance Policy, Intake and Orientation Documentation, Youth Handbook, PREA Posters, Texas Department of Information Resources Interpreting Memorandum of Understanding, Copy of PREA Video and Transcript, Agency Head, Random Staff and Youth Interviews.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center did provide 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. B. The facility provides interpreting and translation services through the Memorandum of Understanding with the Texas Department of Information Resources (a consolidation of local government, MHMR community centers, assistance organizations, etc. ) for youth who may be deaf, speech impaired, limited in English proficiency, blind and or low vision, or who are psychiatric or intellectually disabled. The facility provided the auditor with a copy of the Memorandum of Understanding with the Texas Department of Information Resources for interpreting services for my review and also provided a listing of the staff utilized as interpreters for Spanish speaking youth, as applicable. The facility did not identify a youth in their care and custody to be interviewed as being Limited in English Proficiency requiring interpreting services during this audit. C. The facility administration and staff indicated that they do not utilizing youth interpreters, youth assistants or youth readers as a practice and their policy does allow for this to occur only in exigent circumstance where an extended delay in obtaining an effective interpreter could compromise the youth's safety. The facility's Intake area did not have written PREA-related information available to provide the youth in Spanish at Intake during the on site visit.

Corrective Action Findings: The facility must provide written evidence that specific PREA related information has been translated into Spanish, including the Resident Orientation Manual, to be provided to youths during Intake while ensuring that this information is also

posted on each dorm/pod in order to achieve compliance in this standard.

Resolution: The facility did provide evidence in the form of copies of their PREA related information and the Resident Orientation Manual demonstrating that it has been translated into Spanish, that they have provided them to the youths during Intake and also provided pictures of where they have been posted throughout the facility (each Mod) 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 to be reviewed: Zero Tolerance Policy, Hiring and Promotion Decision, Volunteer and Interns Policies and Agreements, Criminal Records and Child Abuse Registry Check Documentation, Training Records and Interview with the Human Resource Specialist.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does 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. 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 Human Resource Specialist 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 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 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 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 33 new hires during this reporting period and 13 service contractors and 88 volunteers meeting this standard whereas background and child abuse registry checks were conducted, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

### **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 to be reviewed: Zero Tolerance and Facility Design Policies, Facility Onsite Visit, Facility Schematics reflecting the Camera locations and viewing Control Room cameras onsite, Interviews with Agency Head and Facility Administrator.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center has not made any modifications in this facility as of August 20, of 2012 but was making a renovation on one dorms to divide a pod for usage as a security unit (a wall and the insertion of a door was being erected). They currently have 142 cameras throughout the facility to augment the staff's supervision and monitoring of the youth. B. It was recommended by the auditor, that as funding becomes available, that additional cameras be purchased for placement in other identified blind spot i.e. hallways, dining, classrooms, closet, offices, etc.. areas throughout the facility to augment staff supervision, monitoring and in the prevention, detection and response to sexual abuse and sexual harassment allegations. Otherwise this facility has demonstrated 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 to be reviewed: Zero Tolerance and Medical Treatment for Victims of Sexual Abuse Policies, Memorandum from Bexar County Sheriff Department, San Antonio Children's Hospital, copy of the National Protocol for Sexual Assault Medical Forensic Examinations, Agency Reporting Memorandums, Rape Crisis Center of San Antonio Memorandum, Interviews with Random Staff, PREA Compliance Manager and any Youth who Reported a Sexual Abuse.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline 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 indicated that their investigators do follow the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents 2013 for obtaining usable evidence for administrative and criminal investigations. The Bexar County Juvenile Probation Department's internal investigators and the Texas Department of Juvenile Justice are responsible for conducting administrative investigations for the agency and the Bexar County Sheriff is responsible for conducting criminal investigations of sexual abuse. C. The San Antonio Children's and the Methodist Hospitals, depending on the age of the youth, are the hospitals 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 provide written evidence verifying that they have obtained emotional support and crisis counseling services from the Rape Crisis Center of San Antonio, 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 provide written evidence that the Bexar County Sheriff Department agrees 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, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

### **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 to be reviewed: Zero Tolerance and Internal Investigation Policies, Incident Reports, Copies of Investigative Cases, Agency Website, and interviews with the Agency Head, and the Investigator.

Findings: A and B. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does require that all allegations of sexual abuse and sexual harassment are to be reported to the Facility Administrator. It further describes that the Internal Investigators and as applicable, the Texas Juvenile Justice Department are charged with conducting the administrative investigations and the Bexar County Sheriff will conduct all criminal investigations. The facility provided the auditor with a copy of their Incident Report that is shared with the Bexar County Sheriff and the Texas Juvenile Justice Department in the event of a criminal investigation and or administrative investigation is required of these agencies. The Cyndi Taylor Krier Juvenile Correctional Treatment Center reported and referred 6 allegations of sexual abuse for administrative investigations during the last 12 months with zero allegations resulting in criminal investigations, of which they were properly closed as either Substantiated, Unsubstantiated or Unfounded. The facility does have their internal administrative investigation policy on their website for review as required by this standard.

Corrective Action Findings: None  
Resolution: N/A

### **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 to be reviewed: Zero Tolerance, Employee Training and Disciplinary Sanction related to Zero Tolerance Policies, PREA-related Training Curriculums, Staff Training Rosters, Schedule and Certificates, Random Staff Interviews, and Pat Down Search Logs.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does require 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, etc.. utilized wherein staff are trained. The facility have not provided cross gender pat down search training of Transgender and Intersex youth for all of their security staff. B. The PREA Coordinator indicated that their PREA refresher training occurs annually and their security staff’s certification training occurs every two years. C. The number of facility staff trained during the last 12 months were 115 or 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 entities 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. It was noted that security staff have not been trained on cross gender pat search training of Transgender and Intersex youth except in exigent circumstances as discovered during the staff interviews. The agency’s trainer indicated during his interview

that they would provide Gender Responsiveness training to the staff as applicable since this is a coed facility.

Corrective Action Findings: The facility must provide written evidence of the employee's training rosters reflecting that cross gender pat search training of Transgender and Intersex youth except in exigent circumstance has been provided to all security staff in order to become compliance in this standard.

Resolution: The facility did provide evidence in the form of their employee's training rosters demonstrating that cross gender pat search training of Transgender and Intersex youth except in exigent circumstances has been provided to all of their security staff thus demonstrating compliance in 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 to be reviewed: Zero Tolerance Policy, Volunteer and Contractor's PREA-related Training Curriculum, Agency Memorandum on Volunteer and Contractor's Training Curriculum, Training Roster and or Certificates, Volunteer and Contractor Interviews.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does require 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 did 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 101 or 100% of them were trained, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### 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 to be reviewed: Zero Tolerance and Sinage Policies, Youth Intake and Orientation Manual, PREA Video and Written Script, PREA Brochures, etc. , Juvenile Case Management System Database, Admitted and Educated Youth Orientation Documentation, Memorandum of Understanding with the Texas Department of information Resources, Retaliation Log, Random Staff, Intake Staff and Youth Interviews.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center does provide each youth with an orientation packet of information in English but not in Spanish after Intake, the youth do watch the PREA video during orientation and are given additional PREA brochures and other information i.e. hotline number, blue phone location, etc. during this time. The policy does indicate that this information be provided to the youth in an age appropriate manner which was demonstrated during the review of their Youth Orientation Manual. The date and time of the resident's intake, orientation and when this information is provided is documented in the youth's file in Juvenile Justice Information System, which is their client management database, as reviewed by the auditor. B. The comprehensive education does occur within 10 days of Intake. C. The facility admitted and educated 91 youth from the 92 youth who came into Intake during the last 12 months. D and E. The facility provided a written evidence demonstrating that through the Memorandum of Understanding with the Texas Department of Information Resources services will provide to those youth who are hearing, vision impaired, psychiatric and disabled; including assistance for those youth who are intellectually, psychiatric disabled and limited in English proficiency. F. During the facility tour and interviews of the youth they acknowledged receiving the PREA information during the Orientation process, acknowledged that they watched the Introduction to Bexar County's Krier Juvenile Correctional Treatment Center, the PREA video which is shown to every youth during the Orientation process, and they were able to articulate their knowledge regarding PREA, reporting and their right to be free from retaliation. The facility provided samples retaliation logs for those who might need to be monitored. The Zero Tolerance and other PREA related posters, brochures with the hot line numbers for reporting incidents of sexual abuse and sexual harassment were prominently displayed throughout the facility and on the dorms/pods.

Corrective Action Findings: The facility must provide written evidence that PREA related information is provided to the youth during Intake and Orientation has been translated into Spanish including the Youth Orientation Manual in order to be in compliance with this standard.

Resolution: The facility did provide evidence in the form of copies of their PREA related information and the Resident Orientation Manual demonstrating that it has been translated into Spanish, that they have provided them to the youths during Intake and also provided pictures of where they have been posted throughout the facility (each Mod) 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 to be reviewed: Zero Tolerance and Internal Investigation Policies, Internal Investigator's Specialized Training Agenda, Training Rosters and Certificates, and the Investigator's Interview.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does indicate that they and the Texas Juvenile Justice Department are the entities that will conduct their administrative investigations and that the Bexar County Sheriff Department is the outside law enforcement entity who conducts the criminal investigations for sexual abuse and sexual harassment allegations. B. The Bexar County Juvenile Probation Department's 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 provide copies of their investigator's training records that reflected receipt of their specialized interviewing training when conducting sexual abuse investigations, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

### **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 to be reviewed: Zero Tolerance and Medical Treatment for Victims of Sexual Abuse Policies, San Antonio Children’s Hospital Contract/Agreement, PREA Training Roster, Specialized PREA Training Certificates for Medical and Mental Practitioners, Medical and Mental Health Staff Interviews.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center policy does indicate that they do not conduct forensic medical exams on a youth for sexual abuse but as applicable, they would refer the alleged victim to the San Antonio Children’s Hospital (Santa Rosa) where the examination would occur free of charge. B. The medical staff in this facility do no conduct SANE examination nor has the San Antonio Children’s Hospital (Santa Rosa) conducted a SANE examination for this facility in the last 12 months. C. The facility did provide written evidence demonstrating that all of the medical and contracting mental health personnel at the facility have received specialized training in PREA by providing certificates of the specialized training received. The interviews conducted with the mental health and medical staff verified that they also received the facility’s PREA, training thus demonstrating their compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

#### **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 to be reviewed: Zero Tolerance and Classification Plan Policies, Client Management Database, Electronic and Hard Copy of the Behavior Screening Inventory Instrument and Instructions, Intake Staff Interview, Youth Interviews, and the PREA Coordinator’s Interview.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline that the screening of youth during intake must occur within 72 hours. B, C and D. The screening instrument, which is in their client management database called the Juvenile Justice Information System, is automated and contains all of the eleven screening elements (1-11) required of this standard including 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 Officer during the initial screening i.e. sensitive information is limited in its dissemination to prevent exploitation to the detriment to the youth, appropriate controls are in place and the information is password protected. The Intake staff and youth interviews coupled with a review of the documentation provided during the pre-audit and on site documentation review process further demonstrated that the facility is in compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### 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 to be reviewed: Zero Tolerance, Protective Management Policies, Intake Officer, PREA Compliance Manager and PREA Coordinator Interviews, Screening Instrument, Isolation/Segregation Logs, the Behavior Classification /Housing Assignment Log and Interview with Staff who supervises Youth in Isolation, a Youth in Isolation, a Transgender and Intersex Youth (if applicable).

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance and Protective Management policies was provided to the auditor for his review. The facility's Intake staff was 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's policy does not prohibit the placement of youth in isolation (protective management) due to risk of sexual victimization and it states that it is only utilized as a last resort when other less restrictive measures are inadequate to keep a youth safe. The facility did provide written evidence indicating that isolation (protective management) is not used for sexual abuse and sexual harassment victims and or perpetrators as verified through the interviews with the facility administrator and PREA Coordinator. C and D. A copy of the Behavior Screening and Classification form was provided to the auditor for review and he was informed by the Intake Officer 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's policy also allows for an Intersex and Transgender youth to shower separately, to be reassessed twice a year to review any threats to safety experienced by the youth, as confirmed through the interview with the Intake staff as well as serious considerations being given to these youths with respect to his or her safety as applicable. H and I. During the last 12 months the facility reported that there were zero youth placed in isolation (protective management), zero youth denied daily access to services and zero youth averaging any time in isolation, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### 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 to be reviewed: Zero Tolerance, Grievance, Abuse, Neglect and Exploitation and Reporting Allegation by Juveniles Policies, PREA Posters and Brochure, Resident Handbook, Hotline Numbers, Copy of Grievance Form, Agency Memorandum on Outside

Agency Reporting and Notice to the Mexican Consulate, Agency's Website, Random Staff and Youth Interviews and the Third Party Reporting Policy.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does provide multiple internal ways (i.e. sick call, grievance, trusting adult) and several external ways for a youth to privately report allegations of sexual abuse and sexual harassment. B. One such number for reporting an allegation is to the Texas Juvenile Justice Department's (TJJD) 1-877-STOP-ANE which is a toll free number posted on the wall on each dorm/pod area as observed. C. Interviews conducted with the facility's staff and youth demonstrated their knowledge of, access to these ways 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 informed and would be provided with a Grievance form as one of the tools for reporting an allegation of sexual abuse and sexual harassment. E. The staff and 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 provided written documentation stating 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 to be reviewed: Zero Tolerance, Reporting Allegations by Juveniles and Resident Grievance Process Policies, Retaliation Monitoring Form, Grievance Logs, Resident Handbook, Investigation Case Logs that exceeded 90 days or Required an Extension of 70 days, Disciplinary Action taken for Bad Faith filings, Investigator's, Youth who Reported a Sexual Abuse (if applicable), Staff and Youth Interviews.

Findings: A, B and C. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Grievance policy does not impose a 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, and that it would not be referred to the alleged staff member. D. The facility's policy indicates that they shall issue a final decision within 90 days of the initial filing of the grievance. E. The policy does indicate that a 3rd party can file a grievance on behalf of a youth. The facility's policy does 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 lock boxes where a youth could file their grievance and provided him with a copy of the Youth Handbook that describes the youth the grievance procedure including the filing of emergency grievances. G. The facility's policy does not state that disciplinary action can be taken against a youth if a grievance is filed in bad faith. The Cyndi Taylor Krier Juvenile Correctional Treatment Center did provide written evidence to indicate that there was one grievance was filed in the last 12 months for sexual harassment, zero emergency grievances were 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 that their Grievance policy include language that disciplinary action can be taken if a youth files a grievance in bad faith utilizing the language of this standard from (G) in order to be in compliance with this standard.

Resolution: The facility did provide a copy of their revised Grievance policy as evidence that they inserted the language from (G) of this standard that disciplinary action can be taken if a youth files a grievance in bad faith 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 to be reviewed: Zero Tolerance, Medical Treatment for Victims of Abuse and Visitation Policies, Rape Crisis Center of San Antonio Memorandum of Agreement, Childsafe of San Antonio Trauma Therapy Memorandum of Agreement, Youth Handbook, PREA Posters and other Documentation, Facility's Schematics of Visitation Area/Space, Random Staff, Youth, Youth who Reported a Sexual Abuse (if applicable) Facility Administrator, PREA Compliance Manager and PREA Coordinator Interviews.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline how a youth would have access to outside confidential support services. The facility does provide the youth with information regarding their access to outside and other services i.e. 1-877-STOP ANE hotline during orientation via the Youth Handbook which contains toll free and or local phone numbers. B and C. The facility provided written evidence on the established Memorandum of Understanding with the Rape Crisis Center of San Antonio for the provision of emotional support and crisis counseling services as needed for victims of sexual abuse. The youth interviewed could recall being given this information on outside support services during the Orientation process, knew that they can communicate with outside service providers privately, that this conversation is confidential, and the youth indicated also that this was discussed during PREA groups that were being held. D. The facility indicated that they do 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 reflected on the facility's schematics for designated visitation space.

Corrective Action Findings: The facility must provide written evidence that their Zero Tolerance and Medical Treatment for Victims of Sexual Abuse policies include the language of (B) in this same standard in order to be in compliance with this standard.

Resolution: The facility did provide a revised copy of their Zero Tolerance and Medical Treatment for Victims of Sexual Abuse policies as evidence demonstrating that they inserted the language of (B) of this same standard 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 to be reviewed: Zero Tolerance, Grievance and Third Party Reporting Policies, the Agency Website, Third Party Reporting Form, PREA:Your Rights Brochure, Staff and Youth Interviews, Copy of Youth Grievance Form, and the PREA Coordinator's Interview.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does establish 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

Bexar County Juvenile Probation's website. The facility did provide written evidence for the link to this website which was visited by the auditor for review. The Cyndi Taylor Krier Juvenile Correctional Treatment Center did provide written evidence outlining how they receive the 3rd party report for sexual abuse and sexual harassment, provided the auditor with a copy of the Parent brochure on PREA, which is mailed to them and a sample copy of the 3rd party Parent and Community Grievance Report form used by a 3rd party for reporting abuse, neglect, exploitation, sexual abuse and sexual harassment. The PREA Coordinator verified this process during his interview, 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 to be reviewed: Zero Tolerance and Serious Physical and Sexual Abuse Policies, Rape Crisis Center Memorandum of Agreement, Intake Officer, Medical and Mental Health Practitioners, Facility Administrator, Agency Head, PREA Coordinator, PREA Compliance Manager and Random Staff Interviews, Referral Form to Outside Law Enforcement or Investigative Entity, and First Responder Interview.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does require that all staff 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 Rape Crisis Center of San Antonio for mental health assessment and treatment as necessary. B and D. The facility's policy does state that all staff are mandatory reporters which was also verified during the staff interviews. The agency's policy directs the 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 Director. C. The facility's policy does prohibit 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 Director or designee will then report the allegation to their Internal Investigators, Texas Juvenile Justice Department and to the local law enforcement agency as appropriate. During the staff interviews they articulated their knowledge regarding their reporting responsibilities including notification to their immediate supervisor, the Facility Director, local law enforcement, the internal investigators, the alleged victim's parent, legal guardian, lawyers and to the court of jurisdiction if applicable.

Corrective Action Findings: The facility must provide written evidence in their Serious Physical and Sexual Abuse policy the language of this standard (E) 1-2 is included in order to be in compliance with this standard.

Resolution: The facility did provide copies of their revised Serious Physical and Sexual Abuse policies as evidence inserting the language of (E) 1-2 of this same standard thus demonstrating compliance with this standard.

### 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 to be reviewed: Zero Tolerance, Isolation (Protective Management), Serious Physical and Sexual Abuse Policies, Agency Head, Facility Administrator and Random Staff Interviews, Isolation (Protective Management) Logs.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline 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 the staff demonstrated their knowledge and need for adherence to this policy. The facility did provide written evidence in the form of a memorandum and a copy of their Protective Management Logs which indicate 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, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

### **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 to be reviewed: Zero Tolerance and Allegation Occurring Outside the Facility Policies, Allegation Notification to Other Facilities, Agency Head, Facility Administrator, PREA Coordinator, Intake Officer and Internal Investigator's Interviews, and a review of any Investigative Administrative and or Criminal Cases.

Findings: A. and B The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline 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 which will be documented in the youth's electronic file. The interviews conducted with the Intake staff as well with the specialized staff demonstrated their knowledge and understanding of this reporting requirement and policy adherence. C. The Cyndi Taylor Krier Juvenile Correctional Treatment Center did report that there were zero sexual abuse allegations whereas they had to report to another confinement facility within the past 12 months as verified by the PREA Coordinator and the Facility Director during their interviews. He indicated that proper notification would made in accordance with the PREA standards and the agency's policy. During the Intake and random staff interviews they were able to articulate this notification protocol. D. The facility provided written evidence to demonstrate that an alleged facility of occurrence would be notified well within 72 hours of the alleged sexual abuse allegation and that the incident would be properly investigated and closed by the investigative entity.

Corrective Action Findings: None

Resolution: N/A

### **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 to be reviewed: Zero Tolerance and Serious Physical and Sexual Abuse Policies, PREA-related Training Curriculum, First Responder, Non-Security Staff Interview, Random Staff Interviews, PREA Compliance Manager, PREA Coordinator, Youth who Reported a Sexual abuse (if applicable) Interviews, and a review of any Investigative Cases.

Findings: A and B. The Cyndi Taylor Krier Juvenile Correctional Treatment Center has established a Zero Tolerance policy that outlines the first responder duties for responding to sexual abuse and sexual harassment allegations. The facility reported there were 6 allegations of sexual abuse and sexual harassment, whereas in those instances the collection of evidence would have been collected in the appropriate time frame, but none was required. They indicated that there were zero times that the crime scene was not preserved, 6 times where evidence needed to be preserved, 6 times where a victim and/or perpetrator was not requested to take any action, zero times that non-security staff had to respond, and in all instances the security staff was notified and did respond to the allegation. During the random staff interviews they 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 6 allegations of sexual abuse during the past 12 months which were closed as either Substantiated and Unsubstantiated and that in all these instances the first responder acted in accordance with the agency's policy and the facility's protocol, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### **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 to be reviewed: Zero Tolerance and Serious physical and Sexual Abuse Policies, Copy of Facility's Written Plan for Coordinated Response to Sexual Abuse Allegation, Sexual Abuse Review Team Member, Facility Administrator and PREA Coordinator Interviews.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline the procedure for specific staff's response to allegations of sexual abuse and sexual harassment. The Cyndi Taylor Krier Juvenile Correctional Treatment Center staff, as verified by the interview with a member of the Sexual Abuse Review Team, indicated that he 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 did provide the auditor with a copy of their written coordinated response plan, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### 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 to be reviewed: Zero Tolerance, Protection Against Retaliation and Human Resource Policies, Agency Memorandums, Agency Head, Human Resource Specialist and Facility Administrator's Interviews.

Findings: A and B. The Cyndi Taylor Krier Juvenile Correctional Treatment Center policy states that they do not enter into collective bargaining agreements and the facility's policy 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.

Corrective Action Findings: None

Resolution: N/A

### 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 to be reviewed: Zero Tolerance, Employee Training and Disciplinary Sanctions related to Zero Tolerance and Protection Against Retaliation Policies, Forms, Rape Crisis Center Memorandum of Agreement, Agency Head, Facility Administrator, Staff Member Designated to Monitor for Retaliation, Youth who Reported a Sexual Abuse and a Youth in Isolation (if applicable), Internal Investigator and PREA Coordinator's Interview.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline 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 one of their specialized staff members who is responsible for monitoring youth and staff against retaliation for reporting a sexual abuse or sexual harassment allegation. B. The facility's policy does indicate that they employ multiple protective measures to protect a youth from retaliation 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's policy does indicate that a youth's conduct would be monitored up to 90 days against retaliation, including periodic status checks, and 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 policy state that their obligation to monitor shall terminate if the allegation is determined Unfounded. The facility reported zero instances where protective measures were initiated to protect a youth and or staff against retaliation in the last 12 months, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### **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 to be reviewed: Zero Tolerance, Isolation (Protective Management), Behavior Health Care Services for Sexual Abuse Victims, Medical Treatment for Victims of Sexual Abuse Policies, Protection Against Retaliation Policies and Logs, Facility Administrator, Staff who Supervises Youth in Isolation (if applicable), Medical and Mental Health Staff, Random Staff and PREA Compliance Manager/ PREA Coordinator Interviews.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does state the prohibition of the use of isolation (protective management) to protect a youth who have alleged sexual abuse and sexual harassment but does require the staff to document the reason for the isolation based on the concerns for the youth's safety if there were no other alternative means of separation; and would review the youth every 30 days to ascertain if the need for separation must continue if applicable. The facility did 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 Facility Director stated during their interviews that they do not use isolation (or protective management) to protect a youth from sexual abuse or sexual harassment, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### **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 to be reviewed: Zero Tolerance and Investigative Policies, Internal and or External Investigator Interviews, Administrative and Criminal Investigative Cases, PREA Compliance Manager and PREA Coordinators Interviews, Youth who Reported a Sexual Abuse (if applicable) and the Investigator's Training Records.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline that they and the Texas Department of Juvenile Justice would conduct all administrative investigations and that the Bexar County Sheriff Department will conduct

all criminal investigations of sexual abuse and sexual harassment. B. The Cyndi Taylor Krier Juvenile Correctional Treatment Center did provide written evidence of their investigators training records to also verified compliance with this training requirement. C. The agency's Investigator 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 Cyndi Taylor Krier Juvenile Correctional Treatment Center did not report of any cases where sexual abuse and sexual harassment occurred at another facility of which would have been investigated by the appropriate entities. D and F. The facility reported that all administrative cases were closed in accordance with facility's policy. G, H, I and J. They also reported that zero criminal 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 states that an employee's termination or the departure of the victim, or the perpetrator's being out of the control of the facility shall not cause the investigation to be terminate and that polygraphs are not utilized. M. The Internal Investigator and the PREA Coordinator described how they remained in contact with the external investigative entities as applicable during an investigation by them.

Corrective Action Findings: The facility must provide written evidence that their Zero Tolerance policy has been updated to include the language of (M) of this same standard in order to be in compliance with this standard.

Resolution: The facility did provide a copy of their revised Zero Tolerance policy as evidence inserting the language of (M) of this same standard 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 to be reviewed: Zero Tolerance and Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents Policies, Internal Investigation Policy and the Investigator's Interview.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance 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 to be reviewed: Zero Tolerance Policy, Youth Notification Documentation Sample, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents Policies, Administrative and or Criminal Investigative Cases and Interview with the Facility Administrator, Youth who Reported a Sexual Abuse (if applicable) and the Investigator.

Findings: A and B. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline 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 and did provide written evidence of 6 alleged sexual abuse allegations during the past 12 months, that they had informed the youth of the outcomes, and that these investigation were completed by Bexar County Probation's Internal Investigator. E. The facility did provide written evidence verifying that notification had been given to the youth during the initial of and at the conclusion of an the investigation, whether it is youth on youth or staff on youth along with a sample copy of that notification letter. There were 6 notifications made and 6 notifications were documented. The facility 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.

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 to be reviewed: Zero Tolerance and Employee Training and Disciplinary Sanctions related to Zero Tolerance Policies, Staff Disciplinary Action Letter (if applicable), Referrals to Law Enforcement Entity Documentation, and Human Resource Specialist Interview.

Findings: A and C. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline 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 Cyndi Taylor Krier Juvenile Correctional Treatment Center reported and provide written evidence that there had been zero staff disciplinary actions taken during the past 12 months due a to violation of the agency's policy of sexual abuse and sexual harassment with termination being the presumptive disciplinary sanction. D. The facility reported that zero referrals for sexual abuse allegations were made to a law enforcement and the relevant licensing authority entity, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

### **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 to be reviewed: Zero Tolerance, Volunteer and Interns Policies, Volunteer and Contractor's Disciplinary Letter (if applicable), Referral to Local Law Enforcement and Licensing Entity (if applicable), Investigative Reports (if applicable), Facility Administrator, PREA Compliance Manager and PREA Coordinator Interviews

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does prohibit volunteers and contractors from contact with youths who violates the agency’s Zero Tolerance policy and outlines the steps to be taken when disciplining volunteers and contractors for sexual abuse and sexual harassment violations. B. The facility has reported and did 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 did indicate 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, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### **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 to be reviewed: Zero Tolerance, Major Rule Violations, Isolation (Protective Management) Policies, Disciplinary Review Log, Administrative and or Criminal Investigative Cases, Resident Handbook, and Interviews with Facility Administrator, Medical and Mental Health Staff.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance and Protective Management policies does prohibit 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 and did provide written evidence of the 6 administrative finding of a youth on youth sexual abuse which resulted in 2 being Substantiated and 4 Unsubstantiated; that there were zero criminal finding of a youth on youth sexual abuse. A review of the facility’s Zero Tolerance policy does prohibit against all forms sexual abuse, sexual harassment and sexual misconduct in the facility. During this reporting period the facility reported that only 2 youths were placed in isolation as a disciplinary sanction for a youth on youth sexual abuse allegation, after a due process hearing, in the past 12 months, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### 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 to be reviewed: Zero Tolerance Policy, Behavioral Checklist Inventory Mental and Medical Screening Instrument Form, Sunrise System Client Management Database Review, Prior Sexual Victimization Referral Forms and or Listing, Youth Medical and Mental Health Files and Follow Up Meeting Notes Documentation, Medical, Mental Health Practitioners, Youth who Disclosed a Prior Sexual Victimization During Screening, Intake Staff, PREA Compliance Manager//PREA Coordinator and Random Staff Interviews, and Facility's Schematics for Medical/Clinic/Infirmary.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline the procedure to follow for medical and mental health screenings i.e. consisting of the youth's history of sexual abuse, if applicable. The electronic files in the Sunrose System containing some of this information is not accessible to non-treatment staff. B. The Cyndi Taylor Krier Juvenile Correctional Treatment Center identified youths 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 provided 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 in addition to what is maintained on the Sunrise System database, which are kept in an office under lock and key whereas only they have access to them. The facility's Zero Tolerance policy does state that all staff are considered mandatory reporters of child abuse according to their State law which include medical and mental health practitioners, and they articulated their compliance this policy. D. The facility's policy also 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, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

### 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 to be reviewed: Zero Tolerance Policy, Medical and Mental Health Practitioners, Youth who Reported a Sexual Abuse Interviews, and a review of Youth Medical and Mental Health Files.

A. The Cyndi Taylor Krier Juvenile Correctional Treatment 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 does outline 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 provide written evidence indicating that access to emergency medical and mental health services would be provided at the San Antonio Children's (Santa Rosa) or the Methodist Hospital and that these treatment services shall be provided at no cost to the victim whether they name the abuser or cooperates with the investigation. The facility did report 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, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

### **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 to be reviewed: Zero Tolerance and Medical Treatment for Victims of Sexual Abuse Policies, Treatment Services Referral Form, Medical and Mental Health Practitioners and Youth who Reported a Sexual Abuse Interviews.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline 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 provide written evidence stating the these services will be provided to those youth who have been adjudicated and who are assigned to their treatment facility, 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. During the interviews with the medical and mental Health staff they 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 facility's policy does indicate that they do 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 Cyndi Taylor Krier Juvenile Correctional Treatment 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 must include in their Medical Treatment for Victims of Sexual Abuse policy the language in (H) of this same standard in order to demonstrate compliance with this standard.

Resolution: The facility did provide a copy of their revised Medical Treatment for Victims of Sexual Abuse policy inserting the language of (H) of this same standard 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 to be reviewed: Zero Tolerance, Data Collection and Internal Investigation Policies, Sexual Abuse Review Team Initial and Ongoing Meeting Minutes, Monthly Meeting Notification (if applicable), Administrative and Criminal Investigative Cases, and Interviews with the Facility Administrator, a Member of the Sexual Abuse Review Team, and the PREA Compliance Manager.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline 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 PREA Coordinator, the Investigator, the Clinical Supervisor, Nursing Department, Institutional Analyst and a Shift Supervisor, 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 Director and the PREA Coordinator as Co-Chair, who prepares the minutes and report recommendations for improvement as applicable. The Cyndi Taylor Krier Juvenile Correctional Treatment Center provided written evidence indicating that there were three sexual abuse reviews held in the last 12 months. The facility provided the auditor a copy of the meeting minutes for the months of October, December of 2015 and January of 2016 to demonstrate that the sexual abuse team was actively meeting monthly. The auditor recommended as a best practice to the PREA Coordinator that he provide written evidence in the form of an e-mail to all the Sexual Abuse Review Team members when there are no sexual abuse and sexual harassment substantiated or unsubstantiated cases to be heard in any given month. The facility reported in the last 12 months 3 reviews were convened for the allegation youth on youth sexual abuse, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### **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 to be reviewed: Zero Tolerance and Data Collection Policies, DOJ Survey for Sexual Victimization for 2014, Administrative and Criminal Investigative Cases, Sexual Abuse and Sexual Harassment Allegations for 2014, PREA 2013 Census Survey, Trends, Implemented Recommendations, etc. and PREA Coordinator Interview.

Findings: A. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline 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 Cyndi Taylor Krier Juvenile Correctional Treatment Center provided written evidence of their annual DOJ Survey of Sexual Victimization, the last one being for 2014 along with their 2013 survey, as the standardized instrument for capturing this aggregate data annually, which was confirmed through an interview with the agency's PREA Coordinator and viewed on the agency's website. D and E. The facility's PREA Coordinator, during the interview, indicated that he reviews, collects all the data including investigative reports and files from private facilities in which they contract for the confinement of its youth, identifies trends, implements recommendations and documents the reason for not doing so locally. The PREA Coordinator indicated that this information was provided to DOJ no later than June 30<sup>th</sup> of each year requested, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

### 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 to be reviewed: Zero Tolerance Policy, Facility's Aggregated Sexual Abuse and Sexual Harassment Data (Annual Report 2015), Agency Head, PREA Compliance Manager and PREA Coordinator Interviews.

Findings: A and B. The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline 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 provide written evidence that demonstrated the 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 prepares 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, obtains 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, thus demonstrating compliance with this standard.

Corrective Action Findings: None  
Resolution: N/A

### 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 to be reviewed: Zero Tolerance Policy, Data Collection, Review of Historical Records of Sexual Abuse and Sexual Harassment Incidents, and Interview with the PREA Coordinator.

Findings: The Cyndi Taylor Krier Juvenile Correctional Treatment Center Zero Tolerance policy does outline that all sexual abuse data is under their control, that all personal identifiers are redacted and that this information is retained securely. During a review of this policy and the interview with the PREA Coordinator this practice was verified. Furthermore, the Bexar County Juvenile Detention Center policy indicated 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

June 20<sup>th</sup>, 2016

Auditor Signature

Date