

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Report Click or tap here to enter text.

Auditor Information

Name: Alfred Brian Fraser	Email: bfrasertx@gmail.com
Company Name: N/A	
Mailing Address: 9722 Gaston Rd. Suite 150-49	City, State, Zip: Katy Texas 77494
Telephone: 832-647-4558	Date of Facility Visit June 3,4,5, 2019

Agency Information

Name of Agency Lubbock County Juvenile Justice Center		Governing Authority or Parent Agency (If Applicable) Lubbock County Juvenile Board	
Physical Address: 2025 North Akron		City, State, Zip: Lubbock, Texas 79415	
Mailing Address: NA		City, State, Zip: NA	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: William Carter
Email: wcarter@co.lubbock.tx.us
Telephone: 806-775-1800

Agency-Wide PREA Coordinator

Name: Regan Bullard	
Email: rbullard@co.lubbock.tx.us	
Telephone: 806-775-1891	
PREA Coordinator Reports to: Agency Chief Executive, William Carter Click or tap here to enter text.	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Lubbock County Juvenile Justice Center

Physical Address: 2025 North Akron

City, State, Zip: Lubbock, Texas 79415

Mailing Address (if different from above):
NA

City, State, Zip: NA

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Facility Website with PREA Information: <https://www.co.lubbock.tx.us>

Has the facility been accredited within the past 3 years? ☒ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: [Click or tap here to enter text.](#))

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Texas Juvenile Justice Department

Facility Administrator/Superintendent/Director

Name: Christopher Hill

Email: chill@co.lubbock.tx.us

Telephone: 806-775-1800

Facility PREA Compliance Manager

Name: NA

Email: NA

Telephone: NA

Facility Health Service Administrator ☒ N/A

Name:

Email:

Telephone:

Facility Characteristics		
Designated Facility Capacity:	97	
Current Population of Facility:	65	
Average daily population for the past 12 months:	71	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	10 to 18	
Average length of stay or time under supervision	Click or tap here to enter text.	
Facility security levels/resident custody levels	NA	
Number of residents admitted to facility during the past 12 months	Click or tap here to enter text.	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	115	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	26	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	Click or tap here to enter text.
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	34
Number of volunteers who have contact with residents, currently authorized to enter the facility:	48
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	9
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	8
Number of single resident cells, rooms, or other enclosures:	97
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	97
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Texas Juvenile Justice Department.)

Audit Findings

Audit Narrative

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

The on-site PREA audit was conducted On June third to the fifth 2019, at the Lubbock County Juvenile Justice Center, located in Lubbock Texas. The audit was conducted by certified PREA Auditor for Juvenile Facilities, Alfred Brian Fraser. This is the second audit of this facility, with the first occurring On November 10 thru 12, 2015.

This auditor sent the facility PREA audit notices in both English and Spanish, to be printed and posted in the facility on March 19, 2019. On March 21, 2019 the facility sent photographic evidence the notices had been posted in all housing units and public area of the facility. The Facility also posted the notice on their facility website. The facility then began the process of completing the pre audit questionnaire. The completed questionnaire was received on May 31, 2019. The auditor was able to review the questionnaire and make notes on items to be reviewed during the on-site portion of the audit.

The auditor arrived at the facility at 8am on June 3, 2019, and met with the Department Director, Facility Administrator, and PREA Coordinator. After a brief overview of the audit process, this auditor was taken on a tour of all areas of the facility (inside and out) and office space. While on the tour, this auditor was given access without hesitation to all areas he wished to observe. This auditor was allowed to informally speak to staff and residents during this tour. PREA Audit posting were observed in all housing areas along with all public areas of the facility. A total of fifteen postings were observed. The tour showed that the facility was exceptionally clean and well ordered, the residents had a calm demeanor, and when asked all stated that they felt safe in the facility.

After the facility tour, The PREA Coordinator was given a list of documents to gather for the auditor, including: Staff list, volunteer list, contractor list, and resident list. From these lists the auditor randomly selected persons to be interviewed. Interviews were conducted on the first and second day of the on-site audit. This auditor interviewed The Agency Director, Facility Administrator, PREA Coordinator, supervisory staff, intake officer, 1 medical staff, 1 mental health staff, 2 volunteers, 15 random staff, contract administrator, human resources staff, staff in charge of monitoring retaliation, Investigation staff (PREA Coordinator), incident review team member, and staff who screen for victimization and abusiveness. Seventeen residents were interviewed, both male and female, from all housing units. Interviews with residents included residents who: reported a prior sexual abuse, limited English proficient residents with the assistance of a staff translator, residents who identified as gay and lesbian, and a resident who had just gotten out of isolation.

This auditor reviewed the following documents during the course of the on-site audit. Department contracts with other facilities to ensure the inclusions of the requirement to follow PREA standards. Thirty-three personnel files were also reviewed for background checks, reference checks, child abuse registry checks, and start dates. Training curriculum were reviewed along with a random sample of training records for both staff and volunteers and contractors. The facility staffing plan was reviewed, and a staffing analysis form the previous twelve months was completed. The a random selection of 21 resident files was made and checked

for the intake screening process and follow up, and evidence of PREA education. This auditor also reviewed from the previous 12 months all resident grievances, two investigations regarding youth on youth sexual misconduct, and all abuse, neglect, and expiation reports made to the Texas Juvenile Justice Department.

This auditor was also able to witness the intake process and screening for sexual victimization along with the facilities PREA orientation and education. The onsite audit ended at midday on June 5, 2019. With this auditor giving his impressions of the on-site portion of the audit. At this time we discussed the expectation of standard 115.313 (c) the 1 to 8 supervision ratio. The facility thru previous conversations with personnel at the state level believed that the state required 1 to 8 facility wide ratio would be sufficient to be in compliance with PREA standards. We discussed the reasons why it wasn't in compliance.

After the on-site audit, this auditor requested a few more documents from the facility, and they were made available promptly.

This auditor reviewed all information gleaned through documentation and the on-site audit, that the Lubbock County Juvenile Justice Center is in compliance with all standards with the exception of 115.313 (c), the required 1 to 8 direct supervision ration. Discussions with the Agency Director, Facility Administrator, and PREA Coordinator, revealed that they had just received additional positions recently to come into full compliance with the state mandated 1 to 8 facility wide Ratio, and that additional funding in the near future is highly unlikely. The facility will continue to use staff postings and resident placement to minimize those times that they are out of the 1 to 8 direct supervision ratio mandated by PREA.

Facility Characteristics

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

The Lubbock County Juvenile Justice Center is located at 2025 North Akron, in Lubbock Texas. The facility includes an attached Juvenile Detention Center, juvenile post adjudication facility, medical offices, office space for both facility and probation personnel, gymnasium, kitchen, dining hall, classrooms, courtyard, and resident housing areas. The facilities mission statement is as follows: The Lubbock County Juvenile Justice Center, guided by its statement of purpose, strives to produce the following valuable final outcome: To produce a law-abiding citizen. With the function of the office: The Lubbock County Juvenile Justice Center with participation and involvement of the community protects serves both juvenile offenders and the community by: Screening, investigating, supervising, counseling and referring for services juveniles involved in law violations. Providing detention that is safe, secure and nurturing for juveniles who must remain in custody. Providing a residential treatment program in a safe, secure, and nurturing environment in which juveniles are encouraged to change behavior with therapeutic counseling, positive reinforcement and consistent discipline.

The Lubbock County Juvenile Justice Center is a secure facility for males and females that houses both pre and post adjudication residents from the ages of ten to seventeen. The pre and post adjudication residents are kept separate via housing assignments and daily routine. The facility is designed for a total of 97 residents. Residents that are placed in isolation in the facility are isolated in their individual rooms.

The facility contains: 8 housing areas, 1 gymnasium, 1 medical clinic, 1 control center, 1 intake area for both pre and post adjudication intakes, 1 courtyard (recreation area), 1 kitchen, 1 dining hall, and 6 classroom buildings located with the secure perimeter. On the day of the audit, 3 housing areas were designated for pre-adjudication male residents, 3 housing units designated for male post-adjudication residents, one housing unit for female pre-adjudication residents, and one housing unit for post-adjudication residents. There were 25 pre-adjudication males and 6 pre-adjudication females for a total of 31 pre-adjudication residents. There were 23 post-adjudication males and 11 post-adjudication females for a total of 34 post adjudication. The facility resident population on the first day of the on-site audit was 65. Each housing unit consists of 12 individual locked cells (rooms) with egress controlled by staff. Individual shower rooms are located on each housing unit and positioned so the residents have privacy while showering. Each individual room contains a toilet and washbasin. The facility was exceptionally clean and well-ordered on the day of the audit.

The Lubbock County Juvenile Justice Center offers professional care including: medical, psychological, psychiatric, substance abuse, education, social skills, sex offender treatment, and individual and family counseling. Programs offered in the facility are evidence based.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: NA

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 1
List of Standards Not Met: 115.313(c)

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed: Organizational Chart, Zero Tolerance Policy, and interviews with the Agency Director, PREA Coordinator and Facility Administrator.

Findings: The Lubbock County Juvenile Justice Center has a written Zero Tolerance Policy that addresses mandating zero tolerance to all forms of sexual abuse and harassment. The policy outlines the departments approach to preventing, detecting and responding to sexual abuse and harassment.

The department employs and agency wide PREA coordinator that reports directly to the agency director. The PREA coordinator has sufficient time to develop, implement, and oversee agency efforts to comply with the PREA standards within its one facility.

The organization Chart show that the PREA Coordinator reports directly to the Agency Director. Interviews with the Director, Facility Administrator and PREA Coordinator, and staff interviews all confirmed that the PREA Coordinator reports directly to the Director. The PREA coordinator Confirmed that he has enough time and authority to coordinate the facility's efforts to comply with the PREA standards.

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

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed: Interviews with the Agency Director, PREA Coordinator, a review of the agency's Zero Tolerance Policy, and a comprehensive review of the agency's Residential and Service Contracts.

Findings: The Lubbock County Juvenile Justice center does include in all of its residential contracts that the contracting entity is obligated to adopt and comply with the PREA standards. This requirement was confirmed by a review of all existing residential services contracts, and through interviews with the agency director and contract manager. The agency's Zero Tolerance Policy does include a requirement that all contracting entities to adopt and apply with all PREA standards.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☐ Yes ☒ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☐ Yes ☒ No ☐ NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) ☒ Yes ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) ☒ Yes ☐ No ☐ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☐ Yes ☒ No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.313 (e)

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

Auditor Overall Compliance Determination

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

- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☒ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and Evidence reviewed: Zero Tolerance Policy, Staffing Plan Assessments for 2017 and 2018, Staff Schedule, Staffing and Youth Roster, Facility Tour, and interviews with the Agency Director, Facility Administrator, PREA Coordinator, and facility staff.

Findings: The Lubbock County Juvenile Justice Center has a written policy that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. The department takes into consideration accepted juvenile detention and correctional/secure residential practices. The department does not have any findings of inadequacy from the judiciary or any federal investigations. The Department is audited annually by Texas Juvenile Justice Department for compliance with The Texas Administrative Code chapter 343. Any deficiencies found during these audits require a written Performance Improvement Plan. The Lubbock County Juvenile Justice center has no current deficiencies noted.

In calculating adequate staffing levels and determining the need for video monitoring, the Lubbock County Juvenile Justice Center takes into account: all components, of the facility's physical plant including blind spots, the composition of the residents, the number and placement of supervisory staff, Institution programs occurring on a particular shift, Any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors that may arise. The department has added six new juvenile supervision officer positions to act as "floaters" and are aligned where needed. The department has added seventy-four additional cameras to supplement supervision and eliminate blind spots within the facility.

The Lubbock County Juvenile Justice Center follows the written staffing plan and documents compliance through written staffing and youth rosters. Any deviation from the staffing plan is reported in writing to the Facility Administrator and Agency Director.

The Lubbock County Juvenile Justice Center complies with the Texas Juvenile Justice Departments standards as set forth in the Texas Administrative Code Chapter 343.434,.435,.436,.628,.629, and .630. These standards require a staff to juvenile ratio of 1 to 8 during programming hours and 1 to 18 during non-programming (sleeping) hours. These standards also require a 1 to 8 staff to juvenile ratio facility wide during programming hours. This 1 to 8 ratio includes supervisory staff and other certified Juvenile Supervision Officers that may not be providing direct supervision continually. The Lubbock County Juvenile Justice Center is in full compliance with these standards. The facility utilizes "floater" staff who are fully trained and carry the Juvenile Supervision Officer certification. These staff are generally assigned to provide additional direct supervision in housing units with more than eight residents, but their job duties require them to provide escort for individual and small groups that may

travel inside the building as required. At these times the housing unit may drop below the required PREA 1 to 8 direct supervision ratio, yet is still in compliance with the state mandated 1 to 12 direct supervision and 1 to 8 facility wide ratios. In this are the Texas Administrative Code and the PREA standards are in conflict. The duties assigned to the “floater” staff exceeds the allowable brief and exigent circumstances that are allowed under the PREA standards. A review of staffing ratios during programming hours, shows that even with addition of the “floater” staff, the facility is out of compliance with the PREA mandated 1 to 8 direct supervision requirement for significant periods on some but not all housing units. A review of the staffing ratios did demonstrate full compliance with the PREA mandated staffing ratio of 1 to 16 during sleeping hours. Any deviations from The TJJD required ratios is documented and submitted to the Facility Administrator and Agency Director. When calculating staffing ratios on the housing units the facility only counts staff who are certified as Juvenile Supervision Officers by the Texas Juvenile justice Department, and assigned to the housing unit. In calculation their 1 to 8 facility wide ratio, the facility only includes all staff in the facility who are certified Juvenile Supervision Officers.

The facility submitted Staffing Plan Assessments for year’s 2017 and 2018 which demonstrate that the PREA Coordinator, Facility Administrator and Agency Director consulted on the current staffing plan, made adjustments to the plan, and made adjustments to the camera monitoring system. Namely seeking funding for 6 additional “floater” security staff and the addition of 74 cameras bringing the total number of cameras in the facility to 169.

The Lubbock County Juvenile Justice Center’s Zero Tolerance Policy requires that upper level and intermediate level supervisory staff are required to make unannounced rounds on each shift on a monthly basis. This auditor did review logs and verify through staff interviews that the unannounced rounds are occurring. The policy prohibits staff from alerting others that these unannounced rounds are in progress.

Corrective action: The facility should continue to work to find funding for additional staff or other methods to fill in the gaps in their current schedule to allow for continuous direct care ratios of 1 to 8 during programming hours.

Resolution. The department will continue to utilize both current staffing and housing assignments to minimize those periods of non-compliance during programming hours. The department can continue to seek funding for additional staff, but it is recognized that this issue will be difficult to resolve as long as the Texas Administrative Code and the PREA Standards remain in conflict.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☐ Yes ☐ No ☒ NA

115.315 (e)

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

115.315 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Evidence reviewed: LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, PREA Coordinator, Search Logs, Training Curriculum, Staff Interviews, and Resident Interviews.

Findings: The Lubbock County Juvenile Justice Center's Prison Rape Elimination Act Policy forbids cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. It also forbids cross-gender pat down searches except for exigent circumstances. The facility documents all cross-gender visual and body cavity searches along with all cross-gender pat down searches. The policy also enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The department requires all staff to knock and announce their presence when entering a unit of the opposite gender at any time. This was confirmed by review of the policy and procedure, staff and resident interviews, and witnessed during the facility tour.

Facility policy forbids strip searches for the sole purpose of determining a resident's genital status. If a resident refuses to reveal their genital status, this information is gleaned through interviews with either medical or psychological staff, or contact of the resident's guardian. Transgender residents are questioned on what gender staff they would prefer to be searched by, upon intake.

Facility staff are trained annually in how to respectfully and professionally conduct cross gender, transgender, and intersex searches in the least intrusive manner.

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

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

115.316 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed: LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Youth Handbook, Staff and Resident interviews, Medical and Psychological Staff Interviews, PREA Coordinator Interview, PREA Posters, Lubbock ISD Agreement, Language Line Contract, Intake and Orientation Documentation.

Findings: the agency takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing, blind or have low vision, intellectual disabilities, psychiatric disabilities, and speech disabilities.

The department provided a list of those staff who could act as English to Spanish and Spanish to English interpreters. It also provided a list of staff proficient in American Sign Language. The department contracts with the Lubbock Independent School District and the Language Line to provide interpreting services as needed. The facility PREA information is posted and provided to the residents in both English and Spanish. Security staff and Psychological Staff are available to assist those with intellectual and reading disabilities.

Staff are prohibited from using resident interpreters by policy. Interviews with both staff and residents demonstrated that the policy is being complied with.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

115.317 (b)

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

115.317 (c)

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

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Evidence reviewed: LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, Hiring Manager, Criminal Record and Child Abuse Registry Documentation.

Findings: The LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy prohibits the hiring or promotion of anyone who may have contact with residents including contractors who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Has been convicted of, or civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. This auditor reviewed seventeen personnel files including, new hires, existing staff, recent promotions, and contractors. These files were reviewed for criminal background checks, Child Abuse Registry checks, PREA Disclosure forms, and reference checks.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that for any person who may have contact with residents, the agency consider any incidents of sexual harassment in determining whether to hire, promote, or contract anyone who may have contact with residents. The Hiring Manager and PREA coordinator confirmed that this information is gleaned through, criminal history checks, internal incident documentation, and reference checks.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that all new hires, contractors, and volunteers that may have contact with residents in the facility complete a criminal records check, a child abuse registry check, and the department makes best efforts to contact all prior institutional employers for a reference check.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER participates in electronically submitted fingerprints using the Fingerprint Applicant Services of Texas (FAST), and subscribes to the Fingerprint-Based Applicant Clearinghouse of Texas (FACT). Each applicant, potential contractor, and volunteer are required to be fingerprinted. The FAST and FACT system will notify the department if there is any activity in an employee, contractor, or volunteer record. Records are checked every two years during the persons birthday month.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that all employees disclose any sexual misconduct allegations. Each employee is required to submit a disclosure form upon initial hire or promotion. Any omissions from this required information is considered to be grounds for termination.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that the facility disclose information upon request of an institutional employer in regards to sexual abuse and harassment of a former employee who is an applicant at that institution.

Review of all policies, personnel files, and interviews demonstrate the LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard and exceeds the standard in the area of frequency of required criminal background checks.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Evidence reviewed: Tour of the Facility, Interviews with Agency Director, Facility Administrator, PREA Coordinator, and random staff.

Findings: The Lubbock County Juvenile Justice Center has not made any facility modifications or renovations since their previous PREA audit.

The facility has added 74 additional cameras to the facility to provide improved coverage in all areas and to eliminate blind spots, thus assisting to protect the residents from sexual abuse. The department has also deployed manually activated body cameras on all staff assigned to the residential housing units.

This auditor viewed the camera layout, and the camera views to verify the elimination of blind spots and that the resident's privacy during times of undress were taken into consideration.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, random staff, and medical staff. Memorandum from the Lubbock County Sheriff's Department, University Medical Center, and Lubbock County rape Crisis Center dba Voices of Hope.

Findings:

The Lubbock County Juvenile Justice Center and the Texas Juvenile Justice Department are responsible for conducting concurrent administrative investigations regarding sexual abuse and sexual harassment. All criminal investigations regarding sexual abuse in the facility are investigated by the Lubbock County Sheriff's Department. Allegations of sexual abuse in the community are referred to the Texas Department of Family and Protective Services and local law enforcement. Allegations of sexual abuse and harassment made by residents against another facility are reported to the Texas Juvenile Justice Department, the alleged perpetrating facility, and local law enforcement. The facility's Coordinated Response to Allegations of Sexual Abuse are contained within their LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy. During interviews all staff understood the evidence collection process, and all could articulate their first responder duty to separate the youth, protect the scene, and notify supervisory staff. All staff indicated that the PREA coordinator acted as the internal investigator for all sexual abuse and harassment allegations.

The LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy requires that the facility follow a uniform evidence protocol when responding to allegations of sexual harassment and abuse. The protocol the department follows is based on *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition*. This auditor reviewed the memo from the Lubbock County Sheriff's Department confirming that they used the above uniform evidence collection standard.

When evidentially and medically appropriate, the LUBBOCK COUNTY JUVENILE JUSTICE CENTER will transport residents for alleged sexual abuse to the University Medical Center for a SANE/SAFE examination at no cost to the resident as outlined in the memorandum between the department and hospital.

The LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy states that the services of a rape counseling services shall be made available to victims of sexual abuse in the facility. This auditor reviewed the memorandum between the LUBBOCK COUNTY JUVENILE JUSTICE CENTER and Lubbock County Rape Crisis Center dba Voices of Hope and confirmed the memo with both parties. LUBBOCK COUNTY JUVENILE JUSTICE CENTER psychological staff are also available to the residents and may accompany them and provide support during the SANE/SAFE examination, and provide counseling as needed if the resident chooses not to avail themselves to the services of Voices of Hope. Department psychological staff and Voices of Hope agrees to provide: to accompany and support the victim through the forensic medical examination process and investigatory interviews, provide emotional support, crisis intervention, information, and referrals.

Review of training records reflects that the PREA coordinator has been properly trained to investigate allegations of sexual abuse and harassment and the psychological staff have been appropriately trained in dealing with victim's sexual abuse and harassment.

After a thorough review of all documents, training, records and interviews it is determined that the facility is in full compliance with this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, and random staff. Memorandum from the Lubbock County Sheriff's Department. Texas Juvenile Justice Incident Report Forms, Texas Juvenile Justice Department Board Minutes, Resident Grievances, LUBBOCK COUNTY JUVENILE JUSTICE CENTER PREA Report Log.

Findings:

The Lubbock County Juvenile Justice Center and the Texas Juvenile Justice Department are responsible for conducting concurrent administrative investigations regarding sexual abuse and sexual harassment. All criminal investigations regarding sexual abuse in the facility are investigated by the Lubbock County Sheriff's Department. The LUBBOCK COUNTY JUVENILE JUSTICE CENTER PREA policy requires that all allegations of sexual abuse and sexual harassment are investigated and logged in the PREA Report Log. The PREA Coordinator maintains contact with the Lubbock County Sheriff Investigator to log the conclusions of their investigation. The LUBBOCK COUNTY JUVENILE JUSTICE CENTER PREA Policy sets out the responsibilities of both the LUBBOCK COUNTY JUVENILE JUSTICE CENTER internal administrative investigator and the LCSO investigators responsibility. The Lubbock County Juvenile Justice Center Prison Rape Elimination Act Policy is posted to their website as required by this standard. The agency reported zero allegations with the previous year. This was reviewed using the PREA investigation Logs, Review of all TJJD Incident Reports, the TJJD Board Minutes which includes reported allegations for each juvenile facility in the state, and resident grievances. LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

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

115.331 (b)

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

115.331 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, and Random staff, Training Curriculum, Training Sign-in Sheets, Pat down search logs.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that all employees that may have contact with residents receive training in eleven topics as outlined in 115.331(a). Compliance with this standard was determined using PREA training attendance sheets, training schedules, and interviews with staff. LUBBOCK COUNTY JUVENILE JUSTICE CENTER staff are well trained in these topics and no staff member had any difficulty describing their duties during the interviews.

The training offered by LUBBOCK COUNTY JUVENILE JUSTICE CENTER has been tailored to their population and the unique needs and procedures of the facility. Any new staff members who hold current certification and training from the state, or other agencies are given training specific to the LUBBOCK COUNTY JUVENILE JUSTICE CENTER facility.

The facility provides annual PREA refresher to its staff as part of their re-certification as Juvenile Supervision Officers. This required training also includes re-fresher training and updates of the LUBBOCK COUNTY

JUVENILE JUSTICE CENTER policies including their PREA policy. In course of these training, staff are required to acknowledge the training and their responsibilities to follow the policies.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, Volunteers, and Contractors, Training Curriculum, Training Sign-in Sheets, Training Acknowledgment Forms, Duty to Report Pamphlet.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that all volunteers and contractors that may have contact with residents receive training in their responsibilities regarding sexual abuse and harassment prevention, detection, and response. This auditor reviewed the volunteer and contractor training records and current list of volunteers and contractors the records reflect that all had been trained. This auditor also viewed the volunteer and contractor acknowledgment of their duty report suspected sexual abuse and harassment along with other forms of abuse, neglect or exploitation. All volunteers and contractors sign that they understand the training they receive regarding PREA, and abuse, neglect, and exploitation.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
☒ Yes ☐ No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, Intake Officers, random staff, and residents. Review of resident files, Juvenile Case Management System (JCMS). Intake process observation, facility tour.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that all residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents. This information is presented at intake in an age appropriate fashion and documented with the juvenile's signature in the residents file.

Every resident during the admission process is given an oral and written education (via Resident Handbook and PREA fliers) on their rights under PREA that includes: right to be free from sexual abuse and sexual harassment, right to be free from retaliation for reporting such incidents, an agency policies and procedures for responding to such incidents.

This education is given by facility staff in both English and Spanish. Those residents with intellectual disabilities, or are blind are given the education component by Lubbock Independent School District staff with ten day of admission and is documented in the residents file. Residents who speak languages other than English or Spanish are given this education with the assistance of interpreters from the Language Line.

The Facility provides for PREA related posters on all living units and other common areas around the facility. Each juvenile is given a PREA specific pamphlet upon admission, and request another at any time. Each resident is also given a Resident Handbook which includes PREA specific information at intake.

During the resident interviews it was apparent that all residents had been given education on their rights under PREA, new multiple ways to report sexual abuse and harassment, and all remembered being given this information during the intake process.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)

☒ Yes ☐ No ☐ NA

115.334 (b)

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, and random staff. Training Curriculum, Training Sign-in Sheets, Training Acknowledgment Forms.

Findings:

The Lubbock County Juvenile Justice Center and the Texas Juvenile Justice Department are responsible for conducting concurrent administrative investigations regarding sexual abuse and sexual harassment. All criminal investigations regarding sexual abuse in the facility are investigated by the Lubbock County Sheriff's Department.

This auditor through interviews with administrative, supervisory, and random staff, confirmed that the PREA Coordinator for the department also serves as the Administrative Investigator on all claims of resident involved sexual abuse and harassment in the facility. This auditor was able to review the training records of the PREA Coordinator along with the curriculum used to determine that the training received included: techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any

full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

☒ Yes ☐ No ☐ NA

115.335 (b)

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

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, Medical and Psychological staff. Training Curriculum, Training Sign-in Sheets, Training Acknowledgment Forms, and Certificates of Training.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that all employees that may have contact with residents receive training in eleven topics as outlined in 115.331(a). Compliance with this standard was determined using PREA training attendance sheets, training schedules, and interviews with staff. LUBBOCK COUNTY JUVENILE JUSTICE CENTER staff are well trained in these topics and no staff member had any difficulty describing their duties during the interviews. This included the department's medical and psychological staff.

This auditor also determined by reviewing training records, curriculum and medical and psychological staff interviews that these specialized staff had additionally had training in: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER medical staff do not perform forensic examinations. If a forensic examination is needed, the resident is transported to the University Medical Center for the exam.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, Medical staff, Psychological staff, intake staff, random staff, and residents. Juvenile Behavioral Screening Instrument, and Resident files, observation of booking process.

Findings:

During the booking process which is complete with the first 2 hours of admission, the agency obtains and uses information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident. This information is constantly updated by medical, psychological, probation, and facility staff.

The facility uses a written objective Behavioral Screening Instrument to ascertain: prior sexual victimization or abusiveness, any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse, current charges and offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, the residents' own perception of vulnerability, and Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. This information is also retrieved through conversations with the resident during the intake process, classification assessments, and the resident's prior record in the facilities files.

The information collected during the assessment process is kept in the juvenile's paper facility file which has limited access, separate medical files, separate psychological files, and in a password protected case management system.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.342: Use of screening information

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

115.342 (a)

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

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?
☒ Yes ☐ No

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Isolation Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, Medical staff, Psychological staff, intake staff, random staff, and residents. Juvenile Behavioral Screening Instrument, and Resident files, observation of booking process, Facility Tour.

Findings:

The LUBBOCK COUNTY JUVENILE JUSTICE CENTER uses the information from the Juvenile Behavioral Screening Instrument and other information gleaned in the booking process and subsequently with the goal of keeping all residents safe and free from sexual abuse, to make: housing, bed, work, education, and program assignments.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER only uses isolation as a last resort when a resident has become a threat to the safety of other resident or staff, is a threat to the physical integrity of the facility, or has become a disruption to a program to the point that the program may not continue. While on isolation, the resident is still afforded large muscle exercise, and education daily. While on isolation, a resident is offered documented medical and psychological services multiple times per shift. If a resident is on a protective isolation the facility provides all services and opportunities that are provided for the other residents.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy prohibits: placing lesbian, gay, and bisexual (LGB) , transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy also prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive. When deciding whether to assign a transgender or intersex resident to a housing unit or program for male or female residents, LUBBOCK COUNTY

JUVENILE JUSTICE CENTER, on a case-by-case basis, considers whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy additionally requires that placement and programming assignments for each transgender or intersex resident reassessed at every 6 months any threats to safety experienced by the resident. Transgendered and intersex resident's views are given serious consideration in regards to their own safety. Policy requires that transgendered and intersex residents shower alone.

Facility policy requires that incidents of resident protective isolation be fully documented including the basis of the facilities concern for the resident's safety, any why the resident's safety cannot be maintained by other means. The facility policy requires that all services be restored to the isolated resident within 72 hours and continued isolation must be reviewed at least every 30 days.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER reports no transgender or intersex residents within the previous twelve months.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request?
☒ Yes ☐ No

- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, Medical staff, Supervisory staff, Psychological staff, intake staff, random staff, and residents. Grievance Policy PREA postings, Hotline Postings, Resident Handbook, PREA pamphlet, website. Public area postings, facility tour.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting

sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can avail themselves of the grievance procedure, can verbally report to any staff member, including supervisor, medical, psychological, attorneys and probation staff.

Residents may also report to the Texas Juvenile Justice Department Abuse Neglect Hotline and children's protective services. TJJD and CPS will immediately report these allegations back to the department and local law enforcement for investigation. TJJD will open their own administrative investigation and CPS will refer the allegation to TJJD. The TJJD and CPS hotlines will allow reporters to remain anonymous at the reporter's request. Foreign residents in the facility are allowed to contact their consul's office at any time

After a review of all the evidence, LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policies require staff members to accept sexual abuse and harassment claims, verbally, in writing, anonymously, and from third parties. Any reports of sexual abuse or harassment made verbally, requires to document the same and refer the matter to the PREA Coordinator.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (d)

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

115.352 (e)

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

115.352 (f)

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, Medical staff, Supervisory staff, Psychological staff, intake staff, random staff, and residents. Grievance Policy PREA postings, Hotline Postings, Resident Handbook, PREA pamphlet, website. Public area postings, facility tour.

Findings:

The JCJC Prison Rape Elimination Act policy permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits, refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and that the grievance is not referred to a staff member who is the subject of the complaint.

The Lubbock County Juvenile Justice Center shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. If needed the LUBBOCK COUNTY JUVENILE JUSTICE CENTER will claim the 70 day extension and notify the resident in writing. In the absence of a response within allowed timeframes, the resident may consider it to be a denial at that level.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER accepts grievances filed by 3rd parties, and grievances filed by others on the resident's behalf. The resident may decline to have a grievance filed on their behalf, and LUBBOCK COUNTY JUVENILE JUSTICE CENTER those documents those occurrences. A parent or guardian may file a grievance or appeal on behalf of their child, without their child's agreement.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that emergency grievances shall receive an initial response within 48 hours and a final response within 5 calendar days. Both responses take into account whether the resident is in imminent threat of sexual abuse and all grievances and responses are fully documented.

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

After a review of all the evidence, LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

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

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, Medical staff, Supervisory staff, Psychological staff, intake staff, random staff, and residents. PREA postings, Hotline Postings, Resident Handbook, PREA pamphlet, Facility Tour. MOA Lubbock Rape Crisis Center

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Policy outlines how a resident would have access to outside confidential support services through the Lubbock County Rape Crisis Center dba Voices of Hope in the resident handbook and resident education/orientation. Information is also posted on all living units.

Information is posted on all living units, and in the resident handbook information for, those detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies including local consular offices.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that resident's communication with these entities be as confidential as possible within the limits of safety and security of the facility. Residents are briefed on those confidentiality limits, and mandatory reporting requirements before establishing communication with those entities.

The facilities maintains a Memorandum of Agreement with the Lubbock county Rape Crisis Center dba Voices of Hope, to provide residents with confidential emotional support services related to sexual abuse. LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy allows for regular (at least weekly) contact with attorneys, parents, and guardians through, phone, mail, and in person visits.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, intake staff, random staff, and residents. PREA postings, Hotline Postings, Resident Handbook, PREA pamphlet, Facility Tour, Public Postings, Parent Information Brochures, Agency Website .

Findings: The Lubbock County Juvenile Justice Center has established a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. These methods include but are not limited to: Postings in all public areas of the facility, brochures, and the department website. LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy lays out how these reports are handled and routed administration and to the PREA Coordinator. This auditor confirmed this information on the facility tour, department information brochures, and the department's website.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? ☒ Yes ☐ No

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, intake staff, random staff, staff first responder, medical staff, mental health staff, and residents. PREA postings, Hotline Postings,

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that all employees, volunteers, and interns shall immediately report any knowledge, suspicion, or information they receive regarding: an incident of sexual abuse or sexual harassment that occurred within any program administered or operated by the Lubbock County Juvenile Justice Center, retaliation against residents or employees who reported such incidents, and any employee neglect or dereliction of duties that may have contributed to an incident or retaliation.

All department staff, volunteers, interns, and vendors are required to follow the mandatory reporting laws.

Staff, medical staff. Mental health staff, volunteers, vendors, and interns are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy, to make treatment, investigation, and other security and management decisions. Medical and mental health providers inform all residents of their duty to report any allegations of abuse.

Upon receipt of an allegation of sexual abuse, the Facility Administrator reports the allegation to the Agency Head, PREA coordinator for investigation, local law enforcement, and the Texas Juvenile Justice Department, the residents parent or guardian, the Court, and if the resident is from a contracting county, the agency head of that jurisdiction. . If the allegation involves events not within the facility, then it is report to The Department of Family and Health Services.

All allegations of sexual abuse and sexual harassment at LUBBOCK COUNTY JUVENILE JUSTICE CENTER are route to the PREA Administrator for investigation.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, intake staff, random staff, staff first responder, medical staff, mental health staff, and residents. Isolation Logs.

Findings:

Through review of the LUBBOCK COUNTY JUVENILE JUSTICE CENTER policies, and interviews with staff and juveniles. All were able to articulate the processes for determining sexual vulnerability of a resident through: initial contact at booking, continuous monitoring by medical, mental health, and

security staff, and residents self-report. A review of the isolation logs indicated that no residents had been placed on protective isolation in the previous twelve months.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, intake staff, random staff, medical staff, mental health staff, and residents. TJJD ANE Reports.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that upon report of a sexual abuse allegation that took place at another facility, the facility administrator must report the allegation to local law enforcement within one hour, The Texas Juvenile Justice Department within 4 hours, and the Facility Administrator at the alleged facility within 24 hours. All notifications are documented on the TJJD ANE Incident Report Form.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, intake staff, random staff, medical staff, mental health staff, and residents. Training Curriculum, Training Sign-in Sheets and Acknowledgement Forms.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Policy lays out the coordinated response plan for all staff members who may have contact with the residents. Interviews with random staff, first responders, supervisory staff, medical staff, mental health staff, and intake officers demonstrated that all are well versed in their responsibilities to: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Non security staff are trained in all these items including, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, intake staff, random staff, medical staff, and mental health staff.. Training Curriculum, Training Sign-in Sheets and Acknowledgement Forms.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER does have a written Coordinated Response to Sexual Abuse Plan contained within their Prison Rape Elimination Act Policy. Review of the plan along with interviews of the Agency Director, Facility Administrator, PREA Coordinator, intake staff, random staff, medical staff, mental health staff, and intake staff demonstrate that all are familiar with the plan and know where to find it if questions on procedure arise.

The plan lays out the responsibilities of each staffing level including, first responders, supervisory staff, facility administrator, PREA coordinator (investigator), medical, and mental health staff.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, and hiring coordinator,

Findings:

The LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy prohibits the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Interviews with the Agency Director, Facility Administrator, PREA Coordinator, and hiring staff revealed that the agency does not enter into collective bargaining agreements.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

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

115.367 (c)

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, Supervisory Staff, and residents. Investigation logs.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy establishes procedures to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Options include: change of program, or housing assignment. Removal from contact with suspected abusers, whether staff, intern, volunteer, contractor, or resident. Supervisory staff and administrative staff are charged with monitoring for retaliation for a minimum of ninety days. This monitoring includes: the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, any resident disciplinary reports, resident housing changes, and resident program changes. Staff are monitored for negative performance reviews and reassignments, supervisory and administrative staff are required to act immediately upon indication of retaliation against anyone who reports sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations. If monitoring indicates a need, the facility will extend the monitoring period beyond sixty days. Monitoring of residents includes frequent status checks. The agency takes immediate steps to protect anyone, staff or resident, who expresses fear of retaliation for

cooperating with an investigation. Interviews with supervisory and administrative staff confirmed that all are well versed in their responsibilities to guard against retaliation. Staff and resident interviews reveal that all are aware that they can report fear of retaliation directly to staff, supervisory staff, and using the grievance process.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, Supervisory Staff, and residents. Investigation logs. Isolation Logs.

Findings:

The LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy does not prohibit the use of segregation and seclusion to protect youth who have alleged sexual harassment or abuse. It does restrict this practice to be used only as a last resort and requires that "during such times of protective segregated housing the resident shall be offered daily large muscle exercise, access to legally required educational programming and special education services, daily visits from a mental health and medical practitioner, and access to other services/programs and work opportunities to the extent possible." A review of the investigation logs, Abuse, neglect and exploitation logs, and isolation logs confirmed that there had been no cases of protective isolation in the previous twelve months.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, and Supervisory Staff. Investigation logs. Investigation Reports, Investigation Packets, Texas Juvenile justice Department Abuse, Neglect, and Exploitation Incident Report Forms. Texas Juvenile Justice Department Board minutes.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy declares that the facility conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, and it does it do so promptly, thoroughly, and objectively. All allegations of sexual abuse and harassment are also referred to the Texas juvenile Justice Department which completes its own concurrent administrative investigation. The Lubbock County Sheriff's department conducts criminal investigations into accusations of sexual abuse. The department conducts investigations into all reports of sexual abuse and harassment including those made anonymously or by third parties.

The PREA Coordinator conducts all internal administrative investigations regarding sexual abuse and harassment. A review of the training records indicate he has received appropriate training to conduct these investigations.

Interviews and review of investigations demonstrate that the investigator gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, and reviews prior reports and complaints of sexual abuse involving the suspected perpetrator.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER prohibits termination an investigation into sexual abuse and harassment based solely on the recantation of the accuser. The department will suspend its investigation at the request of sheriff's investigators or prosecutors and does not have compelled interviews with consulting the same. Agency policy prohibits the use of a polygraph as a requirement for conducting or continuing an investigation. The accuser's credibility is not assessed based on their status as either staff of or resident.

Administrative investigations are documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Investigations include an effort to determine whether staff actions or failures to act contributed to the abuse.

Criminal investigations are conducted by the Lubbock County Sheriff's Department and are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The Lubbock County Sheriff's department refers all substantiated allegations for prosecution.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that all investigations be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. .LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy also prohibits the termination of an investigation for the sole reason of the departure of the accuser or accused employee or resident.

The PREA coordinator maintains contact with sheriff's investigators to remain informed of the progress of the criminal investigation. This auditor reviewed two investigation packets for compliance with this standard.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, Investigation logs, Investigation Reports, Investigation Packets,

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Through interviews with the PREA Coordinator, Texas Administrative Code, and Investigation packets, it was determined that preponderance of the evidence is the standard used by the facility to determine if allegations of sexual abuse and harassment are substantiated.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, Investigation logs, Investigation Reports, Investigation Packets,

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PREA Coordinator maintains contact with sheriff's investigators and will inform the resident of the results of their investigation when complete. Resident accusers are kept informed when accused staff are no longer posted within the resident's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse in the facility, and has been convicted on a charge related to sexual abuse within the facility.

In cases of youth on youth sexual abuse, the victim is kept notified when abuser has been indicted or convicted for sexual abuse in the facility. All notifications are noted on the investigation log.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, Investigation logs, Investigation Reports, Investigation Packets,

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies with termination being the presumptive sanction for engaging in sexual abuse.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy also requires that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed,

the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories..

The department notifies the Texas Juvenile Justice Department and the Lubbock County Sheriff's Department of all allegations of sexual abuse and harassment and advises either when an employee either resigns or is terminated during the course of the investigation.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, Investigation logs, Investigation Reports, Investigation Packets,

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that any contractor or volunteer who engages in sexual abuse prohibited from contact with residents, any contractor or volunteer who engages in sexual abuse is reported to the Lubbock County Sherriff's Department and the Texas Juvenile Justice Department and any applicable licensing authority,

In cases where a volunteer or contractor may violate the departments sexual safety policies the agency will facility take appropriate remedial measures, and consider whether to prohibit further contact with residents.

A review of the department investigation log revealed no incidents involving volunteers or contractors.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, random staff, medical, mental health, and resident interviews, Investigation logs, Investigation Reports, Investigation Packets, Isolation logs,

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Policy allows that following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or a criminal finding of guilt for resident-on-resident sexual abuse, residents be subject to disciplinary sanctions only pursuant to the department's formal disciplinary process. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. These sanctions are laid out in the department's resident handbook and disciplinary procedures.

Residents placed on isolation are required to receive daily large muscle exercise, educational programming or special education services, daily visits from a medical or mental health care clinician, and access to other programs and work opportunities to the extent possible. A resident's mental disabilities or mental illness is taken into consideration when determining a sanction for sexual abuse, harassment, or youth on youth sexual conduct.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy states "LUBBOCK COUNTY JUVENILE JUSTICE CENTER shall offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. LUBBOCK COUNTY JUVENILE JUSTICE CENTER may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education"

Agency policy prohibits disciplining a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact, and for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER prohibits all sexual activity between residents and may discipline residents for such activity. LUBBOCK COUNTY JUVENILE JUSTICE CENTER does not however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. After a review of all documentation. Logs, policies and interviews with staff, this auditor has determined that LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standards.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, random staff, medical staff I, and mental health staff, Resident's file.

Finding:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that a resident who has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

If the screening indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

All residents in the facility are under 18 years of age. Medical and Mental Health professionals are required reporters in Texas and all residents are informed that any disclosure of abuse, neglect, or exploitation must be reported.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, random staff, medical staff, mental health staff, and residents, Resident's file.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

If medical staff are not on duty at the time of an incident, staff first responders take preliminary steps to protect the victim, and immediately notify medical and mental health staff.

Resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate Treatment services provided to the victim

without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility had no incidents of sexual abuse in the previous twelve months where medical intervention was required. All interviewed parties were aware of the policies.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator, random staff, medical staff, and mental health staff, Resident's file.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Such services are required to be consistent with the community level of care. Female residents are offered pregnancy test and timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate and treatment services are provided to the victim without financial cost and

regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

All levels of staff interviewed were familiar with these requirements and policies are in place to provide these services to the residents.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, PREA Coordinator, supervisory staff, random staff, medical staff, and mental health staff, Investigation Logs, Investigation Reports. Review Committee documentation.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy lays out the foundation and responsibilities for the incident review team. The team includes the Facility Administrator, PREA Coordinator, supervisory staff, security staff, and representatives from both medical and mental health staff. The team reviews all allegations of sexual abuse investigations both founded and unsubstantiated within 30 days of the conclusion of the investigation. Policy and practice require the team to consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, the allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility, examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, Assess the adequacy of staffing levels in that area during different shifts, and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. At the conclusion the team creates a report and makes recommendations to the agency director.

The two investigations reviewed both contained documentation from the incident review team.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator. Agency Website. Investigation Logs.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires the department collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, aggregate the incident-based sexual abuse data at least annually,

The incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews including form contracting facilities. The agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30. The facility posts this information on their website as required.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.388: Data review for corrective action

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

115.388 (a)

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator. Investigation Logs. Review documentation.

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. This annual report includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse. This annual report is approved by the agency director and made readily available to the public through its website.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator. Data Documents

Findings:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER policy requires that it ensure that data collected pursuant to § 115.387 is securely retained, all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, are readily available to the public at least

annually through its website. The facility removes all personal identifiers before making aggregated sexual abuse data publicly available, and maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise .

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in full compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Evidence reviewed:

LUBBOCK COUNTY JUVENILE JUSTICE CENTER Prison Rape Elimination Act Policy, Interviews with the Agency Director, Facility Administrator, and PREA Coordinator. Facility Tour.

The LUBBOCK COUNTY JUVENILE JUSTICE CENTER is currently in the third year of its audit cycle and received financial assistance from the state to

To complete the audit. This auditor was able to see the entire facility and found no barriers in seeing any area of process requested. This audio was provided with any documents he requested. All interviews were able to be completed in privacy and this auditor had no barriers to effectively completing the audit. Residents, staff and interested parties were able to send this auditor correspondence. All notices were posted in the facility, website and public areas as required.

LUBBOCK COUNTY JUVENILE JUSTICE CENTER is in Full Compliance with this Standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The LUBBOCK COUNTY JUVENILE JUSTICE CENTER Audit reports are published on their Website.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Alfred Brian Fraser

May 15, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.