

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## Juvenile Facilities



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>	G4S The Oaks Brownwood		
<b>Physical address:</b>	800 FM 3254, Brownwood, TX 76801		
<b>Date report submitted:</b>	06/03/2016		
<b>Auditor Information</b>	<b>James L. Roland Jr. – The Nakamoto Group</b>		
<b>Address:</b>	11820 Parklawn Drive, Suite 240 Rockville, MD 20852		
<b>Email:</b>	james.roland@nakamotogroup.com		
<b>Telephone number:</b>	419-610-5668		
<b>Date of facility visit:</b>	May 17-18, 2016		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number:</b>	1-325-646-5383		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other
<b>Name of PREA Compliance Manager:</b>	Tyrene Green		<b>Title:</b> Facility Administrator
<b>Email address:</b>	tyrene.green@us.g4s.com		<b>Telephone number:</b> 325-646-5383
<b>Agency Information</b>			
Name of agency: G4S Youth Services, LLC 6302 Benjamin Road suite 400 Tampa, Florida 33458			
<b>Governing authority or parent agency:</b>	Texas Juvenile Justice Department		
<b>Physical address:</b>	11209 Metric Boulevard Bldg.H, Ste. A P. O. Box 12757 Austin, TX 78758		

<b>Mailing address:</b> <i>(if different from above)</i>		
<b>Telephone number:</b>	512-490-7130	
<b>Agency Chief Executive Officer</b>		
<b>Name:</b> Jim Hill	<b>Title:</b>	President
<b>Email address:</b> jim.hill@us.g4s.com	<b>Telephone number:</b>	813-514-6275
<b>Agency-Wide PREA Coordinator</b>		
<b>Name:</b> Bobbi Pohlman-Rodgers	<b>Title:</b>	JJDPA/PREA Compliance Director
<b>Email address:</b> bobbi.pohlman@us.g4s.com	<b>Telephone number:</b>	954-818-5131

## AUDIT FINDINGS

### NARRATIVE:

The site visit for PREA audit of the G4S The Oaks Brownwood was conducted on May 16-17, 2016, to determine compliance with the 2012 Prison Rape Elimination Act standards. During the audit, the auditor toured the facility and conducted formal staff and resident interviews. The auditor interviewed thirty (30) juveniles from all dormitories. In addition, the auditor questioned twenty-one (21) random and seven (7) specialized staff and fourteen (14) random youth supervisors and care workers, about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation. Specialized staff interviewed included the Facility Administrator, Assistant Facility Administrator, PREA compliance manager, Medical Director, Clinical Director, Principal, Case Manager, Shift Supervisor and two (2) Youth Care Workers.

An entrance meeting was held with the following persons in attendance: Facility Administrator, Asst. Facility Directors, Human Resource Manager, and the Director of Clinical Services. The Assistant Facility Administrator acts as the PREA Coordinator for the facility.

There are currently ninety-one (91) juveniles assigned to the facility. Following the entrance meeting, I toured the facility from 8:00 to 9:00 Eastern Standard Time. In the last calendar year, there was one sexual assault/harassment allegation case. This case was investigated by an outside agency and was ruled unfounded.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Oaks Brownwood, located in Brown County (Brownwood), Texas, is a high-risk residential treatment program for 113 male juvenile offenders, ages 10-19, who are committed to the Texas Juvenile Justice Department and are in need of substance abuse and mental health treatment services.

The Oaks provides a Culture of Care that includes daily developmental and psychosocial treatment and interventions that are delivered through trauma-informed care to address comprehensive and intensive mental health issues; co-occurring disorders and effects; depression; post-traumatic stress disorder and physical or sexual abuse, neglect or domestic violence.

Services include screening; comprehensive assessment; treatment planning and reviews and individual, group and family counseling. In addition to substance abuse and mental health services, The Oaks Brownwood also offers sex offense-specific treatment services.

On-site medical services are provided by a Texas licensed physician and Texas licensed nurses. A Texas licensed Psychiatrist provides psychiatric evaluations and medication management. These professionals provide 24/7 emergency consultation.

Additional services include case management; vocational preparation; transition planning; and community re-entry preparedness. Educational services are operated by the Mullins Independent School District. Vocational certification programs include Microsoft Office Application Certification, Musical Engineering Certification, Audio Video Production Certification, ServSafe food handling certification and GED preparation.

Balanced and Restorative Justice concepts are important aspects of the program. Activities and projects are designed to increase a sense of accountability and social responsibility and include behavior management, human growth and development, life skills, and physical fitness.

## **SUMMARY OF AUDIT FINDINGS:**

An exit meeting was held with the following persons in attendance: Facility Administrator , the PREA Coordinator, the HR manager, Clinical Director, Asst. Facility Administrators and others from the facility.

Number of standards exceeded:	0
Number of standards met:	40
Number of standards not met:	0
Not Applicable:	1

### **§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

The Agency meets the standard with their policies and practice. G4S policy 1.2 and 1.6 clearly meets this standard. The facility PREA Plan meets zero tolerance as required by the standard.

### **§115.312 - Contracting with other entities for the confinement of residents**

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

The Texas Juvenile Justice Department licenses G4S The Oaks Brownwood. They are required to comply with the PREA, as listed above. This is the facilities first PREA audit, as such there are no previous audits. G4S manages twenty-six facilities.

### **§115.313 – Supervision and Monitoring**

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

The Administrator completes an annual review of the post audits and staffing plan. The Oaks plan states that they will adhere to direct care staff to youth ratios of 1:6 during waking hours and 1:5 during sleeping hours. After reviewing population logs for the last twelve months the facility operated within the 1:6 ratio during waking hours and the 1:5 ratio during sleeping hours. Minimum ratios were met at all times except in the case of unforeseen and temporary circumstances. There are adequate resources to meet PREA and other confinement requirements. The review included an assessment of the facilities' phone access and staffing levels. They do not operate below the critical post requirements. Documentation of unannounced rounds that cover all shifts was reviewed for compliance. The facility does not use video monitoring systems. No audio systems were added to the facility in the last twelve months.

### **§115.315 – Limits to Cross-Gender Viewing and Searches**

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

Staff of the opposite gender are required to announce their presence when entering the resident-housing unit(s) by stating "female staff on the unit". This was documented during interviews with staff and juveniles, as well as recorded in housing unit log books. G4S policy 1.16 Administration, Organization, and Management clearly meet this standard. There has been no cross gender strip or visual body cavity searches by medical or non-medical staff in the past year. Staff do not do cross gender searches. All searches are conducted by staff of the same gender as the resident.

### **§115.316 – Residents with Disabilities and residents who are Limited English Proficient**

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

G4S policy 1.16 Administration, Organization, and Management addresses the components of this policy. All interpreters' services are provided by the Texas Juvenile Justice Department.

### **§115.317 – Hiring and Promotion Decisions**

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

G4S policy 3-16 Employee Recruitment and Selection clearly meets all the components of this standard. All employees have had their criminal background check completed before hiring and are required to have them done again every 5 years. Three contractors have been employed by the facility in the past year. All had criminal backgrounds checks completed. All contractors and volunteers who have contact with residents have criminal background checks. Those contractors who are on facility grounds for repairs are escorted and directly supervised.

### **§115.318 – Upgrades to Facilities and Technology**

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

There have been no facility video or audio upgrades in the last twelve months.

### **§115.321 – Evidence Protocol and Forensic Medical Examinations**

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

G4S policy 1.16 Administration, Organization, and Management clearly meets this standard. The facility has fulltime medical staff for medical services. Forensic medical examinations are conducted off-grounds at Hendricks Trauma Center. All staff have been trained in evidence protocol. In the event of a sexual assault, the shift supervisor is called, then the Facility Administrator. The Administrator determines when the resident should be transported to the hospital for a SAFE/SANE exam or other medical treatment. The Texas Juvenile Justice Department would provide for victim advocate services. The Hotline number is posted in each housing unit. All criminal investigations are conducted by the OIG (Office of Inspector General) or the Brown County Sheriff's department.

### **§115.322 – Policies to Ensure Referrals of Allegations for Investigations**

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

G4S policy 1.16 Administration, Organization, and Management was reviewed during the on-site inspection to verify the components of this standard were met. All investigations of a PREA nature are conducted by the OIG or the Brown County Sheriff's Department. There were two allegations of sexual abuse or sexual harassment in the past twelve months. Both investigations were ruled unfounded.

### **§115.331 – Employee Training**

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

The Oaks staff has been trained for PREA compliance. A review of all training curriculum insures that all of the components of this standard were addressed. All staff interviewed indicated that they received the required PREA training. All training records included employee signatures and dates.

### **§115.332– Volunteer and Contractor Training**

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

The Assistant Facility Director has the responsibility of ensuring that volunteers and contractors are trained in PREA policy. Training records were reviewed for compliance.

### **§115.333 – Resident Education**

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

G4S policy 1.16 Administration, Organization, and Management addresses this standard. At intake, juveniles receive PREA information in the youth orientation packet, and also during their orientation to the facility by their case worker. Intake packets were reviewed for compliance. There are posters throughout the facility with the Hotline phone number to call to report an incident. These notices are also posted in each housing unit. Telephones were checked to determine if they were operable.

### **§115.334 – Specialized Training: Investigations**

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

Does Not Meet Standard (requires corrective action)

G4S policy 1.16 Administration, Organization, and Management includes all components required by this standard. The preliminary gathering of information of suspected incidents is conducted by the Assistant Facility Administrator and forwarded to the Facility Administrator (administrative investigator). All criminal investigations are conducted outside of the facility by the OIG or the Brown County Sheriff's department. All investigators have been specially trained in compliance with this standard. There were two allegations of sexual abuse or sexual harassment in the past twelve months. These investigations were ruled unfounded.

### **§115.335 – Specialized training: Medical and mental health care**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has a fulltime medical staff. All medical services are conducted both on-site and off-site. The medical and mental health staff have all received PREA training on victim identification, interviewing, reporting, and interventions. Annual training was reviewed and documented. 100% of all medical and mental health care staff have received PREA training. SANE and SAFE exams are conducted off-site at Hendricks Trauma Center.

### **§115.341 – Screening for Risk of Victimization and Abusiveness**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

G4S policy 1.16 Administration, Organization, and Management includes all components required by this standard. Residents are assessed within 72 hours of their arrival in intake. Interviews with the Administrator, Medical Clinic Supervisor, and the Clinical Director for treatment services verified that there is a thorough system for collecting this information and providing continued re-assessment and follow-up services as needed.

### **§115.342 – Use of Screening Information**

Exceeds Standard (substantially exceeds requirement of standard)

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



Does Not Meet Standard (requires corrective action)

G4S policy 1.16 Administration, Organization, and Management includes all components required by this standard. A review of the documents associated with these procedures indicates the information from the risk screening is used to ensure the safety of each resident. The facility does not use Isolation for residents at risk of sexual victimization.

### **§115.351 – Resident Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

G4S policy 1.12 Administration, Organization, and Management includes all components required by this standard. Staff and juvenile interviews clearly supported compliance to this standard. The procedures for reporting are clearly stated in the youth orientation packet, on posters, and in the Disability Law Booklet.

### **§115.352 – Exhaustion of Administrative Remedies**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

G4S policy 1.16 Administration, Organization, and Management covers some of the components of this standard. Zero grievances were filed last year that alleged sexual abuse. It was clear from interviews that preventing sexual assault in this facility is a responsibility that the personnel at The Oaks take extremely seriously. Residents have access to grievance forms and the grievance box is located on an area where all residents have access.

### **§115.353 – Resident Access to Outside Confidential Support Services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

G4S policy 1.16 Administration, Organization, and Management cover all components of this standard. Residents are provided emergency services and support through the free Hotline phone call services that the residents are allowed to make. The number is posted in each

housing unit. They also can have private conversations with their legal service provider and with their parents on visitation. Organizations available to residents include The Ark, Rainn, and Immigration Assistance.

### **§115.354 – Third-Party Reporting**

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

Information is made available through posters posted throughout the buildings with the Texas Juvenile Justice Department toll-free numbers and other reporting options. The information is also included in the Youth Orientation packet.

### **§115.361 – Staff and Agency Reporting Duties**

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

G4S policy 1.16 Administration, Organization, and Management includes all the components of this standard. Staff can report verbally, in writing, anonymously, and by the toll free number. This was also verified through interviews with random staff.

### **§115.362 – Agency Protection Duties**

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

G4S policy 1.16 Administration, Organization, and Management and 1.12 Administration, Organization, and Management meets the components of this standard. If a juvenile was at risk of sexual victimization, they could temporarily be placed in another unit. There have been no residents placed in this status in the past twelve months. This was also verified through interviews with random staff. Safety plans have been established to ensure that the resident was safe.

### **§115.363 – Reporting to Other Confinement Facilities**

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

G4S policy 1.16 Administration, Organization, and Management meets all the components of this standard. This was also verified through interviews with the Facility Administrator. If a report is received of sexual abuse from another facility, the Administrator must report to the other facility within 72 hours. Investigations are conducted by the OIG or the Brown County Sheriff's department. All incident reports must be completed before the end of the employees shift. The facility has not received any allegation of sexual abuse or harassment from another facility in the past twelve months.

### **§115.364 – Staff First Responder Duties**

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

G4S policy 7.25 Sexual Assault Treatment includes all the components of this standard. All staff are trained in first responder duties. This was also verified through interviews with random staff and training records.

### **§115.365 – Coordinated Response**

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

G4S policy 7.25 Sexual Assault Treatment meets the components of this standard. Staff receiving a report of a sexual assault/rape or attempted sexual assault/rape, or staff that become aware of sexual activity between residents or between a resident and staff, contractor, visitor, or volunteer must immediately report this event to Supervision. The supervisor must immediately relay the report to the Facility Administrator. The Texas Juvenile Justice Department is notified immediately upon any sexual incident. This is also outlined in the facilities Sexual Abuse Incident Coordinated Response Plan.

### **§115.366 – Preservation of ability to protect residents from contact with abusers**

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

N/A-The Oaks Brownwood is a non-union facility.

### **§115.367 – Agency protection against retaliation**

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

G4S policy 1.16 Administration, Organization, and Management includes all components of this standard. All staff are required to monitor for retaliation. The Asst. Facility Administrator is required to monitor all allegations for a minimum of 90 days after receiving a report of an incident.

### **§115.368 – Post-Allegation Protective Custody**

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

Isolation is not used at the Oaks Brownwood.

### **§115.371 – Criminal and Administrative Agency Investigations**

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

G4S policy 1.16 Administration, Organization, and Management meets all of the components of this standard. During the last 12 months there have been two allegations of sexual abuse. Both of these cases were ruled unfounded. The OIG or the Brown County Sheriff's Department conducts all criminal investigations. Internal investigations are started by the Assistant Facility Administrator, and then sent to the Facility Administrator for additional investigation if it is so warranted.

### **§115.372 – Evidentiary Standard for Administrative Investigations**

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

G4S policy 1.15 Administration, Organization, and Management meets the components of this standard. Appropriate measures are taken to protect the due process rights of the residents. During the last 12 months there have been two allegations of sexual abuse. Both cases were reviewed by this auditor for process compliance. These cases were ruled unfounded.

### **§115.373 – Reporting to Residents**

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

G4S policy 1.15 and 1.16 Administration, Organization, and Management meets all of the components of this standard. During the last 12 months there have been two allegations of sexual abuse. These cases were ruled unfounded. The facility uses the OIG or the Brown County Sheriff's Department for criminal investigative services. Residents are informed of the investigative process. Decisions from investigations require that all allegations have a written response, including the rationale for the decision, given to the youth or a family member. Copies of all allegation decisions are maintained. Decisions are available to the victim's family, Administration, and the Texas Juvenile Justice Department.

### **§115.376 – Disciplinary sanctions for staff**

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

G4S policy 3-19 Harassment Prevention includes all the components of this standard. There have been zero allegations within the last twelve months. Disciplinary sanctions for rule violations are explained by Human Resources at Orientation. All employee rules and sanctions are available to all employees through the facility intranet.

### **§115.377 – Corrective action for contractors and volunteers**

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

G4S policy 3-16 Employee Recruitment and Selection include all the components of this standard. Contractors are subject to all expectations as employees relative to contact with youth. Contractors may not continue to have contact with youth and will have contracts terminated upon any finding of child abuse or sexual abuse. There have been no incidents in the last twelve months. Vendors must read, understand, and sign the zero tolerance PREA policy. All vendors are escorted. Contractors and volunteers are required to receive the same training as employees of the facility.

### **§115.378 – Disciplinary sanctions for residents**

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

G4S policy 16.19 Rules and Discipline meets all of the components of this standard. Appropriate measures must be taken to protect the due process rights of youth who are, or who may be, subject to discipline. This policy ensures youth are treated fairly under a consistent system of discipline that teaches and encourages appropriate behaviors, and discourages inappropriate behaviors. The youth orientation packet addresses all disciplinary sanctions for juvenile residents. The facility does not use isolation.

### **§115.381 – Medical and mental health screenings; history of sexual abuse**

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

G4S policy 1.16 Administration, Organization, and Management meets the components of this standard. Youth are required to meet with medical and mental health practitioners per standard operating protocol for treatment. Treatment plans must be based on the youth's assessed risk and assessment of the youth and family's strengths and needs. The treatment needs of youth are identified and prioritized. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services as needed. No resident disclosed prior victimization during screening. All screening is kept in the resident permanent treatment file.

### **§115.382 – Access to emergency medical and mental health services**

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

G4S policy 1.16 Administration, Organization, and Management includes all components required by this standard. Services are provided to the residents at no cost to them. The facility provides timely, unimpeded access to free emergency medical and crisis intervention services. Referrals are made to Hedrick Trauma Center and the Texas Juvenile Justice Department.

### **§115.383 – Ongoing medical and mental health care for sexual abuse victims and abusers**

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

G4S policy 1.16 Administration, Organization, and Management includes the components of this standard. The victim of sexual assault or attempted sexual assault must be provided mental health assistance and counseling as determined necessary and appropriate.

Residents are sent to the Hendricks Trauma Center for sexually transmitted infections if appropriate.

### **§115.386 – Sexual abuse incident reviews**

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

G4S policy 1.16 Administration, Organization, and Management meets the components of this standard. Facility management reviews each incident of sexual abuse for cause, staffing, and physical barriers, and makes recommendations for prevention and implementation of remedy(s). Interviews with the administrative team indicate that all incidents are reviewed and documented. The facility management team consists of the facility Administrators, Clinical Director, and Medical staff. There were two incidents in the last twelve months of sexual abuse that were reviewed. They were ruled unfounded.

### **§115.387 – Data Collection**

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

G4S policy 1.16 Administration, Organization, and Management Data Collection is compiled by using G4S form CS-0995 Survey of Alleged PREA Incidents and address this standard. All incidents must be documented on this form with forty-eight (48) hours of the incident.

### **§115.388 – Data Review for Corrective Action**

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

G4S policy 1.16 Administration, Organization, and Management meets the components of this standard. Data was collected for the 2014-2015 calendar year, aggregated and posted to the public. All information from G4S form CS-0995 Survey of Alleged PREA Incidents is compiled in the Survey of Sexual Violence Summary PREA Spreadsheet. This information is used to formulate corrective action plans. This was reviewed against the two incidents that were ruled unfounded.



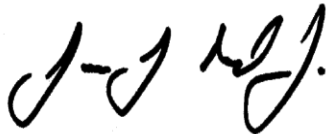
## §§115.389 – Data Storage, Publication, and Destruction

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

G4S policy 1.16 Administration, Organization, and Management meets the components of this standard.

### AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



James L. Roland Jr.

05/25/2016

Auditor Signature

Date