

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 20th, 2016

Auditor Information			
Auditor name: Jerome K. Williams			
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Email: Jerome.williams@tjtd.texas.gov			
Telephone number: 512-490-7671			
Date of facility visit: January 25 th , 2016			
Facility Information			
Facility name: Mission Road Center			
Facility physical address: 600 Mission Rd San Antonio, Texas 78210			
Facility mailing address: <i>(if different from above)</i> N/A			
Facility telephone number: 210-335-7600			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Anne Thomas, PhD, Facility Administrator			
Number of staff assigned to the facility in the last 12 months: 20			
Designed facility capacity: 48			
Current population of facility: 8			
Facility security levels/inmate custody levels: Secure, court ordered placement and detainment. Level 3-5 custody			
Age range of the population: 10 -17 years of age			
Name of PREA Compliance Manager: Anne Thomas, PhD		Title: Facility Administrator	
Email address: athomas@bexar.org		Telephone number: 210-6830732	
Agency Information			
Name of agency: Bexar County Juvenile Probation Department			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 301 E. Mitchell St San Antonio, Texas 78210			
Mailing address: <i>(if different from above)</i> N/A			
Telephone number: 210-335-7500			
Agency Chief Executive Officer			
Name: Lynne Wilkerson		Title: Chief Probation Officer	
Email address: lwikerson@bexar.org		Telephone number: 210-335-1811	
Agency-Wide PREA Coordinator			
Name: Tony Martinez		Title: Standards, Compliance and Investigation Unit Manager	
Email address: tmartinez@bexar.org		Telephone number: 210-335-1836	

AUDIT FINDINGS

NARRATIVE

The PREA Audit was conducted on January 26th to January 29th, 2016 at the Mission Road Center in San Antonio, Texas, a county-run, non-secure weekend program 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 6 youths were interviewed during this on site visit and they all acknowledged receiving PREA training, written information (i.e. handbook, Hotline numbers, observing Break the Silence posters, etc.) and were informed of related policies that outlines the facility's zero tolerance towards sexual abuse, sexual harassment and their right to be free from retaliation for reporting sexual abuse and sexual harassment allegations.

A total of 7 specialized staff members were interviewed comprising of the Facility Administrator, medical and mental health staff, Intake staff, a Contractor and an Intermediate Supervisor were interviewed. A total of 6 random staff members were interviewed also. The staff interviewed was knowledgeable of their responsibilities in reporting sexual abuse and sexual harassment allegations, staff negligence and the steps required in monitoring for staff and or youth for retaliation. When questioned about evidence preservation, all the staff responses reflected their knowledge of the agency's policy and their first responder duties. There were no SAFE and or SANE personnel at this facility but they were available at the San Antonio Children's and the Methodist Hospitals. The personnel indicated that they are aware of the SANE protocol if the facility were bringing 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, if 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. 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 Mission Road Center is a secure detention center with a design capacity of 48 bed, coed non-secure weekend program facility located in San Antonio, Texas with the mission to better our community by inspiring the male youth to attain their unique potential for success and thereby limit further involvement in the juvenile justice system as well as provide an environment of trust and unity that will empower the female youth to discover their authentic self. The mission is to also to create and maintain a safe and secure atmosphere in which to provide a program that is healthy for the body, mind and spirit of each child in their care, 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 7 youths assigned to the facilities in totality and the audit notice posters were displayed throughout the facility on colored paper. The facility provides professional custodial care, crisis intervention, counseling, education, and other services through counselors, clinical staff, and a licensed psychologist that provide a wide variety of treatment services grounded in evidence-based principles and cognitive behavioral interventions including relationship-based and strength based services. They also provide individual, family and group counseling, substance abuse treatment, psychological evaluations, aggressive management, case management, individualized education, community service, life skills, drug education, Anti-victimization, and social skills for daily living.

The facility shares a gymnasium, 1 kitchen area, 1 dining area, 10 classrooms, 2 dormitories (Mod area), with one Mod area specifically to house female youth and one to house the male youth, 1 administrative area, 1 medical clinic, one large court for recreation, numerous offices, 1 intake areas for pre and post and 1 control communication center since it is in the Bexar County Juvenile Detention Center's building. The showers areas in each Mod were located in the corner of the ground and second tier of each area 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 Mod and are conducted by the female staff only for the female youth in each Mod of this facility. The staff of the opposite gender does announce their presence when entering a male or female Mod 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 Mission Road Center has an administrative areas, youth housing areas (referred to as Mods), one recreation area, a kitchen and dining area, educational classrooms for both weekend program and post adjudication services which were clean, well maintained, and properly staffed and operating orderly during the days of this visit. The PREA posters with the hotline number were displayed in each Mod area, appropriate staff to youth ratios was observed and shift supervisors were visible in the Mod area and throughout the facility. There are 36 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 Mod do not view into the separate shower or in the toilet areas. It was recommended that additional cameras, if funding is available, be placed in other areas to cover blind spots i.e. utility closets, hallways, dining area, etc. in and throughout the facility and to further augment staff supervision and monitoring. The 6 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 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 7 specialized staff members and the 6 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 or 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 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 zero administrative investigative cases alleging sexual abuse and sexual harassment and zero criminal investigative cases alleging sexual abuse but if they were any that proper notifications would have been made to all parties of concern. Of the 41 standards this facility was found to have "met" 33 of the standards, "did not meet" 8 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 29th, 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 20th, 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 Mission Road 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 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 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 she has sufficient time and authority to coordinate the facility's effort to comply with the PREA Standards and who reports to the agency 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 Mission Road 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 semi-annually 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 Mission Road 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 141 but the staffing plan is predicated on the average daily population total of 278 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 1:20 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 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 designated weekend Mods, I observed the opposite gender staff utilized the knock and announce method to announce their presence before entering that section and both staff and youth during the interviews confirmed that this practice is occurring.

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 Mission Road 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 provided written evidence in addition that further prohibits this practice throughout the agency. D. The youth were able to definitively articulate during the interviews that either the female and or male staff do knock and announce their presence when entering the opposite gender Mod (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. 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 Mission Road Center provided to the auditor the Zero Tolerance policy as well as written PREA material in English and in Spanish 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 did provide 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 any youth in their care and custody during this audit to be interviewed as being Limited in English Proficiency or 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 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 in each Mod 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 Mission Road 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, and that they will be 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 61 new hires during this reporting period and 71 service contractors and 54 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 PREA Audit Report

Camera locations and viewing Control Room cameras onsite, Interviews with Agency Head and Facility Administrator.

Findings: A. The Mission Road Center has not made any modifications to or any renovations in this facility as of August 20, of 2012 and they currently have 36 cameras throughout the facility to augment the staff's supervision and monitoring of the youth. B. It was recommended by the auditor if funding becomes available that some additional cameras be purchased for placement in other identified blind spot i.e. hallways, dining, classrooms, closet, etc. areas throughout the facility to augment staff supervision, monitoring and in the prevention, detection and response to sexual abuse and sexual harassment allegations thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Policy and Evidence 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 Mission Road 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 if applicable. 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 Juvenile Justice Department is 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 Hospital and the Methodist Hospital, 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 did indicate 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 Mission Road 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 as applicable. The Mission Road Center reported zero allegations during the last 12 months for sexual abuse and sexual harassment for criminal investigations and or administrative investigations, of which if they had they would be properly closed as either Substantiated, Unsubstantiated or Unfounded according to the Facility Administrator. The facility does have their internal administrative investigation policy on their website for review, thus demonstrating compliance with 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 Mission Road 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 20 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 entity conducts the administrative and criminal investigations based on the interviews. D. The facility did provide 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 the 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 facility'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 circumstances 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 Mission Road Center 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 did provide 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 167 and 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 Mission Road Center do provide the youths with an orientation packet of information in English and in Spanish upon Intake, they watch the PREA video during orientation and are given additional PREA brochures and other information i.e. hotline number, phone location, etc. during this time. The policy did 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. A review of this material verified that this standard is being met. The date and time of the resident's intake, orientation and when this information is provided is documented in the youth's file in Juvenile Justice Information System, which is their client management database, as reviewed by the auditor. B. The comprehensive education occurs within 10 days of Intake. C. The facility admitted and educated 43 youth from the 106 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 random youth they acknowledged receiving the PREA information during the Intake and Orientation process, acknowledged that they watched the Introduction to Mission Road Center and 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 a sample of the retaliation logs to be utilized just in case a youth may 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 in the Mods, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

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 Mission Road 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 did indicate 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 Mission Road Center policy does indicate that they does 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 and or the Methodist Hospital where the SANE 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 and or Methodist Hospitals 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 indicated that they 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 Mission Road 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 and contains 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 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 Mission Road Center Zero Tolerance and Protective Management policies was provided to the auditor for his review for compliance with this standard. 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 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 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 Mission Road Center Zero Tolerance policy does provide multiple internal ways (i.e. sick call, grievance, trusting adult) and several external numbers for a youth to privately report allegations of sexual abuse and sexual harassment. B. One such number for reporting an allegation is to the Texas Juvenile Justice Department’s (TJJD) 1-877-STOP-ANE which is a toll free number posted on the walls of each Mod as observed. C. Interviews conducted with the facility's staff and youth demonstrated their knowledge, access and compliance with this standard including that staff do accept, document and immediately report verbal reports of sexual abuse and sexual

harassment from a youth to the appropriate upper level supervisory and or administrative staff. D. Youth are provided with a Grievance form as one a tool for reporting and allegation. 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 privately. The facility did provide 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 Mission Road Center Grievance policy does not imposes 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 referred to the alleged staff member. D. The facility 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 Mission Road Center did provide written evidence to indicate that there were zero grievances filed in the last 12 months for sexual abuse and 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 Mission Road Center Zero Tolerance policy does outline how a youth would have access to outside confidential support services. The facility provides the youth with information regarding their access to outside and other services i.e. 1-877-STOP ANE hotline during Intake and orientation via the 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 the comprehensive PREA groups that were being held. D. The facility does provide the youths with reasonable and confidential access to their parents, legal guardians and lawyers for visitation as articulated during the staff and youth interviews also as reflected on the facility 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 Mission Road 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 provided written evidence for the link to this website which was visited by the auditor during his review. The Mission Road Center provided 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 when interviewed 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 Mission Road Center Zero Tolerance policy does require that all staff to immediately report to the Facility Administrator any suspicion, knowledge, or information of a allegation of sexual abuse, sexual harassment, retaliation and staff policy violation for neglect of their responsibilities that may have contributed to the incident or retaliation, including 3rd party reports. The facility also provided other related policies regarding their internal processes, personnel action and the first responders responsibilities and duties of the staff including referrals to be made to the Rape Crisis Center of San Antonio and their own behavior health personnel 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 prohibits all 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 demonstrated 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 and (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 Mission Road 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 would 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 Mission Road 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 and that it will be documented in the youth's electronic file. The interview conducted with the Intake staff as well as with the specialized staff demonstrated their knowledge and understanding of this reporting requirement and policy adherence. C. The Mission Road Center did report zero sexual abuse allegation whereas they had reported to another confinement facility within the past 12 months as verified by the PREA Coordinator and the Facility Director during their interviews. Proper notification would have been made in accordance with the PREA standards and the agency's policy according to the Facility Administrator during their interviews. During the Intake and random staff interviews they were able to articulate this notification protocol. D. The facility did provide written evidence to demonstrate that if an alleged had occurred at this facility notification to another facility would have been well within 72 hours of the alleged sexual abuse allegation and that the case would have been 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 Mission Road Center has established a Zero Tolerance policy does outline the first responder duties for responding to sexual abuse and sexual harassment allegations. The facility reported there were zero allegations of sexual abuse and zero allegations of sexual harassment, whereas an instance was required for the collection of evidence, which would have been collected in the appropriate time frame, but none was required. They reported zero times that the crime scene and or evidence needed to be preserved, zero times was requested of a victim and or perpetrator not to take any action, zero times that non-security staff had to respond, and in all times the security staff would have been notified and would have responded to the allegation. During the random staff interviewed were able to articulate their knowledge, understanding, responsibilities and duties as a first responder including informing the victim and the abuser not to destroy evidence by washing, eating, changing clothes, drinking, defecating or brushing teeth. The facility reported zero allegation of sexual abuse and sexual harassment during the past 12 months and that if any had occurred the first responder would have 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 Mission Road Center Zero Tolerance policy does outline the procedure for specific staff's response to allegations of sexual abuse and sexual harassment. The Mission Road Center random and specialized staff, as verified by the interview with a member of the Sexual Abuse Review Team, indicated that they knew of the process for reporting a sexual abuse and sexual harassment allegations, the responsibilities of the facility administrator, medical and mental health personnel, the investigator and the responsibility of a first responder. The PREA Coordinator did provide the auditor with a copy 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 and Human Resource Policies, Agency Memorandums, Agency Head, Human Resource Specialist and Facility Administrator’s Interviews.

Findings: A and B. The Mission Road Center policy does state 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 Mission Road 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 for monitoring youth and staff against retaliation for reporting a sexual abuse or sexual harassment allegation. B. The facility's policy indicate that they employ multiple protective measures to protect a youth from 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 that they do provide emotional support to the victim. C and D. The facility did indicate that a youth's conduct would be monitored up to 90 days against retaliation, including periodic status checks, that they would promptly remedy any such retaliation, will provide treatment services as needed. E. The facility policy does indicate that they will protect any other individual who cooperates with an investigation who may express fear of retaliation. F. The facility's policy states 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 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 Mission Road Center Zero Tolerance policy does state the prohibition of the use of isolation (protective management housing) to protect a youth who have alleged sexual abuse and sexual harassment but it does require 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 (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 Mission Road Center Zero Tolerance policy does outlines 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 Bexar County Juvenile Probation Department did provide written evidence of their investigators training records to also verified compliance with this training requirement. C. The agency's Investigators did describe 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 Mission Road Center did not provide written evidence of a case where sexual abuse occurred at another facility or a case for sexual harassment that occurred in their facility, which was investigated by the appropriate entities because there were none. D and F. The facility reported that all cases would have been were closed in accordance with facility's policy. G, H, I and J. They also reported that there were zero substantiated investigative cases for referral for prosecution and if there were, 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 and or 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 would remain 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 Mission Road 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 Mission Road Center Zero Tolerance policy does outlines the facility's responsibility in notifying a youth regarding the initiation and the outcome of an administrative and criminal investigation for sexual abuse and sexual harassment. C and D. The facility's policy also outlines the notification process for a staff on youth allegation and a youth on youth allegation. The facility has reported and did provide written evidence of zero alleged sexual abuse and zero alleged sexual harassment were made during the past 12 months, that if they had occur that they would have informed the youth of the outcomes, and that those investigations would have been completed by Bexar County Juvenile Probation Department's internal and or an external investigator. E. The facility did provide written evidence verifying how notification would have been given to the youth during the initial of and at the conclusion of an the investigation, whether it was for a youth on youth or staff on youth sexual abuse allegation along with providing a sample copy of that notification letter. There were zero

notifications made and zero notifications were documented. The facility did indicate that there have not been any indictments, referrals for prosecution or convictions of an abuser for sexual abuse and sexual harassment in the last 12 months, thus demonstrating compliance with this standard.

Corrective Action Findings: None

Resolution: N/A

Standard 115.376 Disciplinary sanctions for staff

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

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

Policy and Evidence 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 Mission Road 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 Mission Road Center reported and provide written evidence that there had been zero instances where staff disciplinary actions had to be taken during the past 12 months due a to violation of the agency's policy of sexual abuse and sexual harassment where termination being the presumptive disciplinary sanction. D. The facility reported zero referrals of any sexual abuse allegation being 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 Mission Road 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 Mission Road 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 does outline that a 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 does indicate 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 zero allegations for youth on youth sexual abuse and that there were zero criminal allegations 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 zero youth was placed in isolation as a disciplinary sanction for a youth on youth sexual abuse or and sexual harassment allegation 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 Mission Road 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 Sunrise System contains some of this information of which it is not accessible to non-treatment staff. B. The Mission Road Center identified zero youths who had disclosed a prior sexual victimizations in the past 12 months of occurrence either at another confinement facility or in a community setting, and provided written evidence demonstrating that medical and mental health follow up assessments would have been offered to these and other youths within 14 days of Intake and or when a 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 states 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 with 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 Mission Road Center reported that there were zero cases of sexual abuse requiring medical attention at this facility during the past 12 months and the facility's policy outlines how a youth have access to these emergency services in a timely, unimpeded manner. B and C. The policy indicates if no qualified medical or mental health practitioner is on duty what the first responders responsibilities are to protect the victim and are offered timely information and access to emergency contraceptions and STI prophylaxis. D. The facility did provide written evidence indicating that access to emergency medical and mental health services would be provided at the San Antonio Children's 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 reported 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 Mission Road 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 would be provided to those youth who have been adjudicated and who are assigned to their weekend program, 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 did 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 Mission Road 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 Mission Road 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 Mission Road Center did provide written evidence indicating that there were no sexual abuse reviews held in the last 12 months because there were no allegations. The facility provided written evidence demonstrating 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 has reported zero allegations of sexual harassment during the last 12 months and zero reviews were conducted for alleged youth on youth sexual abuse cases, 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 Mission Road 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 Mission Road 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 30th 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 Mission Road 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 provided written evidence that demonstrated a review of the data collected, identification of trends, problem areas, and subsequent corrective action to be taken in accordance with this standards. C and D. The facility's PREA Coordinator indicated during the interview that he 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 Mission Road 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

Auditor Signature

June 20th, 2016

Date