

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    May 12, 2019

## Auditor Information

Name: Ray Reno	Email: rayreno1@gmail.com
Company Name: 360 Correctional Consulting LLC	
Mailing Address: PO Box 31	City, State, Zip: McPherson, KS. 67460
Telephone: 620-285-1405	Date of Facility Visit: April 15-16, 2019

## Agency Information

Name of Agency Brazoria County Juvenile Justice Center		Governing Authority or Parent Agency (If Applicable) Brazoria County TX.	
Physical Address: 20875 CR 171		City, State, Zip: Angleton, TX. 77515	
Mailing Address: Same as above		City, State, Zip: Same as above	
Telephone: 979-864-1389		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 mission: Working together to transform and habilitate juveniles, strengthen families, protect the community, and develop responsible citizens.			
Agency Website with PREA Information: <a href="https://brazoriacountytx.gov/departments/juvenile-probation/additional-information">https://brazoriacountytx.gov/departments/juvenile-probation/additional-information</a>			

## Agency Chief Executive Officer

Name: Kyle Teat	Title: Chief Probation Officer
Email: kylet@brazoria-county.com	Telephone: 979-864-1470

## Agency-Wide PREA Coordinator

Name: Upendra Katragadda	Title: Facility Administrator/PREA
Email: upendrak@brazoria-county.com	Telephone: 979-864-1814
PREA Coordinator Reports to: Chief Teat	Number of Compliance Managers who report to the PREA Coordinator    1

## Facility Information

<b>Name of Facility:</b> Brazoria Juvenile Justice Detention Center	
<b>Physical Address:</b> 20875 CR 171 Angleton, TX. 77515	
<b>Mailing Address (if different than above):</b> Same as mailing address	
<b>Telephone Number:</b> 979-864-1389	
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention <input type="checkbox"/> Correction <input type="checkbox"/> Intake <input type="checkbox"/> Other
<b>Facility Mission:</b> Residential Detention for Youth Offenders	
<b>Facility Website with PREA Information:</b> <a href="https://brazoriacountytx.gov/departments/juvenile-probation/additional-information">https://brazoriacountytx.gov/departments/juvenile-probation/additional-information</a>	
<b>Is this facility accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### Facility Administrator/Superintendent

<b>Name:</b> Kyle Teat	<b>Title:</b> Chief
<b>Email:</b> kylet@brazoria-county.com	<b>Telephone:</b> 979-864-1470

### Facility PREA Compliance Manager

<b>Name:</b> Upendra Katragadda	<b>Title:</b> Facility Administrator/PREA
<b>Email:</b> upendrak@brazoria-county.com	<b>Telephone:</b> 979-864-1814

### Facility Health Service Administrator

<b>Name:</b> Laura Soria	<b>Title:</b> Health Services Director
<b>Email:</b> lauras@brazoria-county.com	<b>Telephone:</b> 979-864-1790

### Facility Characteristics

<b>Designated Facility Capacity:</b> 52 Detention, 38 Residential	<b>Current Population of Facility:</b> 26 Detention, 5 Residential
<b>Number of residents admitted to facility during the past 12 months</b>	948
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>	318
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	644
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>	0
<b>Age Range of Population:</b>	10-17 Detention 12-17 Residential
<b>Average length of stay or time under supervision:</b>	11 days Detention, 133 days Residential
<b>Facility Security Level:</b>	Medium

<b>Resident Custody Levels:</b>	Minimum-Medium
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	106
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	22
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	16

### Physical Plant

<b>Number of Buildings:</b> 1	<b>Number of Single Cell Housing Units:</b> 6
<b>Number of Multiple Occupancy Cell Housing Units:</b>	0
<b>Number of Open Bay/Dorm Housing Units:</b>	2
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	3

**Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):**

There is a total of 77 cameras in the facility. Recordings are kept for up to 45 days.

**JJAEP:**

1. Chow hall serving line;
2. Juvenile restroom area by water fountains;
3. Classroom area facing towards chow hall;
4. Classroom are facing toward old residential;
5. South exit door at the end of the hallway;
6. Corridor by nurse and probation officer offices;
7. Chow hall exit door;
8. Chow hall closest to main hallway;
9. Juvenile line up area between Annex and JJAEP chow hall;
10. North chow hall exit door on outside of building;
11. North ropes course area behind annex;
12. Recreation area behind JJAEP camera on northeast corner of building;
13. Recreation area behind JJAEP camera on southeast corner of building;
14. Parking lot facing towards south end main entrance;
15. Parking lot facing towards north end main entrance;
16. Parking lot pointing at south end towards the new detention building.

**Annex:**

1. Front door;
2. Lobby waiting area point towards entrance door and hallway;
3. South hallway;
4. North hallway pointing towards lobby;
5. Conference room and printer area;
6. File room;
7. South entrance, security code door;
8. Back entrance – JJAEP ropes area.

**DVR 1/Camera #/Location:**

1. (1) Administration corridor facing Shift Leaders office;
2. (2) Administration corridor facing Facility Administrators office;
3. (3) Intake hallway facing towards the nurse's station;
4. (4) Intake hallway facing towards administration doors;
5. (5) Towards door to control hallway;

6. (6) In front of control room facing towards the exit doors;
7. (7) In front of control room facing towards exit doors;
8. (8) Main hallway facing towards G and H dorm as well as E wing doors;
9. (9) Main hallway facing towards F and D wing doors;
10. (10) In soft control facing towards break room;
11. (11) In soft control facing towards the door leading to covered recreation and soft control computer station;
12. (12) In dog run corridor by soft control facing towards the exit door;
13. (13) In dog run corridor at soft control facing towards soft control entrance;
14. (14) In E wing facing towards shower and emergency exit;
15. (15) In E wing facing towards primary exit;
16. (16) In D wing facing towards primary exit.

**DVR 2/Camera #/Location:**

1. (17) In D wing facing showers and emergency exit;
2. (18) Intake lobby vestibule;
3. Not Available ;
4. (20) In nurse's station facing the entrance;
5. (21) In F wing facing the primary exit door;
6. (22) In F wing facing showers and emergency exit door;
7. (23) In G dorm facing the primary exit;
8. (24) In G dorm facing the shower and emergency exit;
9. (25) In H dorm facing towards shower and emergency exit;
10. (26) In H dorm facing towards primary exit;
11. (27) Classroom 3 facing towards exit;
12. (28) Classroom 3 facing towards offices;
13. (29) Classroom 2 facing towards offices;
14. (30) Classroom 2 facing towards exit;
15. (31) Classroom 1 facing towards exit;
16. (32) Classroom 1 facing towards offices.

**DVR 3/Camera #/Location:**

1. (33) In covered recreation facing the gate towards outside recreation;
2. (34) In covered recreation facing towards the door leading to soft control;
3. (35) Outside recreation facing towards the right side of the rec yard;
4. (36) Outside recreation facing towards the left side of the rec yard;
5. (37) Facing main entrance gate to facility;
6. (38) In the rec yard walkway facing the outside emergency exit doors for G and H dorm;
7. (39) In dog run facing the brick garage;
8. (40) In dog run facing entrance to soft control;
9. (41) Outside gate facing towards detention entrance.;
10. (42) In sally port, adjustable camera;
11. (43) Outside of sally port by the entrance on pedestal;
12. (44) In the property room facing the safe;
13. (45) Detention control room;
14. (78) In laundry room;
15. Not Available;
16. Not Available;

**DVR 4/Camera #/Location:**

1. (46) In no man's land facing residential exterior wall and outside C wing emergency exit door;
2. (47) In no man's land facing towards dog run gate and chow hall door;
3. (48) In dog run facing residential outside dog run;
4. (49) In dog run facing garage and kitchen staff parking;

5. (50) In dog run facing chow hall entrance door;
6. (51) In C wing facing towards primary entrance;
7. (52) In C wing facing towards back of the wing by emergency exit;
8. (53) In west corridor outside of C wing;
9. (54) East corridor outside of A wing door facing the floor door;
10. (55) In the back of B wing facing the primary exit door;
11. (56) In the front of B wing facing entrance;
12. (57) In the back of A wing;
13. (59) Inside security at residential;
14. (58) In front of A wing entrance;
15. (60) Residential corridor in between floor and control room doors;
16. (61) In the back of residential MPR room;

**DVR 5/Camera #/Location:**

1. (62) In the MPR facing the entrance by the control room;
2. (63) In chow hall facing kitchen door and door leading to JPO offices;
3. (64) In the chow hall facing towards entrance to dog run;
4. (65) Residential classroom facing teacher's desk;
5. (66) Residential classroom facing the door;
6. (67) Outside of residential classroom facing towards corridor;
7. (68) In main office facing receptionist desk;
8. (69) Outside of chow hall facing towards the dog run;
9. (70) Residential control room;
10. (71) Outside of residential main entrance door;
11. (72) In residential facing hallways entrance for JPO;
12. (73) Administration front lobby;
13. (74) Residential kitchen cooking and serving area;
14. (75) Residential dishwashing area in kitchen;
15. (76) Residential kitchen facing towards outside exit door;
16. (77) Residential inside dog run.

**Medical**

**Type of Medical Facility:**

N/A

**Forensic sexual assault medical exams are conducted at:**

Texas Children's Hospital or UTMB Galveston

**Other**

**Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:**

57

**Number of investigators the agency currently employs to investigate allegations of sexual abuse:**

6

# 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, 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.*

Pre-audit conversation began with the Facility Administrator/PREA Compliance Manager (PCM) in early 2019. The auditor provided the PCM with a "Notice of Scheduled PREA Audit" flyer six weeks prior to the on-site audit date along with posting instructions. The flyer was provided in both English and Spanish versions. The facility provided the auditor photographs of the flyers posted in each resident living unit, program area, classroom, staff break room and public lobby.

Approximately 30 days prior to the on-site visit, the auditor held a conference call with the Facility Administrator and the PREA compliance team members to discuss preparation of the pre-audit questionnaire and the format for providing compliance documentation for each standard. It was agreed upon that the facility would provide the requested documentation by copying it to a thumb drive and then mailing the drive to the auditor no later than three weeks prior to the on-site visit.

The auditor received the thumb drive within the agreed-upon timeframe and began to review the provided information prior to the on-site visit.

Three days prior to the on-site visit, the auditor requested and received a list of selected residents and staff, along with a full list of employees, contract workers, volunteers, and an alpha roster of residents sorted by living unit.

Two days prior to the on-site visit, the auditor sent the Facility Administrator an audit schedule and itinerary. The on-site portion of the audit was scheduled for three days.

Upon arrival, the auditor met with several members of the facility leadership team including the Chief Probation Officer, Facility Administrator/PCM, Detention Supervisor, Health Services Administrator, and PREA team members to discuss the audit plan and answer questions. The auditor was then escorted on a tour of the facility. During the tour, the auditor spoke to several staff and residents and about the purpose of the visit and the process. All of those who were asked were aware of what PREA is and knew of the pending PREA audit.

The auditor was at the facility for 22 hours over two days conducting random and targeted interviews with both staff and residents, and compiling documentation during file reviews. The auditor selected names at random from the lists that he had requested to ensure that there was no pre-selection of interviewees.

At the conclusion of the on-site visit, the auditor met again with members of the facility administration to discuss findings. The auditor prepared, and went over, a list of some the things that he felt the facility was doing well, and what areas may need improvement to satisfy the audit standards.

## 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 facility was built in 1991. There are both pre and post adjudication youth housed in the facility and both male and female offenders. The youth held in detention are held for a much shorter duration than those held in the residential program. The facility holds court for detention hearings on Monday, Wednesday, and Friday.

There are eight living units

- A Wing is 8-cell residential program
- B Wing is for female residential program (only two housed at the time of the on-site visit)
- C Wing is female detention program
- H Dorm is an 8-person dorm for the detention program
- G Dorm is also an 8-person dorm (not in use at the time of the on-site visit)
- E Wing has 12 single cells for male residents
- F Wing has 12 single cells for male residents
- D Wing has 12 single cells for male residents

There are two examination rooms in the medical clinic. Intake showers and strip searches are completed in the clinic area.

Lunch is served in the classrooms and breakfast and dinner is served in the dining room.

PREA signage is posted prominently throughout the facility. There are a variety of different posters; each contains hotline numbers for reporting sex abuse or sexual harassment. There are at least two cameras with opposing views in each living unit. All areas of the living units are well-lit, clean, and well-maintained. There are three classrooms, each with a camera. There is also a security staff person assigned to be in the classrooms when class is in session.

The cameras all live-feed into the main control room where they are monitored by a staff person 24/7. None of the cameras are placed in a way that would allow a youth to be seen using the restroom or showering. There are no cameras in the individual cells.

The laundry room has a camera installed and no youth are allowed to be inside. Youth do not have any jobs in the facility, which means that only staff work in the food service and laundry areas. There is a camera in the property room, also staff only.

Overall, it is evident that PREA and youth sexual safety is a top priority for the administration. This attitude flows down through all levels of staff and to the youth housed in the facility. Staff and residents alike are very well informed about PREA. It is clear that staff take preventing and detecting inappropriate sexual behavior very seriously. The Facility Administrator/PCM is tireless in his efforts to make PREA a priority. This is evidenced by the fact that the youth housed in the facility are more knowledgeable about PREA than many staff in other facilities. Staff and youth both possess above average PREA IQ!

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

**Number of Standards Exceeded:** 18

Number of Standards Met: 23

Number of Standards Not Met: 0

### Summary of Corrective Action (if any)

No Corrective action required!

## 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 facility has a comprehensive written policy that mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policy fully outlines the facility's approach to preventing, detecting, and responding to sex abuse and sexual harassment.

The Facility Administrator has been designated as the PREA coordinator and reports directly to the facility Chief. This position is an upper-level employee who has sufficient time and authority to oversee and manage all aspects of the facility's PREA compliance efforts. At the time of the on-site visit, the facility was in the process of reassigning the PREA coordinator duties to the Security/Detention Manager, who will begin his duties at the conclusion of the PREA audit.

Facility administration has done an outstanding job of ensuring that all staff and residents are aware of the zero-tolerance stance toward sex abuse and sexual harassment.

From the policy titled, **Policy, Procedure and Practice 1.36**

*The Brazoria County Juvenile Justice Department maintains and strictly enforces a zero tolerance policy of sexual abuse and sexual harassment as defined by Texas Administrative Code Chapter 358. The policy and procedure manual shall also include prohibitions of abuse, neglect and exploitation as defined in the Texas Family Code sections 261.001 and 261.401. The manual shall also include prohibitions of the abuse of juveniles, including physical and emotional abuse. The facility administrator shall act as PREA (Prison Rape Elimination Act) coordinator and the detention supervisor shall act as managers for detention and residential facilities. All allegations against staff shall be thoroughly investigated. Any employee shall be placed on leave with pay while the investigation is being conducted. All contract, intern or volunteers shall not be allowed on the facility until the conclusion of the investigation and if found to have been involved in the allegations, they shall be subjected to disciplinary action up to termination and referral for criminal prosecution.*

From the policy titled, **Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities 4.3**

**Policy:**

*It shall be the policy of the Brazoria County Juvenile Justice Department to maintain a zero tolerance for any incidents of sexual harassment, abuse, neglect, or exploitation. Brazoria County Juvenile Justice Department supports that it is the duty of every employee, volunteer, intern, contract, or service provider to cooperate fully with any investigations. The facility administrator shall act as PREA (Prison Rape Elimination Act) coordinator and the detention supervisor shall act as manager for both facilities. The department shall follow all the requirements of the Texas Juvenile Justice Department (TJJD) when investigating reported allegations and incidents.*

## 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 OR the response to 115.312(a)-1 is "NO".)  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 facility contracts for housing of some of its residents in other facilities, both in and out of state. The auditor was provided with contracts with 16 separate facilities. Each of the contracts contains a provision requiring the contracted facility to comply with PREA standards. The PREA Coordinator relayed that at the time of the auditor's visit, the facility was currently only utilizing only eight of the contracts for housing. It was reported that all eight of those facilities have passed their PREA audit. The auditor randomly selected some of the facilities and verified that their audit reports were posted to their websites. The facility Contract Administrator reported that she monitors the contracted facilities' compliance with PREA; she reported that she has regular contact with facility staff via phone and email, she reviews documents for each facility, and she completes an annual onsite inspection for PREA compliance. All of the facilities either had their PREA audit completed or were preparing for their audit.

#### From the policy titled, Authority to **Operate Secure Juvenile Facility 1.3**

*The Brazoria County Juvenile Justice Department has been given the authority to operate a pre-adjudication and a post-adjudication correctional facility by the Brazoria County Juvenile Board. The board members are elected county court-at-law judges, district judges and the county judge in Brazoria County.*

*The Brazoria County Juvenile Board approves the operations of the Brazoria County Juvenile Justice Department annually.*

*The Brazoria County Juvenile Justice Department contracts for the confinement of its residents with private agencies and other entities, including other government agencies. As such, any new contract or contract renewals shall adopt and comply with the PREA standards.*

*Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the 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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: 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 only until October 1, 2017.)  
 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 only until October 1, 2017.)  
 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 only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  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

Staffing is covered in policy 2.6 titled:

***Juvenile Supervision; Minimum Facility Supervision; Gender Supervision Requirement; Facility-Wide Ratio; Supervision Ratio- Single-Occupancy Housing Unit; Exceptions to General Levels of Supervision; Primary Control Room; On Premises Supervision Requirements***

The policy reads in part as follows:

*The Brazoria County Juvenile Detention Center shall maintain adequate staff to provide supervision to all juveniles assigned to the facility as mandated by the Texas Juvenile Justice Department. The Brazoria County Juvenile Detention Center ensures that each facility it operates incorporates, implements, and documents a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse, sexual harassment or abuse, neglect and exploitation.*

*The staffing plan was developed utilizing the following considerations:*

- A. Generally accepted juvenile detention and correctional/secure residential practices;*
- B. Any judicial findings of inadequacy;*
- C. Any findings of inadequacy from federal investigative agencies;*
- D. Any findings of inadequacy from internal or external oversight bodies;*
- E. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);*
- F. The composition of the resident population;*
- G. The number and placement of supervisory staff;*
- H. Institution programs occurring on a particular shift;*
- I. Any applicable state or local laws, regulations, or standards;*
- J. The prevalence of substantiated and unsubstantiated incidents of sexual abuse*
- K. Any other relevant factors.*

*Any deviations from the staffing plan will be approved by the facility administrator or their designee.*

Whenever necessary, but no less frequently than once each year, for each facility operated by the Brazoria County Juvenile Justice Department, the Prison Rape Elimination Act (PREA) Coordinator shall assess, determine, and document whether adjustments are needed to:

- A. The staffing plan;
- B. Prevailing staffing patterns;
- C. The facility's deployment of video monitoring systems and other monitoring technologies; and
- D. The resources the facility has available to commit to ensure adherence to the staffing plan.

The detention supervisor/facility administrator/assistant chief/chief will make unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These rounds are conducted for night shifts as well as day shifts. Staff is prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions.

**Procedure:**

Juvenile supervision officers may only provide supervision for juveniles if they:

- A. Are currently certified as a juvenile supervision officer;
- B. If non-certified, have been employed by the facility less than one hundred eighty (180) calendar days and
  - 1. Have passed the competency evaluation exam;
  - 2. Have completed a minimum forty (40) hours of training, including CPR, first aid and medical health services, Handle With Care, suicide prevention and facility plan, and recognizing and reporting Abuse, Neglect and Exploitation.

The supervision ratio of the juvenile supervision officer to juvenile ratio will not be less than:

- A. One (1) juvenile supervision officer to every twelve (12) juveniles during program hours;
- B. One (1) juvenile supervision officer to every twenty-four (24) juveniles during non-program hours.

The facility wide juvenile supervision officer to juvenile ratio will not be less than:

- A. One (1) juvenile supervision officer to every eight (8) juveniles during program hours;
- B. One (1) juvenile supervision officer to every eighteen (18) juveniles during non-program hours.

The control room operator will not count towards the supervision or facility wide ratio at any time. A minimum of two (2) juvenile supervision officers will be assigned to the facility if there is only one (1) juvenile, and at least one (1) of these officers must be of the same gender as the juvenile and be certified.

Juveniles will be monitored at all times by same gender staff only. In the event a staff member enters a housing area of the opposite gender they shall announce their floor presence at that time heightening the awareness of the juveniles being monitored.

The staffing plan was developed several years ago by the Facility Administrator and the Security Chief. The initial staffing plan took into account the 11 items required by this standard in its development and is reviewed annually. In interviews with the shift supervisors, it was learned that there are several ways to ensure there is enough staff. This can include: collapsing certain posts, holding staff over to work on the next shift, calling staff in early, utilizing dually-certified juvenile probation officers and administrative staff to cover shift assignments, and closing certain posts that are not directly related to resident supervision. During the current period under review, there were no deviations from the staffing plan.

The staffing ratios outlined by policy 6.2 do not conform to the staffing ratio required by this standard of 1:8 during waking hours and 1:16 during sleeping hours. However, because of the reduced population currently being housed in the facility, the ratio required by this standard are being met.

Documentation from the most recent staffing plan review (7/18) shows that staffing during sleeping hours is 1:12, which exceeds the requirement. The facility does not count staff working in control rooms and only counts other staff if they are actively supervising the youth. The facility utilizes a direct observation model of supervision, and the expectation is for the officer to maintain direct line of sight on the youth they are supervising.

Documentation of unannounced rounds is kept on a form titled Unannounced Log and was reviewed by the auditor. The log shows that mid-level supervisors and administrative staff do make regular unannounced rounds to all areas

of the facility on all shifts. Staff interviewed demonstrated a solid understanding of the reasons behind making unannounced rounds and security officers stated that they do not call ahead to warn others that rounds are being made. Supervisors who were interviewed said that they don't take the same route when they make rounds, so there is really no way for the officers to call ahead. The PREA coordinator said that during PREA training, he explains why calling ahead is prohibited and that doing so is a violation of the PREA policy.

## 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 implement policies and procedures 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

Cross-gender pat-down searches are prohibited by policy, except in exigent circumstances. None of the residents who were interviewed reported ever being patted down by a staff of the opposite gender. Strip searches are performed on each youth during admission to the facility. The search is not recorded in any way and is performed by only one staff. Strip searches completed without a second staff are not a good practice and leave both the youth and the officer in a vulnerable position. The auditor recommends an administrative review of this practice. There is a policy which requires staff to document and justify any cross-gender pat-down searches or strip searches; however, there were none completed and therefore none documented. All of the youth residents are allowed to shower alone, and there are no open or clustered toilets.

The majority of youth interviewed reported that staff were very good about making opposite gender announcements when entering living units and shower areas. Most said that male staff rarely enter the female unit for anything more than a short period to give the female staff a bathroom break. Many of the officers interviewed said they very rarely went onto the female units. Opposite gender announcements are not documented.

There have been no transgender residents housed at the facility during this period of review. However, staff who were interviewed all said they would never perform a strip search to determine the sex of a transgender. All reported that there were other means available to make such determinations, such as checking medical records, housing records for those who have been to the facility previously, or calling the parents. Some said they would contact the PREA coordinator if they were not sure.

The staff who were interviewed said they had never conducted a cross-gender search at the facility. Many said that they were not aware of any cross-gender search ever being performed. How to conduct cross-gender pat-down searches is a part of the training that all security staff receive as part of their initial and refresher PREA training. Sign-in sheets and training documentation from the cross-gender search training was provided to the auditor for review.

Policy 1.26 Juvenile Searches, states in part as follows;

*The Brazoria County Juvenile Detention Center conducts random searches on all juveniles and common areas throughout the facility. Searches are conducted to maintain the safety and security of the facility, as well as all staff and juveniles.*



*Certified juvenile supervision officers or juvenile probation officers are authorized to use pat-down and strip searches as necessary for security purposes. Only staff members that are the same gender of the juvenile are allowed to perform these searches. Under exigent circumstances such as fires, riots or major rebellions, cross-gender pat searches may be allowed with permission from the facility administrator or designee.*

*Every effort will be made to balance out the compelling interests of facility safety and reducing the traumatization that could result from security processes. Staff will not touch the juvenile any more than is necessary to conduct a comprehensive search. Every effort will be made to prevent embarrassment or humiliation to the juvenile during any type of search. Every effort will be made to avoid techniques that may resemble fondling, forceful touching, prodding or probing that may cause pain or injury, especially in the area of the resident's breast, genitalia, and buttocks. The department will provide training on how to conduct proper searches in a professional manner and refrain from making inappropriate remarks or comments about the search process, the juvenile being searched, or the resident's body or physical appearance. Staff member's communications during the search shall be limited to the verbal instructions and request necessary to conduct an effective and efficient search and to provide for resident, staff and facility safety. All training will be conducted annually and documented in the employee's personnel file.*

## **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

At the time of the on-site visit, there were no deaf or hard-of-hearing residents housed in the facility. There were no blind or vision-impaired residents. There were no youth with significant mental health issues. There were no youth who did not speak English. There were no youth with significant intellectual disfunction or very low IQ score. However, in this region, the most common non-English language spoken is Spanish. According to the PREA

Coordinator and the shift officers who were interviewed, there is usually at least one staff person on each shift who speaks Spanish. If there are no Spanish-speaking staff on duty at the time, a Spanish-speaking staff member can be called in to translate, if needed. The facility also has made arrangements for translation services with Masterword Services located in Houston, Texas, if needed. They can provide translation, both spoken and written, in almost any language.

According to policy 1.45 titled, Specialized Housing/Housing for Juveniles with Physical Disabilities, there are processes in place to ensure that all juveniles have meaningful access to the facility's PREA efforts. The policy reads in part as follows:

*The department shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard-of-hearing, those who are blind or have poor vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard-of-hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the department shall 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, limited reading skills, or who are blind or have poor vision. (The department is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.)*

*The department shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.*

*The agency shall not rely 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.*

Staff who were interviewed reported that they have used youth residents as interpreters on occasion, but all reported they would never rely on a youth interpreter to relay information about sex abuse or sexual harassment. The auditor observed posters hung throughout the facility which contained information on how to report sex abuse, sexual harassment, or any other type of abuse. The posters were written in both English and Spanish. Youth who may have difficulty understanding the PREA information handed out at the time of admission would be assigned a staff member to assist them. According to the PREA Coordinator, it would be uncommon to have a youth assigned to the facility who was unable to read or write, or one who was severely mentally challenged. There is at least one staff member at the facility who is fluent in sign language.

## **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, or 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)

- Unless prohibited by law, 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

The facility does not hire anyone who may have contact with youth residents who has engaged in sexual abuse in any institution. Applicants who have a conviction for engaging or attempting to engage in any type of illegal activity in the community are ineligible for employment. There is an extensive hiring process, which includes a criminal history records check and a check of the Texas Child Abuse Registry for all staff who have resident contact. This includes employees, contractors, school employees, volunteers, and interns. Applicants are asked directly to report about any previous sexual misconduct, whether it occurred in an institution or in the community. Per policy, material omissions regarding such misconduct shall be grounds for termination of employment. The auditor interviewed Human Resources staff and was told that all applicants who may have youth contact are fingerprinted; the fingerprints are submitted to a subscription service through the Texas Department of Public Safety called, Fingerprint-based Applicant Clearinghouse of Texas (FACT). This service, in addition to providing criminal history, will alert designated facility staff if a department employee is arrested anywhere in the state of Texas. Through a related service called FBI Wrap-Back, notifications are made if the employee is arrested anywhere in the United States for a felony or any Class A or B misdemeanor. Staff have a continuing obligation to report significant law enforcement contact to their supervisor as soon as is practical. Additionally, criminal history checks are completed every two years on all employees, contractors, school employees, volunteers, and interns. Documentation was provided to show that at the time of promotions, employees are asked directly if they have participated in any form

of sexual harassment, sex abuse, or any other abuse to youth; additionally, employees are asked the same questions at their annual evaluation. Promotional applicants are also given a criminal history check prior to promotion. Documentation was provided which shows that HR staff make their best effort to contact all previous institutional employers to determine if the applicant was involved in any substantiated allegations of sexual abuse or sexual harassment, or if he/she resigned while under investigation for allegation of sexual abuse or sexual harassment. Hiring and promotional decisions at this facility are made at the highest administrative level, by staff who have an exceptional knowledge and understanding of the PREA regulations.

From the policy titled, **Contractors**

1. All contractors must be at least 21 years of age;
2. If the contractor will be utilized in a professional capacity such as counseling, licenses and credentials must be supplied to the department. Furthermore, the service provider's license must be in good standing with the state agency;
3. Before allowing any contractor to have contact with juveniles, the department shall also conduct a criminal background check through the Texas Department of Public Safety (DPS) Fingerprint Applicant Services of Texas (FAST) system (NCIC/TCIC/FBI/Sex Offender Background check);
4. The department shall also consult any child abuse registry maintained by the state or locality in which the volunteer or contractor would work; Consistent with federal, state, and local law, the department shall 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 or sexual harassment.
5. The department shall not utilize the services of any contractor who may have contact with juveniles, who:
  - (a) Has engaged in sexual abuse or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
  - (b) 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;
  - (c) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section;
  - (d) The agency shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with juveniles;
  - (e) History of an adjudicated felony offense;
  - (f) Current probation or parole for a class B misdemeanor or higher;
  - (g) Previous actions or reports against the contractor to the Texas Department of Family and Protective Services for reports of abuse, sexual abuse, neglect or exploitation;
  - (h) Negative information derived from background checks;
  - (i) Substance abuse.

From the policy titled, **Evaluations-Personnel**

The evaluator shall then arrange to personally review the evaluation with the employee. The evaluator shall ask all employees who may have contact with juveniles directly about previous misconduct involving sexual harassment, sexual abuse, abuse, neglect and/or exploitation as part of reviews of current employees. The appraisal shall be signed and dated by the employee and the evaluator.

From the policy titled, **PERSONAL CONDUCT AND APPEARANCE/DRESS CODE**

If an employee is involved in an incident, including but not limited to being charged with a Class B or above criminal offense, sexual harassment, sexual abuse, abuse, neglect or exploitation, on or off duty that may have an adverse effect on the department, he/she shall immediately report the incident to the chief juvenile probation officer. An employee charged with a Class B or above criminal offense shall be grounds for termination.

Material omissions regarding such misconduct as sexual harassment, sexual abuse, abuse, neglect or exploitation, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, the department shall 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. No such information will be released without the approval of the chief juvenile probation officer and the Brazoria County human resources director

From the policy titled, **QUALIFICATIONS FOR EMPLOYMENT – JSO & JPO & ALL OTHER STAFF**

6. Prior to employment, the department shall conduct a criminal background check through the Texas Department of Public Safety (DPS) Fingerprint Applicant Services of Texas (FAST) system (NCIC/TCIC/FBI/Sex Offender Background check);
7. The department shall also consult any child abuse registry maintained by the state or locality in which the employee would work;
8. Consistent with federal, state, and local law, the department shall 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;
9. The department shall obtain a copy of the DD – 214, for each tour of duty, for applicants with prior military experience. In the event that the DD – 214 reflects anything other than an honorable discharge, the applicant shall not be considered for employment;
10. The department shall not hire or promote anyone who may have contact with juveniles, who:
  - (j) 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);
  - (k) 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;
  - (l) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section.
  - (m) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with juveniles;
  - (n) Has a history of an adjudicated felony offense;
  - (o) Current probation or parole for a class B misdemeanor or higher;
  - (p) Previous actions or reports against the volunteer to the Texas Department of Family and Protective Services for reports of abuse, sexual abuse, neglect or exploitation;
  - (q) The department received negative information derived from background checks;
  - (r) Substance abuse;
11. Before hiring a new employee, the department shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraphs (a) thru (c) of this section in written applications or interviews for hiring or promotions and in any interviews

A copy of the criminal history report shall be retained in the folder of all personnel who may have contact with juveniles being provided a service by the Brazoria County Juvenile Justice Department.

From the policy titled, **Volunteers and Interns**

The volunteer's work and personal references will be checked either by phone or via correspondence. For the safety of staff and children, any negative or questionable references will disqualify the volunteer from participation in the program. The department shall also conduct a Texas Criminal History Check (TCIC) and sex offender registration check of all volunteers. A history of an adjudicated felony offense shall disqualify an individual from the program. Other reasons to be disqualified will include:

- A. Current probation or parole for a class B misdemeanor or higher;
- B. Previous actions or reports against the volunteer to the Texas Department of Protective and Regulatory Services for reports of abuse, neglect or exploitation;
- C. Negative information derived from background checks;
- D. Substance abuse.

At no time will a potential volunteer or intern be allowed to have unsupervised contact with a juvenile.

## **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

Since the time of the last PREA audit, the facility has added a number of video cameras. The placement was reviewed to enhance the facility's ability to prevent and investigate allegations of sex abuse or sex harassment. Several of the cameras were placed directly as a result of suggestions made by the previous auditor. The auditor was provided a complete list of surveillance cameras and DVRs, along with a schematic illustrating each camera's placement.

## 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?  Yes  No
- 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 entity 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  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

There have been no substantiated allegations of sexual abuse in the facility during the current period of review. The facility does not conduct criminal investigations of sexual abuse; criminal allegations are investigated by the Brazoria County Sheriff's Department. Several staff, including the PREA Coordinator and the Security Chief, have been trained as PREA investigators. Facility investigators initiate an investigation for every allegation received, and are fully capable and trained to handle non-criminal cases. Once it becomes clear the allegation is criminal in nature, the PREA Coordinator contacts an investigator from the Sheriff's office for follow-up. All non-criminal allegations are investigated inhouse by trained PREA investigators. Both the Sheriff's office and the juvenile facility follow a uniform evidence protocol that is developmentally appropriate for youth, as outlined in the facility's **Investigation and Procedures Policy**. This includes the First Responders PREA Checklist, mental health assessment forms, nurse assessment forms, **Health Services Plan/Policy 1.20, Serious Incidents; Medical Documentation for Serious Incidents; Serious Physical, Sexual Abuse and Sexual Harassment; Internal Investigation policy 4.7**, and a memorandum of understanding (MOU). The facility has an MOU with the Brazoria County Alliance for Children (BCAC). BCAC, according to the MOU, uses a multi-disciplinary team approach for responding to a youth who has been sexually abused. The multi-disciplinary team includes law enforcement, child protective services, the county attorney, medical and mental health staff, and a victim advocate. The victim advocate would be provided to accompany and support the victim of sex abuse during the investigatory process, and during any needed forensic examination; they are also available to provide emotional support and follow-up services to youth in the facility and upon release from custody. All examinations would be provided at no charge to the youth victim. The facility would transport a victim needing a forensic exam to either the Texas Children's Hospital or the Herman Memorial Hospital in Houston. There are SAFE/SANE nurses available at both facilities who have the required specialized training to deal with youth victims of sex abuse.

The facility has a close working relationship with the Brazoria County Sheriff's investigators. Reportedly, the BCSO understands and complies with sections (a) through (f) of this standard. Although the BCAC is not a qualified rape crisis center as defined by 42 U.S.C.14043g, and there is no documentation to show the facility attempted to secure services from a qualified rape crisis center, the facility still earns a rating of exceeds standard. However, it is recommended that the facility document its attempts to secure services from a qualified rape crisis center as soon as possible.

## 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 such publication 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*)

### Instructions for Overall Compliance Determination Narrative

The facility has a policy and practice requiring that all allegations of sex abuse or sexual harassment be thoroughly investigated. The facility has four staff who have been trained to serve as PREA investigators. These staff are

responsible to investigate any allegations of sexual misconduct or sexual harassment that are not criminal in nature. Once an investigation has commenced and appears to have a criminal element, staff investigators will defer the process to investigators from the Brazoria County Sheriff's department. Facility staff have developed a very good working relationship with BCSO investigators. The facility has posted information about the investigatory process on its website where it is available to the public at: <https://brazoriacountytx.gov/departments/juvenile-probation/additional-information>

The facility policy, **Investigations and Procedures 4.4** outlines the procedures for conducting PREA investigations. In addition, the policy titled, **Serious Incidents; Medical Documentation for Serious Incidents; Serious Physical, Sexual Abuse and Sexual Harassment; Internal Investigation 4.7**, contains relevant information.

Facility policies pertaining to PREA are very comprehensive, and staff who have contact with the youth have an advanced understanding of PREA. Staff who were interviewed were very aware that all allegations of inappropriate sexual behavior would be taken seriously and thoroughly investigated.

## 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

All staff who work at the facility and have contact with the youth are required to complete PREA training before becoming certified as a supervision officer or probation officer. The training is outlined in the policy titled; **Training and Continuing Education**.

Per the policy, the training consists of the following:

- *The department's zero tolerance policy for sexual abuse and sexual harassment;*
- *How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detention, reporting, and response policies and procedures;*
- *Residents' right to be free from sexual abuse and sexual harassment;*
- *The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
- *The dynamics of sexual abuse and sexual harassment in juvenile facilities;*
- *The common reactions of juvenile victims of sexual abuse and sexual harassment;*
- *How to detect and respond to signs of threatened and actual sexual abuse/sexual harassment and how to distinguish between consensual sexual contact and sexual abuse between juveniles;*
- *How to avoid inappropriate relationships with juveniles;*
- *How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming juveniles;*
- *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities*
- *Relevant laws regarding the applicable age of consent*

The policy titled **Certification Training and Continuing Education** contains the following requirements:

*In addition to the previous training requirements, all juvenile supervision officers must meet the PREA standards for training and education, which include the following:*

- *The department's zero tolerance policy for sexual abuse and sexual harassment;*
- *How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detention, reporting, and response to policies and procedures;*
- *Residents' right to be free from sexual abuse and sexual harassment;*
- *The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
- *The dynamics of sexual abuse and sexual harassment in juvenile facilities;*
- *The common reactions of juvenile victims of sexual abuse and sexual harassment;*
- *How to detect and respond to signs of threatened and actual sexual abuse and sexual harassment and how to distinguish between consensual sexual contact and sexual abuse between juveniles;*
- *How to avoid inappropriate relationships with juveniles;*
- *How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming juveniles;*
- *How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities;*
- *Relevant laws regarding the applicable age of consent.*

*Such training shall be tailored to the unique needs and attributes of the juvenile population and to the gender of the juveniles at the department. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.*

*All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the department shall 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. In years in which an employee does not receive refresher training, the department shall provide refresher information on current sexual abuse and sexual harassment policies.*

The auditor reviewed the training syllabus and PowerPoint slides and found that the information mirrors, almost verbatim, the wording from the PREA standards. Because the facility houses both male and female youth, the training is written and delivered for working with offenders of both sexes. There were no staff who had been at the facility for more than a year who had not received PREA training. The auditor reviewed a number of training folders and found the names and signatures for each of the randomly selected staff, indicating that they had received and understood the training material.

In February of 2018, staff participated in a one-hour PREA refresher E-Learning seminar put on by the Texas Juvenile Justice Department (TJJD).

All staff who have youth contact receive the full PREA training class annually. This class is given by the facility PREA Compliance Manager (PCM) and the same class as the initial PREA training. It is more in-depth than a one-hour refresher class.

Staff who were interviewed were very knowledgeable about PREA and the actions to be taken when an allegation of sex abuse or sexual harassment is made. Several staff reported that the PCM often quizzes them about PREA response when he is making rounds in the facility. Youth residents who were interviewed also were very aware of PREA and what it means.

Facility staff overall have an advanced knowledge of PREA and the importance of sexual safety inside the facility. This culture emanates from the top leadership staff and has permeated downward to all. The culture is further advanced by way of the numerous PREA signs and posters mounted throughout the facility.

## 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 facility provides PREA orientation training to all contractors, volunteers, and interns who have youth contact. The training explains the facility's zero tolerance policy regarding sex abuse or sexual harassment and goes over the youth's right to be free from any kind of abuse, sexual abuse, and/or sexual harassment. The training covers what their responsibilities are and what type of situations and activities should be avoided. It also covers who they are to report to if they become aware of any abusive situations. Contractors, volunteers, and interns all receive PREA training annually.

The auditor was provided documentation and signature sheets to show that participants received and understood the PREA orientation training. In addition, the auditor was able to contact a randomly-selected volunteer from the list and conduct an interview with them over the phone to confirm their understanding of the PREA training. The

volunteer reported that they attended a three-hour orientation class and was also give a Volunteer Program Manual at the end of the training to take with her. Much of the information from the training was also contained in the manual.

According to staff who were interviewed, contactors and volunteers rarely, if ever, are allowed to have unsupervised youth contact.

From the policy titled **Contractors**:

*The training and personnel coordinator shall ensure that all contractors who have contact with juveniles have been trained on the following:*

1. *Introduction to juvenile justice;*
2. *Abuse, Neglect, and Exploitation: Prevention, Identification, and Reporting and the department's zero tolerance policy regarding the above issues;*
3. *Safety and security issues;*
4. *Juvenile rights.*
5. *Prison Rape Elimination Act: Purpose and Goals*

*The training and personnel coordinator shall maintain documentation confirming that contractors understand the training they have received.*

### **REPORTING ABUSE, NEGLECT OR EXPLOITATION**

*Contractors are trained to recognize and report any allegations of sexual harassment, sexual abuse, abuse, neglect or exploitation as set forth in the Brazoria County Juvenile Justice Department's Abuse, Neglect or Exploitation Policies. The guidelines regarding investigations regarding these types of allegations is located in the Brazoria County Juvenile Justice Department Policy and Procedure on Identifying, Reporting and Investigating Sexual Harassment, Sexual Abuse, Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities. Based on the findings of the investigation, any contractor who engages in sexual abuse or sexual harassment shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. In the event the finding is substantiated, the contractor will no longer be allowed to return to the department. In the event the finding is unsubstantiated or inconclusive, the department shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of department sexual abuse or sexual harassment policies by a contractor. Remedial measures include retraining and their actions and activities are to be closely monitored for 90 days and any other action deemed appropriate by the chief juvenile probation officer or designee.*

## **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 such education?  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 auditor spoke with several staff who serve as orientation/intake offices. According to them, all youth who are admitted to the facility are provided with PREA orientation material at the time of admission.

According to the policy titled, **Intake and Admission; Orientation 2.5**,

- *Abuse/Neglect and Exploitation and Prison Rape Elimination Act information packet;*
- *Abuse/Neglect and Exploitation and sexual abuse/assault or sexual harassment reporting procedures;*
- *Confidentiality and no reprisals in participating or utilizing the procedures for grievance, disciplinary appeals or Abuse/Neglect and Exploitation reporting mechanisms;*
- *Residents with disabilities and residents who are limited English proficient.*

- A.** *The shift leader will take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard-of-hearing, those who are blind or have poor vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Including, when necessary to, ensure effective communication with juveniles who are deaf or hard-of-hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the department will 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, limited reading skills, or who are blind or have poor vision;*
- B.** *The shift leader shall take reasonable steps to ensure meaningful access to all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary no later than forty-eight (48) hours after admission;*
- C.** *The department will utilize staff interpreters when necessary. The department shall not rely 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, or the investigation of the resident's allegations.*

*During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment;*

- 1. Within three (3) days of intake, the department shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Documentation shall be kept of the juvenile's participation in this education. This documentation will be kept in the detention supervisor's office.*

According to the youth who were interviewed, they were given PREA information almost immediately upon arrival. The majority of them said it was given within the first couple of hours. Materials included receiving a pamphlet that contained information about how to report sex abuse and sexual harassment, and the facility rules and regulations

covering sexual activity and sexual safety. The brochures contained several ways to report and information about retaliation for reporting. Every youth whom the auditor asked was able to name at least three different ways to make a PREA report.; the most common was to tell staff, call the ANE hotline, or complete a grievance form. The youth watch a portion of a PREA video during intake and also speak directly with staff about sexual safety. Usually, within the next few days, newly-admitted youth are gathered to watch additional PREA videos, and to have questions answered by the PCM. Youth sign for and are give a copy of the Orientation Rules and Regulations

From the policy Titled, **Orientation 3.14**

1. *Within three (3) days of intake, the department shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Documentation shall be kept of the juvenile's participation in this education. This documentation will be kept in the detention supervisor's office.*

**A.** *Information about the Prison Rape Elimination Act of 2003, including:*

1. *During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment and documentation placed in resident's file;*
2. *During the intake interview, the probation officer or program administrator or designee shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such*

*Incidents, and regarding department policies and procedures for responding to such incidents and documentation placed in resident's file;*

3. *The probation officer or program administrator or designee provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills;*
4. *The probation officer or program administrator or designee maintains documentation of resident participation in these education sessions;*
5. *In addition to providing such education, the program administrator or designee shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.*

**B.** *Information regarding abuse, neglect and exploitation;*

**C.** *Information explaining that all allegations in lines 3, 5 and 6 of this policy are strictly confidential and that there will not be subjection to any reprisals for participating in these procedures included.*

PREA pamphlets are available in both English and Spanish. If needed, they can be translated into almost any other language through the facility's translation service. The PREA videos are available in both English and Spanish. All of the televisions used for playing the PREA videos have closed captioning that can be turned on should there be a deaf youth. If a youth is admitted who does not read, or who has low comprehension skills, a staff member will be assigned to read them the PREA material. Documentation was provided to the auditor that shows youth signatures stating that they received, understood, and had opportunity to ask questions about the PREA material. In addition, the PREA videos are shown regularly each month on facility televisions for all youth. The auditor observed multiple PREA signs and posters hung in all areas of the facility. The posters contained information about how to report sex abuse or sexual harassment, and the various ways to report, such as calling one of the posted phone numbers, or talking to a trusted staff member.

## **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 facility has designated certain staff at the facility to be PREA investigators. Each of the staff selected has completed a three-day specialized training program related to conducting PREA investigations inside a secure juvenile facility. In addition, they also completed the on-line training through the National Institute of Corrections (NIC) titled, *Investigating Sexual Abuse in Confinement Settings*. Documentation was provided that shows that the training included segments on the use of Garrity and Miranda, collection of evidence in a correctional setting, and the criteria and evidence required to substantiate a case of sexual misconduct. The auditor interviewed three staff who had completed the training required. All three were very familiar with the investigatory process and were well-schooled in the interview process. Although facility investigators do not conduct criminal investigations, they are knowledgeable about what actions to take, and what evidence is required to make administrative PREA cases. They also know when an investigation needs to be turned over to the BCSO. During this period of review, there was only one allegation of sexual abuse made, and that turned out to be unfounded.

From the policy titled, **Investigations and Procedures 4.4**;

*It shall be the policy of the Brazoria County Juvenile Justice Department to maintain a zero tolerance for any incidents of sexual harassment, abuse, neglect, or exploitation. Brazoria County Juvenile Justice Department supports that it is the duty of every employee, volunteer, intern, contract or service provider to cooperate fully with any investigations. The facility administrator shall act as PREA (Prison Rape Elimination Act) coordinator and detention supervisor act as a manager.*

*The chief juvenile probation officer or designee will appoint an investigator who, in addition to the general training provided to all employees has received training in conducting such investigations in confinement settings.*

- A. *Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of 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.*
- B. *The training and personnel coordinator shall maintain documentation that department investigators have completed the required specialized training in conducting sexual abuse investigations. Meeting these criteria to conduct investigations in cases where sexual abuse, sexual harassment, abuse, neglect, exploitation or death has occurred or is alleged to have occurred. The investigation shall be conducted within the guidelines set forth by department mandate, applicable policies and procedures and the rules set out by the Texas Juvenile Justice Department.*

## 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?  Yes  No
- 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?  Yes  No

- 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?  Yes  No
- 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?  Yes  No

#### 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.)  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?  Yes  No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  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

All medical and mental health staff are required to attend the facility PREA training classes, both the initial training given as part of employee/contractor orientation, and the annual PREA training class. In addition, medical staff have completed the three-hour on-line training class from NIC titled, *Medical Health Care for Sexual Assault Victims in a Confinement Setting*. Mental Health staff completed the three-hour NIC class titled, *Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*. The training class does cover how to detect and assess signs of sexual abuse and sexual harassment, how to preserve evidence, and how to respond to youth who are the victims of sex abuse and sexual harassment. The facility training class covers how and to whom to report allegations or suspicions of sex abuse or sexual harassment. Facility staff do not do any forensic medical examinations or rape kits. Those services are provided off-site in the community. The auditor interviewed several medical and mental health staff. All were very knowledgeable about PREA and were familiar with what their responsibilities are in responding to allegations of sex abuse and sexual harassment. The facility has not had any cases that would require sending the victim off site for treatment due to a sexual assault.

From the policy titled, **Health Services Plan 1.20**

*The chief juvenile probation officer and the facility administrator or designee shall designate a health service authority that will be responsible for health care decisions within the facility. The health service authority shall be a physician, registered nurse, or physician assistant, and shall receive special training in health care and be familiar with local health care providers and facilities. Medical and mental health care practitioners shall be trained in:*

1. *How to detect and assess signs of sexual abuse and sexual harassment;*
2. *How to preserve physical evidence of sexual abuse;*
3. *How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment;*
4. *How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.*

## **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: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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

From the policy titled **Intake and Admission; Orientation 2.5.**



2. Orientation shall be given to each newly admitted juvenile immediately upon intake and signed on the front of the Admission Form. An orientation packet is given to each juvenile taken into custody, that includes:

- Brazoria County Juvenile Detention Center orientation rules and regulations;
- Grievance policy and procedures;
- Disciplinary procedures and consequences;
- Access to medical and mental health services;
- Abuse/Neglect and Exploitation and Prison Rape Elimination Act information packet;
- Abuse/Neglect and Exploitation and sexual abuse/assault or sexual harassment reporting procedures;
- Confidentiality and no reprisals in participating or utilizing the procedures for grievance, disciplinary appeals or Abuse/Neglect and Exploitation reporting mechanisms;
- Residents with disabilities and residents who are limited English proficient.

- A. The shift leader will take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard-of-hearing, those who are blind or have poor vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Including, when necessary to, ensure effective communication with juveniles who are deaf or hard-of-hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the department will 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, limited reading skills, or who are blind or have poor vision;
- B. The shift leader shall take reasonable steps to ensure meaningful access to all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary no later than forty-eight (48) hours after admission;
- C. The department will utilize staff interpreters when necessary. The department shall not rely 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, or the investigation of the resident's allegations.

3. During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment;

**From the policy titled, Behavior Screening; Classification Plan; Pre-assignment Screening Process; Multiple Occupancy Housing (M.O.H.U); Administrative Approval for M.O.H.U.; Classification Plan for M.O.H.U., Eligibility Criteria for M.O.H.U. 2.2**

*It is the policy of the Brazoria County Juvenile Justice Department that all juveniles be reviewed for the purpose of classification on both a routine basis and as required by a juvenile's needs and circumstances, to ensure that the juvenile receives appropriate and adequate supervision and housing. All classification decisions shall be made on the basis of the juvenile's total record. No juvenile shall be excluded access to programs or services on the basis of race, sex, national origin, sexual orientation, disability and/or religion. No juvenile shall be denied free time, education or other programs or opportunities because of health status unless such denial is required for medical or mental health reasons, as determined by a physician or mental health provider. If it is learned that a juvenile is subject to a substantial risk of imminent sexual abuse or sexual harassment, immediate action shall be taken to protect the juvenile by moving to a different housing or placing the juvenile in segregation till conclusion of investigation.*

*Juvenile classification is a process which systematically groups juveniles according to:*

- Age;
- Sex and sexual orientation;
- Physical size and stature;
- Nature of offense;
- Relations to any other juvenile offenders or staff;
- Gang Affiliation;
- Current state of mind and behaviors;
- Any prior security risks;
- Potential vulnerabilities to include prior victimization or abuse;
- Intellectual or developmental disabilities;
- Tendencies of acting out with sexually aggressive or assaultive behavior;
- Any other pertinent information or considerations.

Facility staff make an exceptional effort of risk screening each youth, both upon admission, and periodically during their stay. Each youth is assessed using several different screening tools to measure their risk of victimization and/or their risk of being an abuser. All of the JSO's are trained in the admission process which includes how to score and record risk factors gleaned from the assessments. Screening for risk of sexual victimization and abusiveness occurs immediately upon admission and is done using more than one objective screening method including the Vulnerability Assessment Instrument which scores the individual's risk, taking into account their experience in an institutional setting, their social skill set, their own perception of their risk of being abused by other youth, their history of victimization, and their offense/criminal history, age, and intellectual impairment. This is done through a review of the offender's file and other available data. In addition, there is a screening for what is termed as institutional fit. This portion takes into account the youth's physical build, appearance, whether they wear glasses, or whether there is a pronounced disfigurement or physical disability. The assessment takes into account the offender's physical presentation and behaviors such as effeminate behavior, aggression, speech, having a lack of experience in a correctional setting, and gang affiliation.

There is a separate screening tool called the PREA/Behavioral Screening/Unit Classification Form. This screening takes into account if the offenders appear to be gender non-conforming, if they were a disciplinary problem during intake, prior history of assaultive behavior or sexual misconduct during previous incarcerations, disabilities or special needs, their own perception of vulnerability, physical size, current state of mind, and their level of emotional/cognitive development. Each question has a score which is added up to gauge the offender's level of risk and sexual safety.

Once that is completed, the offender is given a Behavioral Health Screening form which asks many of the same questions, only it is structured in a different form. Each offender is also administered the Massachusetts Youth Screening Instrument (MAYSI). This assessment also asks questions about the offender's sexual history, and history of aggression/violence. The assessment forms are reviewed by the shift supervisor and then go to the Facility Administrator/PCM for further action.

All youth information gathered is contained in a paper file or on the facility computer system. Only those with proper authorization are allowed access to the information.

From the policy titled, **Specialized Housing/ Housing for Juveniles with Physical Disabilities 1.45**

*The department shall use all available information obtained pursuant to § 115.341 and subsequently used to make housing, bed, program, education, and community service work for residents with the goal of keeping all residents safe and free from sexual abuse.*

*Residents may be 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. During any period of isolation, the department shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.*

*Lesbian, gay, bisexual, transgender or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification*

*or status, nor shall the department consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.*

*In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the department shall consider on a case-by-case basis whether a housing assignment would ensure the resident's health and safety, and whether the housing assignment would present management or security problems.*

*Housing and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.*

*A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.*

*When the department learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.*

*Residents may be 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*

## **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?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No

- Do residents in isolation receive daily visits from a medical or mental health care clinician?  
 Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  
 Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual 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 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 paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)  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?  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

All of the information received as part of the intake risk assessments are forwarded to the shift supervisor and the PCM. The shift supervisor makes the initial housing assignment. All youth are assigned to single-cell housing for the first 72 hours. After that, the PCM will review the resident for multi-occupancy housing by reviewing the risk assessments, and after giving each resident comprehensive PREA education. If the individual is approved for dorm housing, the PCM will send a form letter to the shift supervisor giving approval and for placement in the youth's file. The PCM also keeps a log of youth who have housing, program, and work restrictions. This is a list of youth who are to be kept separated from another youth due to a conflict. The PCM updates the list daily on a document called the Detention Court Sheet and sends the list to the shift supervisors.

The facility rarely uses isolation or segregation as a means to keep residents safe, and only as a last resort and always for the shortest amount of time possible. During this period of review, there were no cases where a youth was placed into isolation due to a PREA issue. Staff who were interviewed reported that on the occasion where isolation was used, it was only for a matter of hours, not days, usually as a means to allow an offender to calm down after becoming upset. Occasionally, youth could be placed into isolation for disciplinary reasons, but they would still be allowed to attend school and are allowed out of their room for exercise. Placement on disciplinary isolation status is rare and sanctions of more than one day require administrative approval.

Transgender or intersex offenders are rarely placed in the facility. LGBTI youth are not placed into a particular housing unit based on their sexual orientation. Staff who were interviewed, including the PCM, reported that a transgender or intersex youth are not automatically placed into a housing unit based solely on their birth sex. Instead, a treatment team approach is taken, and the youth is given an opportunity to express his/her own opinion as to where they should be housed. Decisions are made based on where the youth would be safest. Transgender and intersex youth are reassessed for risk of sexual victimization/sexual abusiveness at least twice per year, although there were none who had been at the facility for an entire year. All youth at the facility shower separately, there are no gang showers.

From the policy titled; **Protective Isolation; Separation Status Log 1.39**

- A. The department shall use all information available to make housing, bed, program, and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse;*
- B. Residents may be 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. During any period of isolation, the department shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and service opportunities to the extent possible;*
- C. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, beds, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive;*
- D. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the facility administrator or designee shall consider on a case-by-case basis whether a housing assignment would ensure the resident's health and safety, and whether the housing assignment would present any management or security problems;*
- E. Placement and programming assignments for each transgender or intersex resident shall be reassessed by the facility administrator or designee to review any threats to safety experienced by the resident;*
- F. A juvenile's own views with respect to his or her own safety shall be given serious consideration;*
- G. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. In the event that a transgender or intersex juvenile needs to be showered separately the shift leader on duty will provide for the juvenile to shower in the intake shower;*
- H. If a resident is isolated pursuant to paragraph (B.) of this section, the facility shall clearly document:*
  - The basis for the facility's concern for the resident's safety;*
  - The reason why no alternative means of separation can be arranged.*

*Every thirty (30) days, the facility administrator or designee shall afford each resident described in paragraph (H.) of this section a review to determine whether there is a continuing need for separation from the general population*

**From the policy titled, Classification Plan;**

*The program administrator will take the following criteria into consideration before placing juveniles into their housing areas:*

- A. All the available mental health documentation that is in the possession of facility staff with emphasis on the MAYSI;*
- B. The juvenile's potential to be sexually abused or sexually harassed by other residents and his or her potential to be sexually abusive;*
- C. The juvenile's history of, or propensity towards aggressiveness (both verbal and physical) and assaultive behaviors. This assessment shall include a review of juvenile's formal referral history as well as any institutional behavior records;*
- D. The juvenile's susceptibility to acts of peer abuse, harassment and exploitation. This shall include an assessment of the juvenile's physical size, emotional maturity, enemies on record and social functioning information which include gang or alleged gang affiliation;*

- E. *The special needs or circumstances that may compromise the juvenile's, or other juvenile's placement in the facility;*
- F. *The juvenile's behavior while detained and/or discipline records. This review includes the juvenile's current and past detention stays and if there are any current or past escape risk history;*
- G. *The juvenile's Health History Screening Form and the Behavioral Health Screening Form to determine the extent of injuries the juvenile may have recently sustained.*

## 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?  Yes  No

#### 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 facility does have a formal grievance procedure. The process for filing a grievance is outlined for the youth in an orientation handout. There is a separate orientation handout for both the detention youth and residential youth, although the grievance procedure is the same for both.

There are several ways that the youth can privately report allegations of sexual abuse or sexual harassment including;

- Telling a staff member in person
- Calling the internal reporting hotline
- Calling the toll-free PREA hotline to Texas Juvenile Justice Department (TJJD)
- Calling the toll-free hotline to Texas Child Protective Services
- Calling the Abuse, Neglect and Abuse (ANE) hotline
- Writing a formal grievance
- Tell family who can report by using the facility website

The facility has an agreement with TJJD to forward to back to the facility any allegations of sex abuse or sexual harassment they receive so that an investigation can begin.

Residents are informed at the time of intake, and through the many posters hung throughout the facility, that they can make an allegation without giving their name, and that they can make a report on behalf of another youth. The residents who were interviewed were all aware of the grievance procedure and most were aware that it could be used to make an allegation of sex abuse or harassment. None of the youth reported ever needing to use the grievance procedure to make a PREA allegation; however, all of them knew how to file a grievance. Although the youth were aware of several different ways they could report abuse, if needed, the overwhelming response was that they would tell a staff member. This response indicates that the residents feel they can trust staff to help them with a very sensitive and personal issue. The majority of the youth who were interviewed reported that they felt that the staff are trustworthy and would do the right thing to help them.

All but one staff member interviewed were aware that youth could file a grievance anonymously and that third-party reports are acceptable. Grievance forms were available in most of the living unit day rooms where the residents could obtain them without having to ask.

The facility does not hold any youth solely for immigration reasons.

Staff who were interviewed were aware that could also use the TJJD hotline or the ANE hotline to privately or anonymously report sex abuse or sexual harassment, if needed.



Because the facility provides so many ways, both internally and externally, for youth to report sex abuse or sexual harassment, they are deserving of an “exceeds standard” rating for this standard.

## 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  NA

#### 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

There is no time limit imposed for when a resident may file a grievance related to sex abuse or sexual harassment. There are no requirements for attempting informal resolution for grievances dealing with sex abuse or sexual harassment. Youth residents who were interviewed were aware of the grievance procedure and how to file a grievance. Completed grievance forms are placed into a secure locked box located in the dayrooms; therefore, the residents never have to submit a grievance form to a staff member who is the subject of their complaint. The facility administrator/PCM, who also serves as the facility grievance officer, empties the boxes every morning and reviews the contents for grievances related to PREA. The timeframes outlined by the grievance policy are significantly shorter than what is required by this standard, meaning that grievances related to sex abuse or sexual harassment are responded to in a very short timeframe.

From the policy titled, **Juvenile Grievance Process/Grievance Appeals/Grievance Officer/Grievance Documentation**

*Grievances dealing with sexual abuse or sexual harassment shall not have time limitations and will be investigated thoroughly by the PREA coordinator or the facility administrator. There is no requirement that a juvenile seek an informal resolution on any grievance filed dealing with sexual abuse or sexual harassment. The juvenile may submit the grievance to any employee, volunteer or intern of the department or to any third party such as parents, legal guardians, attorneys or clergy. The grievance may be made either verbally or in writing.*

1. *The grievance officer or designee will check the box daily.*
2. *The grievance officer will then label the grievance with a unique identifying number and review the grievance. The number will be entered in the Grievance Log for tracking purposes. A disposition shall be made within 48 hours, excluding weekends and holidays;*
3. *The juvenile shall be interviewed and present any witnesses and/or evidence on their behalf, if applicable;*
4. *Documentation of the resident's acknowledgement of the resolution shall be maintained;*
5. *After the grievance officer or designee has made a decision on the grievance, the juvenile has a right to file an appeal on the decision made. A supervisory-level staff person who provided the initial response or who is named in the grievance shall not provide the appeal response. The appeal will be conducted by the facility administrator or designee;*
6. *After the facility administrator has made his decision on the (Step 2) grievance, the juvenile has a right to file another grievance on the decision made by filing a (Step 3) grievance form;*

7. The (Step 3) grievance will be conducted by the chief juvenile probation officer or designee. The chief's decision shall be final. No further action will be taken.

**A. Filing a Formal Grievance:**

1. Availability of forms: The juveniles will have full access to the grievance forms;
2. Contents of forms: The forms shall contain the name of the juvenile, the date, person or policy pertaining to the and the nature of the grievance;
3. Submitting the form: The juvenile shall fill out all appropriate areas of the grievance form and place the grievance in the grievance box or hand the form to a staff member to be placed in the box;
4. The juvenile is prohibited from using profane language or suggesting consequences or actions to be imposed on staff. This will deem the grievance invalid and it will not be processed;
5. When filing a (Step 2) grievance form, the same procedure will be followed for a (Step 3) grievance, in which case the original (Step 1) and (Step 2) will be attached to (Step 3).

**B. First Level of Review by the Grievance Officer:**

1. The grievance officer or designee will review and/or resolve the grievance;
2. Time limits: The grievance officer or designee will review and/or resolve the grievance within forty-eight (48) hours, excluding weekends and holidays;
3. Process of grievance officer's review: The grievance officer or designee will interview the juvenile and other witnesses involved in the grievance and resolve the matter or make recommendations on disposition of the grievance;
4. Extensions: The chief juvenile probation officer or designee or the facility administrator may authorize an extension. Extensions will be used only in the case of an emergency.

**Step 2:**

A juvenile may file a (Step 2) grievance form if he/she is dissatisfied with the decision of the grievance officer. The (Step 2) must state the reason that the juvenile feels the finding is inappropriate, and must be submitted within three (3) days of the original finding made by the detention supervisor.

1. In the event that a juvenile is not satisfied with the decision of the grievance officer, the juvenile may file a (Step 2) within three (3) working days with the facility administrator;
2. The facility administrator will review the (Step 2), and will make a decision within seventy two (72) hours of receiving the grievance. The juvenile shall be provided a written statement notifying them of the decision.

**Step 3:**

In the event that a juvenile is not satisfied with the decision of the facility administrator, the juvenile may file a (Step 3) within three (3) working days with the chief juvenile probation officer.

1. The chief juvenile probation officer will review the Step 3, and will make a decision within five (5) working days of receipt. The juvenile shall be provided with a written statement notifying them of the decision. The decision of the chief juvenile probation officer shall be final;
2. If a grievance is filed against the detention supervisor, the grievance will then go to the facility administrator, who will conduct the investigation on the grievance. The chief juvenile probation officer will make a disposition on the grievance within five (5) working days;
3. If a grievance is filed against the facility administrator, the grievance will then go to the chief juvenile probation officer, who will conduct the investigation on the grievance. The chief juvenile probation officer will make a disposition on the grievance within five (5) working days;
4. If a grievance is filed against the chief juvenile probation officer, a member of the Brazoria County Juvenile Board will review the grievance and make a disposition within ten (10) working days.

Policy allows for third parties such as fellow residents, staff members, family members, etc. to assist the residents in filing a grievance, or filing a grievance on the youth's behalf.

The facility has made provisions for filing an Emergency Grievance when residents believe that they are subject to a substantial risk of imminent sexual abuse. This information is given to the youth as part of the orientation to the

facility and is also contained in the resident handbook that each youth is given. In addition, the grievance procedure is posted on the wall in each living unit where the youth can have access to it. The residents who were interviewed were aware of the grievance procedures, but none of them reported ever using a grievance to report sex abuse or sexual harassment. Both the youth and staff were far less aware of the provisions for filing an emergency grievance than for the regular grievance procedure. The auditor recommends additional education be provided to the residents and staff on the grievance procedures. No emergency grievances alleging sex abuse or sexual harassment were filed during this period of review (or ever). Because the grievance officer is also the PREA Compliance Manager, should a grievance be filed, it will already be in the hands of a person who has the authority, experience, and training to take immediate corrective action, if needed. Per policy, the initial response must be delivered to the resident within eight (8) hours of receipt, and the final answer is due within 48 hours. This timeframe far exceeds the timeframe set forth by the standard. The facility has never disciplined a youth for filing a grievance in bad faith, but there is a policy provision that will allow it, should it ever be needed.

## **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?  Yes  No
- 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 facility has entered into an agreement with the Brazoria County Alliance for Children (BCAC). BCAC has agreed to be victim advocates and to provide emotional support services for any facility youth who has been abused. Contact information, including the address and toll-free abuse hotline telephone number, is provided to each resident as part of the orientation process, and the same contact information is also posted in the living units. Any resident can contact BCAC without restriction and in a confidential manner. None of the phone lines used by the youth are recorded. The information provided to the residents contain language that explains the level of confidentiality. An explanation of what kinds of information must be reported to law enforcement is given at the time of contact, before services begin. A copy of the agreement between the facility and BACA was provided to the auditor for review.

The auditor contacted BCAC via telephone in an attempt to interview a staff member and left a message; however, at the time of the report, staff had not returned the call.

All of the residents are provided with confidential access to their attorney/patents/legal guardian, both via a phone call, and in-person contact visits in the facility. The visits are not audio- or video-recorded.

Youth who were interviewed were only somewhat aware of the information about outside support services. The auditor did observe the information was posted throughout the facility. The auditor recommends spending additional time going over this information during the orientation and comprehensive PREA education class.

**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

Both the staff and youth who were interviewed were only somewhat aware that they could make a PREA allegation for a third party. The information is contained in the orientation materials given to the youth, and also in the PREA training that is given to staff. The auditor recommends spending additional time going over this information during the orientation and comprehensive PREA education class with the residents, and in the PREA training for staff.

There is a means for an outside third party to report sex abuse or sexual harassment using the facility website at the following address;

<https://brazoriacountytx.gov/departments/juvenile-probation/additional-information>

However, finding the correct link to use on the website could be made easier by moving it to the first page, rather than the user having to look for it on the following pages. The auditor used the link to send a message to the facility to make sure it was operational. The auditor received a response six minutes later from the facility chief, which demonstrated exceptional response time.

From the policy titled; **Outside Communications; Visitation; Limitations on Visitation; Access to Attorney; Telephone 1.47**

*Juveniles are allowed visits from their religious advisor who are on an approved visitors list (priest, rabbi, father, pastor, etc.).*

**Access to Attorney:**

*Residents shall be permitted reasonable confidential contact with their attorney and their designated representatives through telephone, uncensored letters, and personal visits.*

*Residents shall not be within the audible range of facility staff or other residents but may be within visual observation of facility staff when making telephone calls or visiting with the resident's attorneys or their designated representatives.*

*The parents/guardians/custodians of a juvenile may be allowed a short visit with the juvenile whenever they are admitted into detention.*

- 1. Attorneys and their representatives may visit juveniles. Juvenile probation officers will schedule a time and date for their visitation, in cooperation with the detention supervisor. Unannounced attorney visits will be allowed;*

## 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 the 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? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- 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

All staff, including contract staff, volunteers, and interns are required to immediately report any knowledge or suspicion of sex abuse or sexual harassment to the PCM, the Brazoria County Sheriff, and to the TJJD abuse hotline, even if the abuse did not happen inside the facility. Intake staff who were interviewed said that one of the intake questions asks if the juvenile had ever been sexually abused at any point in their lives. According to staff, if youth says that they did suffer previous abuse, no matter where or when it occurred, they are required to call the TJJD hotline to report it. Staff stated they would report even a rumor of abuse to the shift supervisor and PCM, and that they would write a narrative about it for documentation. The supervision staff at the facility are hyper-vigilant about reporting any and all kinds of abuse, whether it occurred in the facility or somewhere else. The PCM advised that he makes sure that the parent/guardian or probation case officer of any youth victim of sex abuse is notified as soon as possible after he is made aware. He stated that he is also responsible for making sure the court and the youth's attorney are notified, if necessary.

Staff reported that they were told in their PREA training that they were not to discuss the PREA incidents with anyone who does not have a need to know.

There was only one allegation of sex abuse made during this period of review. A review of the case information revealed that proper notifications were made.

From the policy titled, **Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities 4.3**

*Anyone who witnesses, learns of, receives an oral or written report of, either by the alleged victim or by someone with knowledge of the incident, or anyone that has a reasonable belief that the incident of serious physical abuse or sexual abuse has occurred shall immediately report the incident to their supervisor, local law enforcement and the Texas Juvenile Justice Department. In the event that the supervisor is the alleged perpetrator, the next person higher in the chain of command shall be notified, up to and including the chief juvenile probation officer.*

*Per the Texas Family Code Chapter 261.102, the duty to report cannot and shall not be delegated to another person. It is also required that all staff complies with any applicable mandatory child abuse reporting laws. In addition, staff shall be 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*

## 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

All staff who were interviewed stated that they would take immediate action to keep safe any resident they learned is at substantial risk of imminent sex abuse. Staff also reported that they take immediate action on any kind of sex abuse or sexual harassment allegation. There are a number of things that can be done to ensure the youth is kept safe: most immediately would be to keep the youth in their direct line of sight and to activate the coordinated response team; staff can explore a room or housing unit change or a program change; the youth can be placed on the “keep separate list”; or as a last resort, the aggressor could be placed into a room restriction. All staff reported that they would notify the shift supervisor, or the PCM to seek advice or get direction.

From the policy titled, **Protective Isolation; Separation Status Log 1.39**

*When it is learned that a resident is subject to a substantial risk of imminent sexual abuse/sexual harassment, the first person with knowledge of the threat will notify a shift leader who will take immediate action to protect the resident.*

*If a juvenile supervision officer feels that there is a need for a juvenile to be placed in protective isolation, they shall notify their shift leader immediately. The shift leader shall then assess the situation and notify the facility administrator or detention supervisor or their designee. Placement of a juvenile in protective isolation shall be approved in writing by the facility administrator or designee.*

*A thorough investigation shall be conducted on the allegations presented by the juvenile. A Brazoria County Juvenile Justice Department Incident Form shall be completed and all statements shall be attached to the report. After reviewing all statements and facts, the facility administrator or designee shall remove the juvenile from protective isolation, or leave the juvenile in this status for further investigation. The juvenile shall be evaluated daily while on protective isolation.*

## 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

There were no cases reported where a resident alleged being abused while housed at another facility. During the interview with the Chief Probation Officer, he explained that if that were to ever occur, he would make sure the sending facility department head was notified in writing, and he would notify the TJJD and child protective services. Per the policy listed below, notifications are to take place within 24 hours, which exceeds that timeframe listed for this standard, which is 72 hours.

From the policy titled, **Identifying Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities, 4.3**

#### **Reporting to Other Confinement Facilities**

- A.** Upon receiving an allegation that a resident was sexually abused while confined at another facility, the chief juvenile probation officer or designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency;
- B.** Such notification shall be provided as soon as possible, but no later than twenty-four (24) hours after receiving the allegation;
- C.** The department shall document that it has provided such notification;

The chief juvenile probation officer or designee shall ensure that the allegation is investigated in accordance with these 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

For this standard, the auditor interviewed staff who were first responders, front line staff, non-uniform staff, teachers, counselors, medical, and administrative staff. Overwhelmingly, staff were all able to explain the actions that a first responder should take. This speaks to the level of importance the facility has placed on PREA training for all staff. The first responder actions are firmly engrained not only in staff who are first responders, but also in other staff who likely would not have direct involvement in an emergency response.

Staff who were interviewed were all able to list the actions expected of a first responder to an allegation of sex abuse, such as;

- Separating the victim and perpetrator
- Locating and preserving potential crime scenes

- Protecting the evidence that may be with the victim, i.e. encourage the victim not to eat, go to the bathroom, brush their teeth, rinse their mouth, or change their clothing
- Have a staff person stay with the perpetrator to ensure they don't destroy any evidence they may have access to, i.e. not allowing them to eat, go to the bathroom, brush their teeth, rinse their mouth, or change their clothing, or wash their hands.
- Notify the Shift Supervisor, PCM, Detention Supervisor, BCSO, Medical/Mental Health, TJJD ANE Hotline, Parents/Guardians

Shift supervisory staff spoke of using the PREA response checklist which contains a list of the actions required in prioritized order.

Some first-responder staff carried a laminated card with them that contained a list of initial actions to take, such as what is listed above. Most staff were aware that there is a time limit in which some forensic evidence can be collected. Although staff reported a varying amount of time in which evidence can be collected (between 24- 96 hours), all were aware that there is a limited time.

It was once again clear to the auditor that PREA is engrained as part of the facility culture.

From the policy titled, **Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities 4.3**

***Steps to secure a potential crime scene discovered by a staff member:***

*The procedure for responding to a serious incident is outlined in the First Responder Checklist Form. Upon learning of an allegation that a juvenile was sexually abused or the victim of any other serious incident, the first staff member to respond to the report shall be required to:*

- 1. Separate the alleged victim and abuser;*
- 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;*
- 3. If the abuse occurred within a time period that still allows for the collection of physical 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, drinking, or eating;*
- 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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, drinking, or eating.*

*If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.*

*Other potential crime scenes could be a death, major injury, sexual assault and/or major property damage.*

- 1. The area shall be immediately secured and access prohibited into the potential crime scene or area containing potential evidence;*
- 2. Staff discovering a potential crime scene shall immediately notify the facility administrator;*
- 3. Staff shall not enter the area to clean or disturb the potential evidence, clothing, body fluids, etc. until authorized by the facility administrator or designee.*

From the policy titled, **Internal Security 1.24**

***Staff First Responder Duties:***

***Steps to secure a potential crime scene discovered by a staff member:***

The procedure for responding to a serious incident is outlined in the First Responder Checklist Form. Upon learning of an allegation that a juvenile was sexually abused or the victim of any other serious incident, the first staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical 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;
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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, drinking, or eating.

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Other potential crime scenes could be a death, major injury, sexual assault and/or major property damage:

4. The area shall be immediately secured and access prohibited into the potential crime scene or area containing potential evidence;
5. Staff discovering a potential crime scene shall immediately notify the facility administrator;
6. Staff shall not enter the area to clean or disturb the potential evidence, clothing, body fluids, etc. until authorized by the facility administrator.

From the policy titled, **Serious Incidents; Medical Documentation for Serious Incidents; Serious Physical, Sexual Abuse and Sexual Harassment; Internal Investigation Serious Physical and Sexual Abuse or Sexual Harassment 4.7**

Any staff who gains knowledge of any serious physical or sexual abuse will immediately notify their supervisor, who will then notify the chief juvenile probation officer or designee. A report of any serious physical or sexual abuse will be made by phone immediately but no later than one (1) hour to local law enforcement and immediately but no later than four (4) hours to TJJD.

Information on reporting sexual abuse, sexual harassment or serious abuse is posted on the TJJD webpage.

## 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 facility does have a written Coordinated Response Plan. It is written as a Policy titled; **Coordinated Response Plan, Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Allegations Occurring Outside the Juvenile Justice System 4.3**

The policy outlines the specific duties for what is termed, *Key Personnel and Responsibilities*. The policy lists the specific actions for the first responders, the shift supervisor, medical and mental health staff, and the Facility Administrator, who is also the PCM and the lead PREA investigator. The policy lists the timeframes and methods for responding to and reporting any allegations of serious physical abuse and sex abuse, the steps needed to secure potential crime scenes discovered by staff, the PREA response checklist, and the PREA response team members.

## 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

There is no collective bargaining agreement in this facility. This standard is N/A.

## 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?  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 facility does have a policy outlining the various options available to protect residents and employees who report sex abuse or sexual harassment from retaliation. The facility has designated the Detention Supervisor as the person responsible for monitoring retaliation.

The auditor interviewed the Detention Supervisor and the Facility Administrator and learned that they had developed a form that is used to document their efforts. The form can be used for both staff and residents and has space to document any actions taken. They reported that they monitor each person who reports sex abuse or sexual harassment and also any person who may have cooperated as a witness. They stated that they start a form for each person, then meet in person with each individual at least once per week for 13 weeks. They also keep track of several things for the resident such as, disciplinary actions or room/pod changes, and also visit with supervisory staff and teachers to determine if the youth has had any changes in his/her behavior. They monitor staff who have reported sex abuse or sexual harassment by talking with his/her supervisory staff to ascertain if there have been any changes in the staff behavior or any disciplinary issues. It is important to note that this is a small facility and that with the Detention Supervisor being the person designated to monitor retaliation, there is very little that could happen in the way of retaliation that would be unnoticed by him just performing his regular duties. He also reported that, if needed, he will refer residents to BCAC for emotional support. There were no substantiated or unsubstantiated allegations of sex abuse or sexual harassment made during this period of review and therefore there were no retaliation monitoring forms for the auditor to review.

From the policy titled, **Juvenile Grievance Process/Grievance Appeals/Grievance Officer/Grievance Documentation 1.19**

### **Agency Protection Against Retaliation:**

The detention supervisor will monitor all protective measures for all residents and staff members who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility administrator will monitor the conduct or treatment of residents or staff for 90 days who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation.

Juveniles shall have the right to file a grievance on any disciplinary any findings regarding sexual abuse or sexual harassment allegations and classification decisions against them.

The grievance officer shall forward any grievances filed by a juvenile who is no longer in custody of the detention center to the facility administrator to determine if any action is needed.

## **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 facility rarely uses isolation or segregation as a means to keep residents safe, and only as a last resort and always for the shortest amount of time possible. During this period of review, there were no cases where a youth was placed into isolation due to a PREA issue. Staff who were interviewed reported that on the occasion where isolation was used, it was only for a matter of hours, not days, usually as a means to allow an offender to calm down after becoming upset.

Occasionally, youth could be placed into isolation for disciplinary reasons, but they would still be allowed to attend school and are allowed out of their room for exercise. Placement on disciplinary isolation status is rare, and sanctions of more than one day require administrative approval

Transgender or intersex offenders are rarely placed in the facility. LGBTI youth are not placed into a particular housing unit based on their sexual orientation.

Staff who were interviewed, including the PCM, reported that a transgender or intersex youth are not automatically placed into a housing unit based solely on their birth sex. Instead, a treatment team approach is taken, and the youth is given an opportunity to express his/her own opinion as to where they should be housed. Decisions are made based on where the youth would be safest. Transgender and intersex youth are reassessed for risk of sexual

victimization /sexual abusiveness at least twice per year, although there were none who had been at the facility for an entire year.

All youth at the facility shower separately; there are no gang showers.

From the policy titled; **Protective Isolation; Separation Status Log 1.39**

- I. *The department shall use all information available to make housing, bed, program, and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse;*
- J. *Residents may be 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. During any period of isolation, the department shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and service opportunities to the extent possible;*
- K. *Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, beds, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive;*
- L. *In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the facility administrator or designee shall consider on a case-by-case basis whether a housing assignment would ensure the resident's health and safety, and whether the housing assignment would present any management or security problems;*
- M. *Placement and programming assignments for each transgender or intersex resident shall be reassessed by the facility administrator or designee to review any threats to safety experienced by the resident;*
- N. *A juvenile's own views with respect to his or her own safety shall be given serious consideration;*
- O. *Transgender and intersex residents shall be given the opportunity to shower separately from other residents. In the event that a transgender or intersex juvenile needs to be showered separately the shift leader on duty will provide for the juvenile to shower in the intake shower;*
- P. *If a resident is isolated pursuant to paragraph (B.) of this section, the facility shall clearly document:*
  - *The basis for the facility's concern for the resident's safety;*
  - *The reason why no alternative means of separation can be arranged.*

*Every thirty (30) days, the facility administrator or designee shall afford each resident described in paragraph (H.) of this section a review to determine whether there is a continuing need for separation from the general population*

**From the policy titled, Classification Plan;**

*The program administrator will take the following criteria into consideration before placing juveniles into their housing areas:*

- H. *All the available mental health documentation that is in the possession of facility staff with emphasis on the MAYSI;*
- I. *The juvenile's potential to be sexually abused or sexually harassed by other residents and his or her potential to be sexually abusive;*
- J. *The juvenile's history of, or propensity towards aggressiveness (both verbal and physical) and assaultive behaviors. This assessment shall include a review of juvenile's formal referral history as well as any institutional behavior records;*

- K.** *The juvenile's susceptibility to acts of peer abuse, harassment and exploitation. This shall include an assessment of the juvenile's physical size, emotional maturity, enemies on record and social functioning information which include gang or alleged gang affiliation;*
- L.** *The special needs or circumstances that may compromise the juvenile's, or other juvenile's placement in the facility;*
- M.** *The juvenile's behavior while detained and/or discipline records. This review includes the juvenile's current and past detention stays and if there are any current or past escape risk history;*
- N.** *The juvenile's Health History Screening Form and the Behavioral Health Screening Form to determine the extent of injuries the juvenile may have recently sustained.*

## 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 entity 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

There are four staff at the facility who have been trained to conduct sex abuse and sexual harassment investigations, although, the majority of the PREA investigations are done by the facility administrator/PCM. All allegations of sex abuse or sexual harassment will initially be assigned to one of the four, who will immediately begin an investigation. The auditor was provided with documentation showing that the training included information on gathering and preserving evidence, and interviewing victims, witnesses, and abusers. If the allegations appear to be criminal, the investigation will be turned over to the BCSO for completion. The auditor spoke with three of the four facility investigators. All three said that an investigation is started immediately upon learning about any allegation of sex abuse or sexual harassment. During the current period of review, there was only one allegation of sex abuse or sexual harassment made, which was determined to be unfounded. The auditor was provided with the case investigative file for review. The investigators interviewed the victim and alleged abuser and reviewed security camera video in making their determination. According to the investigators who were interviewed and the Chief Probation Officer, it was learned that an investigation would not be terminated even if the victim recants their allegation. Nor would it be terminated if there was an allegation made against a staff member and the staff were to resign or be terminated before the investigation was complete. The facility staff have a very good relationship with investigators from the BCSO. Through the BCSO, there is no restriction of compelled interviews with anyone who is suspected of perpetrating sex abuse inside the facility. Residents who report being sexually abused are never required to submit to a polygraph examination as a condition of advancing an investigation. All written sex abuse reports are kept on file for at least five years beyond the date a juvenile is released from custody, or in the case of an employee, five years after the employee's end of service.

The auditor spoke directly with two investigators who are employed by the BCSO. It was reported that the two facilities have a very good working relationship and spirit of cooperation. Although there are very few allegations of sex abuse to investigate, the auditor was told that when allegations are made, communication between the juvenile facility and the BCSO is very good. One of the investigators reported that he has attended PREA training at the juvenile facility and also completed PREA Investigator training on-line through the National Institute of Corrections.

From the policy titled, **Investigations and Procedures 4.4**

*All criminal investigations arising from allegations of abuse, neglect, exploitation, sexual abuse or sexual harassment shall be conducted by the Brazoria County Sheriff's Department or the Brazoria County District Attorney's Office and will be investigated in accordance with 115.371. The department shall follow all the requirements of the Texas Juvenile Justice Department (TJJD) when investigating reported allegations and incidents*

Upon completion of the internal investigation, an internal investigation report shall be completed which will include the following:

- Date and time the internal investigation was initiated;
- Date the internal investigation was completed;
- The date the alleged victim's parent, guardians, Department of Family and Protective Services (DFPS) caseworker or custodian was notified or documentation asserting that diligent efforts were made to contact the parent, guardian or custodian but that contact was unable to be made;
- Summary of the original allegation;
- Relevant policies and procedures related to the allegation;
- Summary or listing of steps taken during the internal investigation;
- Written or electronically recorded summary of all oral interviews conducted;
- Listing of all evidence collected during the investigation, including but not limited to all audio/video recordings, polygraph results and any physical evidence;
- Relevant findings of the investigation that supports the disposition;

## 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

Per the policy titled, **Investigations and Procedures 4.4**

*To sustain an allegation of sexual abuse or sexual harassment or any other serious incident, the burden of proof necessary is based on a preponderance of evidence.*

All of the investigatory staff involved in PREA investigations are aware that this is the evidentiary standard used to substantiate an allegation of sex abuse or sexual harassment.

## 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 an agency 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

There was only one allegation of sex abuse made during the period of review and it was unfounded. Therefore, there was no documentation to review. However, staff who were interviewed were familiar with the facility policy covering reporting to residents. Although the policy addresses only reporting in regard to sex abuse cases, in practice, the facility follows the same reporting guidelines for allegations of sexual harassment, also.

From the policy titled, **Investigations and Procedures 4.4**

#### **Reporting to Residents:**

*Following an investigation into a juvenile's allegation of sexual abuse suffered in a facility operated by the Brazoria County Juvenile Justice Department, the PREA coordinator or the facility administrator shall inform the juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.*

*If the department did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.*

*Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, the department shall subsequently inform the juvenile (unless the agency has determined that the allegation is unfounded) whenever:*

- A.** *The staff member is no longer posted within the juvenile's unit;*
- B.** *The staff member is no longer employed at the facility;*
- C.** *The department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or*
- D.** *The department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*

*Following a juvenile's allegation that he or she has been sexually abused by another juvenile, the department shall subsequently inform the alleged victim whenever:*

- A.** *The department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or*
- B.** *The department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.*

*All such notifications or attempted notifications shall be documented in the juvenile's file.*

*The department's obligation to report under this standard shall terminate if the juvenile is released from the agency's custody.*

## 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

Through discussions with the Chief Probation Officer, PCM, and Human Resource staff, it was reported that there have been no staff disciplinary sanctions for sex abuse or sexual harassment during this period of review. However, the staff who were interviewed were all aware that termination from employment is the presumptive sanction for engaging in sex abuse or sexual harassment with any youth resident. In addition, the training material used to educate staff, contractors, volunteer, and interns contains the information listed below.

From the policy titled, **Investigations and Procedures 4.4**

*At the conclusion of the internal investigation, corrective measures shall be taken, if warranted, by chief juvenile probation officer or designee, and will include, but will not be limited to: • A review of the policies and procedures pertinent to the incident; • Revision or modification of any policies and procedures as needed; • Appropriate disciplinary and personnel actions for all parties found to have sexually abused, sexually harassed, abused, neglected or exploited a juvenile. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse; • Additional training for all appropriate persons in order ensure the safety of juvenile, employees, interns, contractors and service providers.*

## 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

Through discussions with the PCM and Human Resource staff, it was learned that there were no cases during this review period where a contractor or volunteer was investigated for sexual abuse with a resident victim. However, the training material used to educate contractors and volunteers clearly outlines what the sanctions would be for

such activities. The information below, from the Contractor policy, is the same information provided for volunteers and interns.

From the policy titled, **Contractors**

*Based on the findings of the investigation, any contractor who engages in sexual abuse or sexual harassment shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. In the event the finding is substantiated, the contractor will no longer be allowed to return to the department. In the event the finding is unsubstantiated or inconclusive, the department shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of department sexual abuse or sexual harassment policies by a contractor. Remedial measures include retraining and their actions and activities are to be closely monitored for 90 days and any other action deemed appropriate by the chief juvenile probation officer or designee.*

## **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)

- 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 facility has a formal disciplinary process in place. Disciplinary sanctions are determined based on the nature and circumstances of the offense, the juvenile's disciplinary history, and the sanctions given in similar/comparable situations. The facility does not use isolation as a disciplinary penalty. There were no disciplinary actions taken for resident-on-resident sex abuse during this period of review.

From the policy titled, **Discipline Plan 1.10**

*A rule violation report will be written by the juvenile supervision officer alleging an infraction. The rule violation report will be reviewed by the juvenile, juvenile supervision officer and shift leader. If an informal review is attempted, the results will be documented on the rule violation report and maintained in the rule violations book. A juvenile who is alleged to have violated a major or minor rule will have due process procedures that could include; depending on the violation a hearing to determine what sanction should be imposed.*

*Upon grading a rule violation report either major or minor a formal review hearing will be conducted. The grading of a rule violation report will be conducted by an impartial supervisor (shift leader or above). If the juvenile was placed in safety based seclusion then the shift leader or the detention/ residential program administrator must determine*

within one (1) hour if a major violation has occurred and document the start time and date that the seclusion began in the seclusion log, forward the review to the facility administrator (detention supervisor or uninvolved shift leader if after hours). However, if after the reading of the rule violation report it is determined; that any alleged violation can be addressed through one of the available minor sanctions then the shift leader will hold a formal hearing and document the results on the back page of the rule violation report and in the Major and Minor book.

### **Interventions and Disciplinary Sanctions for Residents Engaging in Sexual Abuse:**

A resident will be subjected to disciplinary sanctions only pursuant to the formal disciplinary process outlined above, following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, the department shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.

Therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse may be offered to residents. The facility administrator or their designee shall consider whether to offer the offending resident participation in such interventions. The facility administrator may require participation in such interventions as a condition of access to the rewards-based level system, but not as a condition to access to general programming or education.

A juvenile may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

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.

All sexual activity between residents is strictly prohibited and will result in discipline action against residents for such activity. However, such activity between residents does not constitute sexual abuse if it is determined that the activity is not coerced.

## **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

When it is learned during the intake process that a youth has experienced previous sex abuse, no matter when or where it occurred, the intake officer will notify the mental health staff via telephone, or email and inform them. The mental health staff who were interviewed said that once they are notified, they meet with the youth for follow-up, usually within one day. The auditor was provided with a list of youth who had reported previous sex abuse during their orientation. From that list, the auditor randomly selected three named and asked to see the documentation that showed that the youth were seen for follow-up within 14 days. Documentation was shown for all three, indicating the follow-up service within the timeframe. In most cases, the youth was seen within one to two days, which exceeds the timeframe set out by this standard.

Offenders who reported previously perpetrating sex abuse at the time of intake are also referred for follow-up within 14 days. The mental health staff reported that perpetrators are referred to Counseling Connections, located in Pearland, Texas. If necessary, staff from Counseling Connections will come to the facility to provide sex offender treatment for the youth.

Medical and mental health practitioners are not required to obtain informed consent from the residents, because they are under the age of 18 years.

From the policy titled, **Health Screening 3.7**

#### A. *Medical and mental health screenings; history of sexual abuse:*

1. *If the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the program administrator or designee shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within twenty-four (24) hours of the intake screening.*
2. *If the screening indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the program administrator or designee shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within twenty-four (24) hours of the intake screening.*

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

## 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

There were no instances during his period of review where a resident needed to receive access to emergency medical treatment, pregnancy services, or crisis intervention services due to being the victim of sex abuse.



However, there is a policy in place that describes the actions to be taken if such a situation were to occur. In interviews, medical and mental health staff were able to describe the actions that are outlined by the policy, and they also stated that victims of sex abuse would be given access to emergency treatment as needed, both in the facility and at the community hospital, should the victim need treatment services not available inside the facility. Treatment provided in the community would include all lawful pregnancy services, emergency contraception, and treatment for sexually transmitted diseases. According to the PMC, all treatment provided would be at no cost to the victim, whether the victim cooperates with the investigation or chooses to name the abuser nor not.

All of the staff interviewed were able to describe the actions they would take to make sure the victim was kept safe and to make sure evidence was not destroyed.

From the policy titled, **Health Services Plan 1.20**

**Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers:**

- A. *The department shall 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;*
- B. *The evaluation and treatment of such victims shall 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;*
- C. *The facility shall provide such victims with medical and mental health services consistent with the community level of care;*
- D. *Resident victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests;*
- E. *If pregnancy results from conduct specified in paragraph D of this section such victims shall receive timely comprehensive information related to pregnancy. Victims shall also receive timely access to all lawful pregnancy-related medical services;*
- F. *Resident victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate;*
- G. *Treatment services shall be 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;*
- H. *The mental health coordinator or designee shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners;*
- I. *Ongoing medical and mental health care for sexual abuse victims and abusers are provided by the following center listed below.*

**Brazoria County Alliance for Children:** (979) 849-2500

**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.)  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.)  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

There were no instances during his period of review where a resident needed to receive access to emergency medical treatment or crisis intervention services due to being the victim of sex abuse. However, there is a policy in place that describes the actions to be taken if such a situation were to occur.

In interviews, medical and mental health staff were able to describe the actions that are outlined by the policy, and they also stated that victims of sex abuse would be given access to emergency treatment as needed, both in the facility and at the community hospital, should the victim need treatment services not available inside the facility. Treatment provided in the community would include emergency contraception and treatment for sexually-transmitted diseases. According to the PMC, all treatment provided would be at no cost to the victim, whether the victim cooperates with the investigation or chooses to name the abuser nor not. There were no known resident-on-resident sex abuse cases investigated during this period of review and therefore, there are no known resident-on-resident abusers. The Health Service Director was aware of this provision in the standards and said that if such a situation were to occur in the facility, mental health staff would attempt to perform a mental health evaluation of the perpetrator.

According to the Health Services Director, the treatment a youth resident would receive in the facility would likely be far better than what would be received in the community

From the policy titled, **Health Services Plan 1.20**

### ***Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers:***

- J.** *The department shall 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;*
- K.** *The evaluation and treatment of such victims shall 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;*
- L.** *The facility shall provide such victims with medical and mental health services consistent with the community level of care;*
- M.** *Resident victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests;*
- N.** *If pregnancy results from conduct specified in paragraph D of this section such victims shall receive timely comprehensive information related to pregnancy. Victims shall also receive timely access to all lawful pregnancy-related medical services;*
- O.** *Resident victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate;*
- P.** *Treatment services shall be 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;*
- Q.** *The mental health coordinator or designee shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners;*
- R.** *Ongoing medical and mental health care for sexual abuse victims and abusers are provided by the following center listed below.*

**Brazoria County Alliance for Children:** (979) 849-2500

# 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 facility has a group of staff called the Sex Abuse Review/Serious Incident Review Team, led by the Facility Administrator/PCM. The team consists of:

- Chief Probation Officer
- Assistant Chief Probation Officer
- Facility Administrator/PCM
- Detention Supervisor
- Investigators
- Facility Nurse
- Mental Health Coordinator
- Ad Hoc Staff

This team meets the first Monday of each month to review any completed sex abuse investigations. The team met each month, even though there were no investigations to review. The group uses this time as a PREA review meeting to discuss ongoing issues and any other PREA-related topic. The group often discusses the staffing plan and whether or not there is any need for changes to the plan. The one time when there was an investigation to review, it had been correctly classified as UNFOUNDED, which by rule, does not require a review. Regardless, the group documents each meeting on their form titled, *Sex Abuse Review/Serious Incident Review Team*. The form asks four of the five questions required by this standard, plus additional questions about reporting and documentation. The form does not directly ask about the adequacy of staffing levels in the area where the incident occurred. The auditor recommends adding the language from 115.386(d)(4).

From the policy titled, **Investigations and Procedures 4.4**

#### **Sexual Abuse Incident Reviews:**

- A. *The facility administrator shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated;*
- B. *Such review shall ordinarily occur within ten (10) days of the conclusion of the investigation;*
- C. *The review team shall include the chief juvenile probation officer, the assistant chief juvenile probation officer, the facility administrator, the detention supervisor, investigators, the nurse and the mental health coordinator;*
- D. *The review team shall:*
  - 1. *Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;*
  - 2. *Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification,*

*status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;*

3. *Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;*
4. *Assess the adequacy of staffing levels in that area during different shifts;*
5. *Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and*
6. *Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the chief juvenile probation officer and PREA coordinator.*

- E. *The facility administrator shall implement the recommendations for improvement, or shall document the reasons for not doing so.*

## 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 facility has collected data using a standardized instrument and definitions. The data has been aggregated annually and has been posted on the facility website.

The facility contracts for housing of some of its residents in other facilities, both in- and out-of-state. The auditor was provided with contracts with 16 separate facilities. Each of the contracts contains a provision requiring the contracted facility to comply with PREA standards. The PREA Coordinator relayed that at the time of the auditor's visit, the facility was currently utilizing only eight of the contracts for housing. It was reported that all eight of those facilities have passed their PREA audit.

Data from the contract facilities was posted on the Brazoria website.

From the policy titled, **Data Collection 1.7**

*In addition, the department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and a set of definitions and shall aggregate the incident-based sexual abuse data at least annually.*

*The incident-based data collected shall 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 department shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.*

*The department also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.*

*Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30<sup>th</sup> of each year.*

## 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 data that was collected has been reviewed by facility staff. However, with there only being one incident to review, there was no reason to take more corrective action than would have been taken at the time of the sex abuse incident review, even though the incident was unfounded. An annual report was completed and compared to the previous year's data. This report is published on the facility website.

The facility contracts for housing of some of its residents in other facilities, both in- and out-of-state. The auditor was provided with contracts with 16 separate facilities. Each of the contracts contains a provision requiring the contracted facility to comply with PREA standards. The PREA Coordinator relayed that at the time of the auditor's visit, the facility was currently utilizing only eight of the contracts for housing. It was reported that all eight of those facilities have passed their PREA audit.

Data from the contract facilities was posted on the Brazoria website.

From the policy titled, **Policy and Procedure, Data Collection 4.5**

*Additionally, the incident-based data collected shall 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 department shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.*

*The department also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.*

*Upon request, the department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30<sup>th</sup> of each year.*



### **Data Review for Corrective Action:**

- A. The department shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:
1. Identifying problem areas;
  2. Taking corrective action on an ongoing basis;
  3. Preparing an annual report of its findings and corrective actions for each facility, as well as the department as a whole.
- B. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse;
- C. The department's report shall be approved by the chief juvenile probation officer or designee and made readily available to the public through its website;
- D. The department may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted

## **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

All of the data collected from the facility is securely stored. There is no personal identification shown in any of the reports. Per the facility policy, all PREA data is kept for at least 10 years.

From the policy titled, **Policy and Procedure; Data Collection 4.5**

#### **Data Storage, Publication, and Destruction**

- A. *The department shall ensure that data collected are securely retained;*
- B. *The department shall 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;*
- C. *Before making aggregated sexual abuse data publicly available, the department shall remove all personal identifiers;*
- D. *The department shall maintain sexual abuse data collected for at least ten (10) years after the date of its initial collection unless federal, state, or local law requires otherwise.*

## 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 inmates, residents, and detainees?  
 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 auditor was allowed into all areas of the facility without restriction. The auditor was permitted to interview staff, residents, contractors, and volunteers without restriction.

The auditor provided a Notice of PREA audit flyer which the facility posted in each of the living units. The flyer contained the information listed below.

*Any person, staff, residents, or others-with information relevant to this compliance audit, or about sexual abuse or sexual harassment at this facility, may confidentially\* correspond with the auditor via the following address:*

**360 Correctional Consulting**  
**Ray Reno**  
**P.O. Box 31**  
**McPherson, KS 67460**

*\*CONFIDENTIALITY – All correspondence and disclosures during interviews with the auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following:*

- *if the person is an immediate danger to her/himself or others (e.g. suicide or homicide);*
- *allegations of suspected of child abuse, neglect or maltreatment;*
- *in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.*

The auditor did not receive any correspondence from staff or residents prior to or during the audit.

## 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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 previous PREA audit report was posted in its entirety on the Brazoria County 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Ray Reno

July 24, 2019

**Auditor Signature**

**Date**

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

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