

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

**Date of report:** July 15, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Talia Huff and Ray Reno			
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<b>Telephone number:</b> 785-766-2002, 620-285-1405			
<b>Date of facility visit:</b> 03/23/16-03/24/16			
<b>Facility Information</b>			
<b>Facility name:</b> Brazoria County Juvenile Justice Department			
<b>Facility physical address:</b> same			
<b>Facility mailing address:</b> <i>(if different from above)</i> same			
<b>Facility telephone number:</b> 979-864-1210			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Kyle Teat			
<b>Number of staff assigned to the facility in the last 12 months:</b> 112			
<b>Designed facility capacity:</b> 52 detention side/ 26 residential side			
<b>Current population of facility:</b> 45			
<b>Facility security levels/inmate custody levels:</b> medium			
<b>Age range of the population:</b> 10-17			
<b>Name of PREA Compliance Manager:</b> Sedrick Rivers		<b>Title:</b> Detention Supervisor	
<b>Email address:</b> sedrickr@brazoria-county.com		<b>Telephone number:</b> 979-864-1210	
<b>Agency Information</b>			
<b>Name of agency:</b> Brazoria County Juvenile Justice Department			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Brazoria County			
<b>Physical address:</b> 20875 CR 171 Angleton, TX 77515			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 979-864-1210			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Kyle Teat		<b>Title:</b> Chief Juvenile Probation Officer	
<b>Email address:</b> kylet@brazoria-county.com		<b>Telephone number:</b> 979-864-1210	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Upendra Katragadda		<b>Title:</b> Facility Administrator/PREA Coordinator	
<b>Email address:</b> upendrak@brazoria-county.com		<b>Telephone number:</b> 979-864-1210	

## AUDIT FINDINGS

### NARRATIVE

In September 2015, the Texas Juvenile Justice Department (TJJD) awarded 360 Correctional Consulting, LLC with PREA audits of several county juvenile facilities in Texas. This report is a product of this award and is of the Brazoria County Juvenile Justice Department (BCJJD). In October 2015, communications began with the Facility Administrator/PREA Coordinator of Brazoria County Juvenile Justice Department (BCJJD). Talia Huff and Ray Reno, partners of 360 Correctional Consulting, conducted this PREA audit. The onsite portion of the audit was conducted on March 23-24, 2016. Auditor Notices in both Spanish and English were sent via email to the PREA Coordinator and were posted in living units, common areas, staff break rooms, and bulletin boards at least 6 weeks prior to the onsite audit. The auditors received confirmation on February 16, 2016, that notices had been posted. No resident letters were received by the auditors, despite Auditor Notices being abundantly posted around the facility, which was noted during the site review. The facility provided sufficient pre-audit documentation to include the completion of the Pre-Audit Questionnaire and supporting documentation. It was provided via flash drive in a very organized manner.

The morning of March 23, 2016, the auditors arrived at the Brazoria County Juvenile Justice Department (BCJJD) facility and held an in-brief with facility administration and leadership, which included: Kyle Teat (Chief Juvenile Probation Officer); Chad Ward (Assistant Chief Juvenile Probation Officer); Upendra Katragadda (Facility Administrator/PREA Coordinator); Sedrick Rivers (Detention Supervisor/PREA Compliance Manager); and other administration. A brief discussion was held regarding the PREA audit process and methodology, as well as other audit and facility logistics. Following the in-brief, the auditors were led through the site review, which comprised most of the morning. PREA (End the Silence) signs, Coordinated Response Team Members signs, and Auditor Notices were abundantly observed in every living unit, common area, visitation area, facility entrance, intake, and control rooms. The PREA signs contained the TJJD Hotline number.

Auditors observed residents attending school, staff interactions, and had informal discussions with residents and staff members. The atmosphere was one of order, but was comfortable and devoid of tension. Staff were pleasant and seemed to have effective and professional interactions with residents. Residents appeared to be respectful and in an environment that felt comfortable and safe. Throughout the site review, cross-gender announcements were consistently made and heard by auditors. In addition, the auditors made the following observations:

- Placement of security cameras was well thought-out and will help investigators in determination of case outcomes.
- Auditors identified facility blind spots where additional cameras would increase sexual safety for residents and staff.
- PREA signage was very prominent throughout the facility.
- Most doors contained a window which increases resident sexual safety.
- Offices in the food service area, the nurse station, and the residential program office had no windows in the doors.
- Showers have a small observation window in the block wall, which aids in shower supervision without the need for staff to view full nudity.
- Staff consistently announced opposite gender when entering living units.
- Maintenance workers are allowed to move unescorted throughout facility but have received no PREA training.
- There were some windows that were partially, or wholly covered with paper or dark film, which decreases staff's ability to see into the room.
- Signs were posted on some living unit doors that announced there were staff of the opposite gender at work.
- There was no camera in the laundry area.
- All residents mentioned that they would be comfortable reporting sex abuse or harassment to staff should they feel the need.
- Residents all knew that Mr. Katragadda is the "PREA person."
- All rooms are single occupancy.
- There were no phones for resident use in the dayrooms.

Auditors obtained staff and resident rosters with which to select random staff and residents to interview. The staff selected were from varying units, shifts, and rank, as well as specialized staff, non-uniform staff, a contractor, and a volunteer staff. Female and male residents were chosen at random from each unit. Interviews were conducted with administrative staff and leadership, as well as other specialized staff who perform specific PREA-relevant duties.

The facility was clean and well maintained, and staff were friendly and cooperative. The PREA Coordinator was very receptive and accommodating, and enabled an efficient audit. Leadership was inviting and open to auditor feedback. Staff and inmates were positive and willing to converse with the auditor.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Brazoria County Juvenile Justice Department has a capacity of 78, 52 of which are beds designated for detention and 26 beds designated as residential; all youth are housed in a single building.

There are eight (8) designated living units in the facility (A, B, C, D, E, F, G, H). Each cell is designated as a single cell/room. Units B and C house female residents. Each unit has a dayroom. When youth are out of their cells/rooms, they are locked always and must be opened by staff. When residents are occupying the dayroom, staff are providing direct supervision in the same room.

Residents eat in the Dining Hall. The kitchen itself is primarily occupied by staff, with the exception of a cooking class for residential youth that is sometimes taught by a local community college. The kitchen is covered by three cameras.

Outdoor recreation areas are used daily (depending upon the weather) by residents, with the company of security staff.

Education is offered at BCJJD and there are several classrooms in which male and female residents attend school together.

Medical and mental health staff are employed and provided at the facility. BCJJD generally has a staff of three nurses.

From their website, the following is their Mission Statement, "Brazoria County Juvenile Justice Department working together to transform and habilitate juveniles, strengthen families, protect the community and develop responsible citizens."

## **SUMMARY OF AUDIT FINDINGS**

It was clear that resident safety is of utmost importance at Brazoria County Juvenile Justice Department . Auditors were very impressed with the efforts and accomplishments made to achieve PREA compliance. Eight (8) standards were exceeded, 23 standards were met, 9 were not met, and 1 was not applicable. It should be noted that although 9 standards were technically not met, in general they require only minor corrective action.

### **Update 7/15/16:**

After diligent pursuit of corrective action, BCJJD completed all required actions as of July 4, 2016. BCJJD was very communicative and receptive of auditor feedback and took prompt action to accomplish corrective actions.

Number of standards exceeded: **10**

Number of standards met: **30**

Number of standards not met: **0**

Number of standards not applicable: **1**

### **Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Organizational Chart
- Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities- 4.3
- Policy, Procedure, and Practice 1.36

**Interviews, Document and Site Review:**

Upon review of the documentation provided, auditors noted areas in which the agency and facility mandates PREA and sexual safety-specific measures. Policies 4.3 and 1.36 covers abuse, neglect, and exploitation, but also contains definitions of sexual abuse and sexual harassment as prescribed by the PREA standards, as well as the definitions prescribed by the Texas Administrative Code. Policy 4.3 also cites the steps the of First Responder Duties (p 3).

All interviews with staff, residents, and specialized staff affirm that the facility does implement measures of prevention, detection, and response strategies, though policy should be strengthened to match practice.

BCJJD has appointed an upper-level PREA Coordinator, Upendra Katragadda, facility administrator. Upendra has made sufficient time and has authority to develop and oversee agency PREA compliance efforts. Interviews and discussion with Upendra indicated this was accurate. The PREA Coordinator/facility administrator reports directly to the Chief Juvenile Probation Officer who is the equivalent to the Agency Head. Interviews with the Chief Juvenile Probation Officer revealed that PREA compliance efforts are a top priority, and there is much support given to the PREA Coordinator for this endeavor.

BCJJD only operates one facility, though they have designated a PREA Compliance Manager, also. This designee was interviewed, the Detention Supervisor, who reports to the facility administrator.

**Corrective Action:**

No corrective action is necessary.

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

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

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**In order to make my determination, I reviewed the following policies and other documentation:**

- Contracts for confinement: Cherokee Home for Children, Everyday Life Inc, Gulf Coast Trades Center, Nueces Co,

Pegasus School Inc, Sequel TSI of Idaho

- Authority to Operate Secure Juvenile Facility policy 1.3
- Texas Justice Probation Commission Private Service Provider Contractual Monitoring and Evaluation Report-template
- Texas Justice Probation Commission Private Service Provider Contractual Monitoring and Evaluation Report-completed examples

#### **Interviews, Document and Site Review:**

Brazoria provided six contracts for review with the following: Cherokee Home for Children; Everyday Life Inc; Gulf Coast Trades Center; Nueces Co; Pegasus School Inc; Sequel TSI of Idaho. Page 15 in each of the contracts contains PREA language and obligations. Auditors interviewed the Agency Contract Administrator, the Assistant Chief Juvenile Probation Officer. He was very knowledgeable about PREA and the requirements of this standard, asserting that BCJJD ensures the PREA language is contained in each contract. He further explained that they have 13 contracts in total, but they only house residents in the six placements in which contracts were provided for review. BCJJD generally utilizes the placements that have the lower rates of recidivism, he also explained.

The Agency Contract Administrator articulated the process for monitoring contracts and compliance with PREA, as well as other standards with which they must comply. Site visits to each placement are conducted annually. The Agency Contract Administrator conducts one phone visit and one site visit per year. For all the out-of-state placements, the Agency Contract Administrator goes himself to conduct the visits. The auditor was provided the TJJD (Texas Juvenile Justice Department) monitoring form, which BCJJD uses to document site visits. This form is not PREA specific and, ideally, should be enhanced to account for PREA compliance. However, half of the placements which BCJJD uses have completed PREA audits. The Agency Contract Administrator reported that three have completed and passed their PREA audits and the remaining three have their audits scheduled; two in the summer and one will be scheduling in 2017. All have completed and provided their Survey of Sexual Victimization surveys for Bureau of Justice Statistics.

Auditors feel BCJJD exceeds this standard because of the level of familiarization with and above-normal efforts to evaluate and monitor contracts for confinement of residents. This often requires out-of-state travel by the Assistant Chief Juvenile Probation Officer. It was evident that BCJJD is selective when choosing these placements, and that they whole-heartedly strive for the success and safety of each resident.

#### **Corrective Action:**

No Corrective action required.

#### **Standard 115.313 Supervision and monitoring**

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

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**In order to make my determination, I reviewed the following policies and other documentation:**

- 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 2.6

- Daily Roster

**Interviews, Document and Site Review:**

The facility policy listed above states 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.*

Through discussion with the facility PREA Compliance Manager, it was learned that the facility staffing plan was written by the PREA Coordinator and the Security Chief. The PREA Coordinator was able to show how he computed the number of staff required to operate each shift; he then formulated a relief factor to determine how many staff were needed to operate a 24-hour facility including vacation, sick, and rest days for each post. That staffing plan is reviewed annually for needed modification and is still in use today. The auditor spoke with the roster supervisor and learned that there are some posts which are collapsible. This allowed the facility to operate with all of the posts filled, down to a predetermined number, without the use of overtime. There have been occasions where staffing numbers were down, and on those occasions, overtime was authorized to ensure the staffing never dropped below the minimum number. There were no occasions where the facility deviated from the minimum staffing number during this period of review. Staffing ratios were at a minimum of 1:8 during waking hours and 1:18. This ratio does not meet the standard of 1:16 for sleeping hours; however, the facility has until October 1, 2017, to become fully compliant. Documentation was provided to show that supervisors do conduct regular, unannounced rounds into all areas of the facility and on all shifts.

However, there was no documentation provided or discovered to show that the staffing plan has been reviewed, and that the required elements of this standard were taken into consideration during the review.

**Corrective Action:**

1. Provide documentation to show that the staffing plan has been reviewed, and that the 11 required elements of this standard were taken into consideration during the review.

### **Corrective Action Update:**

1. **07/07/16:** Documentation was provided to show that the staffing plan is reviewed annually and all of the 11 items required by the standard are considered, and what action, if any, is taken. The staffing review, signed off on 5/9/16, outlines the current staffing ratio minimums as 1:12 during waking hours and 1:16 during sleeping hours. This ratio is required as a minimum staffing number by the Texas Administrative Code, and facilities cannot staff at a lower level. Counting the dual certified probation officers, who are trained to provide supervision and who are available M-F during daytime hours, the facility more than meets the staffing ratios required by the standard.

### **Standard 115.315 Limits to cross-gender viewing and searches**

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

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

### **In order to make my determination, I reviewed the following policies and other documentation:**

- Juvenile Searches policy 1.26
- Juvenile Supervision policy 2.6
- 115.315 1/6/2016 Training Sign-In
- Video: Guidance on Cross-Gender and Transgender Pat Searches
- Video: Searches

### **Interviews, Document and Site Review:**

The Pre-Audit Questionnaire indicated that BCJJD does not conduct cross-gender strip searches or body cavity searches and has had zero (0) such incidents in the 12-month review period. Interviews of staff, residents, and administration consistently reported that strip and body cavity searches are not done at all. There had never been an instance in which it had happened, even in exigent circumstances.

The Pre-Audit Questionnaire indicated that BCJJD does not conduct cross-gender pat searches and has had zero (0) such incidents in the 12-month review period. Facility policy states, "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."

Interviews of staff, residents, and administration consistently reported that cross-gender pat searches are not done at all. There had never been an instance in which it had happened, even in exigent circumstances.

Facility policy Juvenile Searches 1.26 page 3 mandates specific documentation requirements in the instance of strip or body cavity search. No such documentation was available for review since no such instances have occurred. A log (binder) is kept in each search area, male intake and female intake. Auditors reviewed strip search logs in both areas and noted that there were no cross-gender entries.

Facility policy does not specifically require documentation of cross-gender pat searches and there was no available documentation to review since no such instances had occurred. Policy could be enhanced by including documentation of cross-gender pat searches as well.

BCJJD has implemented policies and procedures to enable residents to shower, perform bodily functions, and change clothing

without being viewed by staff of the opposite gender (unless incidental to routine checks). In fact, Juvenile Supervision policy 2.6 states, “Juvenciles will be monitored at all times by same gender staff only.” This was supported also by auditor observation and staff and resident interviews. An opposite gender staff member may provide relief for a staff break if residents are not showering at the time. Residents consistently reported that they feel safe and have adequate privacy; absent of being viewed by staff of the opposite gender (staff in general actually).

Juvenile Supervision policy 2.6 also requires announcement by opposite gender staff upon entering a housing unit or wing. It was observed and evident to auditors throughout the site review and onsite audit that this practice is institutionalized.

Policy and practice is in place at BCJJD that prohibits the search or physical examination of a transgender or intersex resident for the purpose of determining genital status. This was echoed in all staff interviews; they articulated unequivocally that was not permitted, and that the PREA Coordinator would be notified to determine measures that needed to be taken. There were no transgender or intersex residents reported at the facility at the time of the onsite audit, and none were observed by auditors. Therefore, none were interviewed for verification.

BCJJD has provided training for staff in conducting cross-gender pat searches and searches of transgender-intersex residents. Videos were presented for auditor review; one that specifically addressed pats of transgender/intersex residents. Auditors were also provided training sign-in sheets as verification that the training occurred in January 2016. Staff articulated this training during interviews and appeared to be knowledgeable about being professional and respectful. That standard is also upheld strictly by the administration.

**Corrective Action:**

No corrective action is necessary.

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

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Classification Plan policy 3.3
- Intake and Admission; Orientation 2.5
- Orientation 3.14
- Specialized Housing/Housing for Juvenciles with Disabilities 1.45
- End The Silence brochure, English and Spanish
- End The Silence collage poster, English and Spanish
- Youth Rights brochure
- Report AID PREA brochure, English and Spanish
- Zero Tolerance poster
- Sign Language interpreter
- Staff Interpreter’s list for Spanish
- PREA Training Sign-in

**Interviews, Document and Site Review:**



BCJJD takes appropriate steps to ensure that residents with disabilities have an equal opportunity to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Each of the four policies listed above contain language pertinent to this standard. Classification Plan policy 3.3, page 3, charges the Residential Supervisor with ensuring these measures are taken. Several resources are available to that end. Auditors gleaned information from residents, officers, staff members, and document review that affirmed the availability and awareness of resources for residents with disabilities. All floor officers act as intake officers, providing information and conducting intake duties. Interviews were conducted with officers regarding intake duties related to PREA. For deaf or hard-of-hearing residents, BCJJD has access to sign language interpretive services. Auditors were provided with a flyer/form (MOU-like) that outlines rates, accessibility, and guidelines of the services for Brazoria County Juvenile Detention Center. Also, intake officers articulated that they are vigilant in detecting indications that a resident may have a disability (mental illness, reading, cognitive, etc.). In that instance, mental health staff are notified and follow up. As far as comprehension of the information provided, an intake officer (also a shift leader) explained that each question may have to be read to the resident, and they were aware of interpretive services for deaf residents, though none had been admitted to BCJJD. Furthermore, residents are generally shown two PREA videos while in the intake office. The videos contain audio for blind residents and subtitling for deaf residents. They are given a PREA rule packet that is explained to them, such as reporting of sexual abuse and sexual harassment and facility response; methods to report include calling a hotline, filing a grievance, or telling staff.

Neither the facility nor the auditors were able to identify any residents with disabilities at the time of the onsite audit to interview.

BCJJD takes steps to ensure meaningful access to the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment for Limited-English proficient (LEP) residents. Each of the four policies listed above contain language pertinent to this standard. Classification Plan policy 3.3, page 2, states, "Juveniles who are not fluent in English will have a translator of their primary language during this process. This also applies to juveniles who cannot understand the written policies." Page 3 charges the Residential Supervisor with ensuring these measures are taken. Several resources are employed for this purpose. Zero tolerance and *End The Silence* posters and brochures are in English, as well as in Spanish. It was reported that it would be uncommon for BCJJD to receive a resident who could not speak and understand English, though most likely if that occurred, it would be a Spanish-speaking resident. BCJJD has not encountered a need for interpretation services.

Should a Spanish-speaking resident be received, intake officers explained the process of obtaining an interpreter. BCJJD also has a list of Spanish-speaking staff from which to first utilize. An officer also explained that there are probation officers who also speak Spanish and are generally accessible in the adjacent probation office during business hours. Otherwise, a Spanish-speaking staff member could be called in to work. Another resource for Spanish-speaking residents is the PREA video, which includes a Spanish version.

Auditors interviewed one Limited English proficient (LEP) resident in which the facility provided an interpreter; an on-duty officer was available and quickly accessible to provide translation. This LEP resident was aware of PREA, and how to report sexual abuse and sexual harassment.

Each of the four policies listed above contain language pertinent to this standard. Classification Plan policy 3.3, page 3, states that the department will utilize staff interpreters when necessary and shall not rely on resident interpreters, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety.

Random staff interviews indicated that staff were aware of the prohibition of relying on resident interpreters; this was consistently reported that during interviews.

**Corrective Action:**

No corrective action necessary.

**Standard 115.317 Hiring and promotion decisions**

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

- Does Not Meet Standard (requires corrective action)

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**In order to make my determination, I reviewed the following policies and other documentation:**

- Qualifications for Employment policy
- Evaluations-Personnel policy
- Contractors policy
- Volunteers and Interns policy 1.43
- Interns policy
- Personal Conduct and Appearance policy
- Employee Performance Appraisal form
- Employee Performance Appraisal Addendum form
- Employee criminal records checks documentation (i.e. FBI Criminal History, TDPS)

**Interviews, Document and Site Review:**

BCJJD does not hire or promote anyone nor enlist the services of a contractor that has engaged in the activity described in 115.317 (a) (2). Once a conditional offer is made to an applicant, background checks and fingerprints are completed by MorphoTrust, who is a company that runs the FBI criminal record check and NCIC/TCIC. The HR Manager reported that both federal and state child abuse registries are also checked. The Pre-Audit Questionnaire reported that 22 background checks had been completed during the review period.

The Human Resources Manager was interviewed by auditors and explained the above process. This staff member was very knowledgeable about PREA and the requirements thereof, particularly as it related to HR functions. Auditors reviewed personnel records while in the HR office. Files were selected at random and included new hire staff, veteran staff, contractors, and volunteers. Every file that was reviewed was put together in an organized fashion, and every file contained the required background check documentation.

This practice is outlined throughout the Qualifications for Employment policy.

The HR Manager explained that incidents of sexual harassment are definitely considered when determining whether to hire or to promote someone. In regard to a new hire, any information obtained regarding incidents of sexual harassment (from outside sources, via reference checks, etc.) would be considered prior to hiring. For in-house incidents of sexual harassment, they would be known through virtue of HR housing progressive discipline records and would subsequently be considered.

The HR office makes attempts to contact all prior institutional employers for information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of such. Auditors were provided with a Request for Verification of Current/Previous Employment form. Along with employment verification, at the bottom of this form the specific information is requested of institutional employers. In the review of personnel records, auditors verified that every randomly selected file that contained previous institutional employers also contained the Request for Verification of Current/Previous Employment form that was sent.

The HR Manager asserted that the same background and fingerprint check occurs prior to the enlistment of contractors. Again, auditors reviewed personnel records while in the HR office.

The Contractors policy outlines General Requirements of contractors and mandates the criminal background checks. This policy states that BCJJD shall not enlist the services of contractors that have engaged in activity described in 115.317(a)(2), but goes further to list additional criteria.

Auditors learned that BCJJD conducts criminal background checks on all employees every two years. This is set forth in the Qualifications for Employment policy, page 4. Additionally, in all applicable personnel files (those that had been with the agency

more than two years), there was documentation supporting this practice.

The Contractors policy, page 2, asserts that background checks are also conducted every two years for contractors as well.

BCJJD does ask all applicants specifically about the activity described in 115.317(a)(2) by requiring them to fill out the Employee Performance Appraisal Addendum, which contains those questions. Auditors reviewed the blank forms, as well as completed forms in personnel files that were reviewed. In fact, all employees receive a performance appraisal/evaluation and are required to fill out a new Employee Performance Appraisal Addendum each year. The Evaluations policy also states on page 1, “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.” These yearly addendums were also reviewed in personnel files.

BCJJD employees have a policy-mandated continuing affirmative duty to disclose such misconduct. This is addressed in the Personal Conduct and Appearance policy page 1.

As set forth in the Personal Conduct and Appearance policy on page 2, material omissions regarding misconduct related to sexual abuse and sexual harassment is grounds for termination. There were no such instances for auditors to review.

As set forth in the Personal Conduct and Appearance policy on page 2, BCJJD shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer. This policy does also assert, “No such information will be released without the approval of the chief juvenile probation officer and the Brazoria County human resources director.”

BCJJD exceeds this standard in many areas, to include conducting background checks on all employees and contractors every two years. There is a thorough and organized manner in which documentation is filed and retained. Additionally, knowledge about related PREA standards was at an in-depth level, and every personnel file that was reviewed was spot-on and demonstrated that practice was parallel to policy.

**Corrective Action:**

No corrective action necessary.

**Standard 115.318 Upgrades to facilities and technologies**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Juvenile Supervision policy 2.6
- Complete camera list
- Camera schematic

**Interviews, Document and Site Review:**

BCJJD has not acquired an expansion or had a physical plant modification during the review period.

The BCJJD Pre-Audit Questionnaire indicated that the facility had not installed/updated video monitoring since August 20, 2012. Interviews with the PREA Coordinator indicated they had enhanced their existing video monitoring system by installing additional cameras in the housing units. Interviews with the Agency Head and Facility Head/PREA Coordinator expressed that they are always looking to update and/or to enhance facility safety and certainly consider that when adding cameras. They also asserted, to date, the cameras have been more useful to prove something did not happen (during post-incident review).

BCJJD provided a complete list of cameras and a camera schematic that showed the location of each camera throughout the facility. Seventy-seven (77) cameras were reported in total. Camera coverage was observed and reviewed by auditors throughout the site review. Cameras appear to be adequate to supplement direct staff supervision, but do not contribute to cross-gender supervision or viewing residents in a state of undress.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.321 Evidence protocol and forensic medical examinations**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- 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
- Investigations and Procedures policy 4.4
- Community Counseling Centers flyer
- Brazoria County Alliance for Children MOU
- Nurse Assessment
- Mental Health Assessment
- PREA Checklist

**Interviews, Document and Site Review:**

The facility conducts administrative investigations of alleged sexual abuse. Primarily, the PREA Coordinator conducts all sexual abuse/harassment investigations. Criminal investigations are referred to the Brazoria County Sheriff’s Office (SO) or Brazoria County Attorney’s Office (but, generally, investigations are conducted by the SO). Because an allegation of sexual abuse involving criminal conduct usually entails components of an administrative investigation and/or because it is possible for the facility to conduct a non-criminal investigation of sexual abuse, this standard requires a uniform evidence protocol. BCJJD follows a uniform evidence protocol that is outlined in the Investigations and Procedures policy 4.4 as well as the Serious Incident policy 4.7. These two policies address first responder duties that maximize the potential for obtaining usable physical evidence.

During staff interviews, these first responder duties were consistently articulated very well, indicating the awareness of the uniform evidence protocol.

Through agency report and auditor review, the protocol is developmentally appropriate for youth.

BCJJD offers all residents who experience sexual abuse access to forensic medical exams at an outside facility. Verbiage of provision (c) is stated in the Health Services Plan policy 1.20, verbatim. It states that one of two hospitals will be utilized, and services will be obtained at either Texas Children’s Hospital or UTMB-John Sealy Hospital; these services are performed by Sexual Assault Nurse Examiners without cost to the alleged victim.

Auditors were provided blank forms used for this documentation purpose. It consisted of a consent form and reason for medical evaluation, as well as physician’s notes and instructions.

The facility documents efforts to secure these exams and reported one Sexual Assault Forensic Exam was conducted during the review period. This incident occurred as a result of a resident making a report upon intake (alleging the incident happened at another placement). The documentation was reviewed by auditors and included incident forms, consent form, reason for evaluation, and physician instructions. This documentation was demonstration of this standard in action.

Verbiage of provision (f) is stated in the Health Services Plan policy 1.20, verbatim. The policy does not specify the manner in which these services will be obtained, though auditors learned that a victim advocate is offered automatically by the provider as part of their process. BCJJD has entered into an MOU with Brazoria County Alliance for Children, a provider that offers rape crisis services county-wide. The PREA Coordinator stated that he would also call to ensure availability of an advocate.

BCJJD has entered into an MOU with Brazoria County Alliance for Children. This provider offers services county-wide, and the MOU is an extensive document that outlines an abundance of services and treatments that the Alliance for Children offers. The MOU outlines the specialized training they are mandated to provide. Alliance for Children conducts SAFEs, as well as emotional support services and mental health counseling, among other things. Finally, the MOU document ends with a signature page signed by parties from the Alliance provider, as well as the BCJJD Chief Juvenile Probation Officer. Services aside from being secondary to a SANE would be coordinated by the PREA Coordinator.

BCJJD reported pre-audit that it had requested their law enforcement counterpart to follow the requirements of 115.321(a)-(e). Onsite auditors learned that there is a reciprocal relationship with the Brazoria County Sheriff’s Office, and that there is a designated deputy for BCJJD. PREA requirements and information have been relayed, agreed upon, and reciprocated.

Provision (g) is not applicable to determining this facility’s PREA compliance.

Verbiage of provision (h) is stated in the Health Services Plan policy 1.20, though provision (f) is not applicable to determining this facility’s PREA compliance.

The consistent reporting of evidence protocol, the reciprocal relationship with the Sheriff’s Office and the rape crisis provider, and the quality oversight by the PREA Coordinator exceeds this standard.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Investigations and Procedures policy 4.4
- Serious Incidents; Medical Documentation for Serious Incidents; Serious Physical, Sexual Abuse and Sexual Harassment; Internal Investigation policy 4.7
- PREA Incident Documentation examples (reported allegations)
- Investigative records

**Interviews, Document and Site Review:**

The agency does ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Through interviews with the agency head, PREA Coordinator, PREA Compliance Manager, random staff, residents, and informal discussion, it was evident that allegations of sexual abuse and sexual harassment are taken very seriously and are acted upon right away. BCJJD provided documentation of administrative investigations for auditor review. The facility reported a total of 12 allegations throughout the review period, resulting in 12 administrative investigations and no criminal investigations.

BCJJD has policies in place that ensure allegations are referred to an agency with the legal authority to conduct criminal investigations. The agency has inserted PREA language into existing policies. Investigations and Procedures policy 4.4, page 1, asserts that investigations involving criminal conduct are referred to and investigated by the Brazoria County Sheriff's Office or the Brazoria County District Attorney's Office. Interviews with administration revealed that BCJJD has a productive relationship with the Sheriff's Office (SO), and indicates the SO is very willing to conduct such investigations.

The agency publishes PREA information on its website (<http://brazoriacountytx.gov/departments/juvenile-probation/additional-information>) and includes the agency's zero tolerance toward sexual abuse and sexual harassment, as well as their commitment to maintaining a sexually safe environment through removal, discipline, and/or prosecution of behaviors that violate agency policy or the Texas Penal Code. It states that the facility conducts an investigation of all allegations of sexual abuse and sexual harassment.

BCJJD reported that no such referrals were necessary. No criminal investigations were conducted and therefore there were no such records auditors to review.

The PREA information on the agency/facility website describes the responsibilities in the following ways:

- "Employee disciplinary action, termination of volunteer and contractual services, and referral to the Special Prosecution Unit (SPU) for alleged criminal misconduct is initiated when appropriate."
- "The investigative staff of the Brazoria County Juvenile Justice Department and the Texas Juvenile Justice Department has received and will continue to receive specialized training in conducting investigations into sexual assault, sexual abuse, and sexual harassment. Furthermore, when sufficient evidence exists regarding alleged misconduct of an employee, volunteer or contractor, the Brazoria County Juvenile Justice Department does not hesitate to remove that employee, that volunteer or contractor."
- "The agency also supports criminal prosecution of that employee, volunteer or contractor."
- "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."

The above-listed Serious Incidents policy 4.7 more specifically outlines the responsibilities of both the agency and criminal investigative entity, though it is not posted on the website. It is recommended that this policy be posted as well to provide further clarification to readers and interested parties.

Provision (d) is not applicable in determining PREA compliance of this facility.

Provision (e) is not applicable in determining PREA compliance of this facility.

**Corrective Action:**

No corrective action is necessary.

### **Standard 115.331 Employee training**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Training and Continuous Education - Support Staff policy
- Training and Continuous Education – JSO policy
- Training and Continuous Education – JPO
- Employee, Contractor, Volunteer training records
- CSI-101 Evidence Collection for the JSO Powerpoint
- PREA Training-Revised Powerpoint
- Training sign-in sheets

### **Interviews, Document and Site Review:**

BCJJD mandates PREA training for all its employees. Staff interviews indicated that there was a depth of PREA knowledge throughout the facility. Staff articulated the elements of this standard well and consistently reported that they receive this training annually in a classroom setting. Some staff reported that they have quick-access PREA cards to reference.

Auditors were provided the curriculum in order to review the content of the training material. The materials contained each of the required elements of provision (a). Staff receive trainings via Powerpoint: one that addresses reporting, response, discipline, investigations, and medical/mental health; and one that addresses evidence collection. Auditor review of the training records revealed that all staff had received PREA training.

The zero tolerance policy and practice is abundantly known throughout the facility by staff, administration, and residents. BCJJD reported 112 employees had received the training during the review period.

All current employees have received the mandatory PREA training. Auditors verified this by looking at training records. The review of training records included a diagonal slice of personnel; veteran staff, new staff, contractors, volunteers, etc. Of the veteran staff files, all contained PREA training records. Policy and practice at BCJJD are that employees receive annual PREA training refreshers. Documentation of this was evidenced in the employee files.

Annual PREA training is done in a classroom setting. BCJJD also provides quarterly refresher training to staff.

Employees sign a group sign-in sheet upon receipt of training. At the top of the sign-in sheet is the following statement, “By signing below, I acknowledge attending the entire meeting and receiving a copy of any materials distributed. I understand the information presented and asked questions about anything I did not understand.”

Auditors reviewed these sign-in sheets. All employee/contractor/volunteer files had a copy of the sign-in sheet with the respective name highlighted indicating attendance.

### **Corrective Action:**

No corrective action is necessary.

### **Standard 115.332 Volunteer and contractor training**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Contractors policy
- Volunteers and Interns policy 1.43
- Interns policy
- Volunteer Listing
- Volunteer/Contractor PREA Training sign-in sheet
- Volunteer/Contractor training content

### **Interviews, Document and Site Review:**

Volunteers and contractors receive four hours of training, one hour being PREA training. Contractors policy and Volunteers and Interns 1.43 policy mandates this training. Furthermore, the Contractors policy, page 3, states, "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."

Volunteer training, as asserted in the Volunteer and Interns 1.43 policy, consists of all the elements of employee training pursuant to 115.31(a) and the volunteer orientation is documented on the Volunteer Checklist form.

Auditors interviewed two contractors and one volunteer, selected randomly from the respective listings. Each of the interviews indicated that the volunteer/contractor had indeed received PREA training. They were aware of PREA and their duties and avenues to report sexual abuse and sexual harassment.

Auditors also verified this training by record review. Volunteer and contractor records are retained with the rest of the personnel records in the HR office. Each volunteer and contractor file, which were pulled at random, contained records of PREA training. Volunteers and contractors actually receive training annually, which is required by agency policy; auditors were able to verify this by records review, which exceeds this standard.

All contractors and volunteers receive the same amount of training, which includes information on the zero-tolerance policy and how to report, but also goes beyond that. This training appears to be adequate for all contractors and volunteers.

As mandated by both the Contractors policy as well as the Volunteers and Interns 1.43 policy, the training and personnel coordinator retains records of participation in this training. Auditors verified this practice by file review. Volunteer and contractor records are retained with the rest of the personnel records in the HR office. Each volunteer and contractor file, which were pulled at random contained record of PREA training.

### **Corrective Action:**

No corrective action necessary.



### Standard 115.333 Resident education

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Orientation 3.14 policy
- Policy, Procedure, and Practice 1.36 policy
- Intake and Admission; Orientation 2.5 policy
- Classification Plan 3.3 policy
- BCJJD Orientation Rules and Regulations - Detention
- BCJJD Orientation Rules and Regulations – Residential
- Keeping Our Kids Safe: PREA Part I
- Keeping Our Kids Safe: PREA Part II
- Safeguarding Your Sexual Safety: A PREA Orientation Video
- PREA Training Juvenile video
- Acknowledgement of Rules and Regulations forms

#### **Interviews, Document and Site Review:**

All Juvenile Supervision Officers (JSO) conduct intakes, during which residents receive PREA information on the agency's zero tolerance policy and how to report such incidents, among other things. During intake, residents also watch two PREA videos on the JSO's computer monitor.

Auditors gleaned from resident interviews that residents received this information during intake. Auditors also observed an intake process in which a JSO provided this information and had the resident watch the PREA video. Auditors had informal discussion with several JSO's who reported the same process. BCJJD reported that 1,094 residents were admitted and received this information during the review period.

BCJJD provides comprehensive PREA information to residents on the day of intake. Residents are given the Orientation Rules and Regulations handbook. The JSO goes through the information with the resident (which includes PREA information), has the resident watch the PREA videos, and asks about any questions the resident may have. Every resident receives an Orientation Rules and Regulations handbook. In the handbook is the *Break The Silence* poster which contains the hotline number. Sexual abuse definition, right to be free from reprisals, and options for reporting, treatment, and counseling is also included therein.

Furthermore, BCJJD shows PREA videos each day during lunch. There are four videos (listed above) which are rotated.

BCJJD reported that 1,094 residents were admitted and received this information during the review period; they also reported that there were no residents who have not received such information.

See also auditor analysis of 115.316 earlier in this report. BCJJD takes appropriate steps to ensure that residents with disabilities have an equal opportunity to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Several resources are available to that end. Auditors gleaned information from residents, officers, staff members, and document review that affirmed the availability and awareness of resources for residents with disabilities. All floor officers act as intake officers, providing information and conducting intake duties. Interviews were conducted with officers regarding intake duties related to

PREA. For deaf or hard-of-hearing residents, BCJJD has access to sign language interpretive services. Auditors were provided with a flyer/form (MOU-like) that outlines rates, accessibility, and guidelines of the services for Brazoria County Juvenile Detention Center. Also, intake officers articulated that they are vigilant for indications that a resident has a disability (mental illness, reading, cognitive, etc.). In that instance, mental health staff are notified and follow up. As far as comprehension of the information provided, an intake officer (also a shift leader) explained that each question may have to be read to the resident; he was aware of interpretive services for deaf residents, though none had been admitted to BC. Furthermore, residents are generally shown two PREA videos while in the intake office. The videos contain audio for blind residents and subtitling for deaf residents. They are given a PREA rule packet that is explained to them, such as reporting of sexual abuse and sexual harassment, as well as facility response (methods to include calling a hotline, filing a grievance, or telling staff).

Neither the facility nor the auditors were able to identify any residents with disabilities at the time of the onsite audit to interview.

BCJJD takes steps to ensure meaningful access to the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment for Limited-English proficient (LEP) residents. Each of the four (4) policies listed above contain language pertinent to this standard. Classification Plan policy 3.3, page 3, charges the Residential Supervisor with ensuring these measures are taken. Several resources are employed for this purpose. Zero tolerance and *End The Silence* posters and brochures are in English, as well as Spanish. It was reported that it would be uncommon for BCJJD to receive a resident who could not speak and understand English, though most likely if that occurred it would be a Spanish-speaking resident. BCJJD has not encountered a need for interpretation services.

Should a Spanish-speaking resident be received, intake officers explained the process of obtaining an interpreter. BCJJD has a list of Spanish-speaking staff who could be utilized. An officer also explained that there are probation officers who also speak Spanish, who are generally accessible in the adjacent probation office during business hours. Otherwise, a Spanish-speaking staff member could be called in to work.

Each resident signs an Acknowledgement of Rules and Regulations form. This form is the last page of the Orientation Rules and Regulations handbook that the resident receives and goes through with the JSO upon intake. This documents the juvenile's signature, staff's signature, and date and time. This is placed and kept in the juvenile's file.

Auditors selected a group of residents at random, and the signed acknowledgement form was available for each one. Additionally, during interviews, most residents recalled signing for the form and receiving information regarding PREA.

The facility keeps PREA information continuously and readily available to residents via an abundance of posters throughout the facility. This posted information was observed throughout the site review by auditors. Aside from the PREA zero tolerance signage, Coordinated Response Team Members signage was visible at the facility entrance and throughout the facility as well. Signage was posted in both English and Spanish, and were found in each living unit, in hallways, classrooms, control rooms, the vestibule, medical, intake, etc.

The abundance of signage, the efforts to ensure the permeation of PREA throughout the facility, and the content of the Orientation Rules and Regulations, coupled with the depth of PREA knowledge by residents, exceeds this standard.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.334 Specialized training: Investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- Investigations and Procedures 4.4 policy
- Administrative Investigations curriculum
- PREA training certificates of completion
- Investigating Sexual Abuse in Confinement Settings flyer (presentation at Sam Houston University)

**Interviews, Document and Site Review:**

The facility conducts administrative investigations of sexual abuse and sexual harassment. Several staff members have received specialized training for conducting sexual abuse investigations in confinement: the PREA Coordinator, PREA Compliance Managers, the HR Director, and Chief Juvenile Probation Officer. Primarily, the PREA Coordinator conducts sexual abuse investigations; however, he sometimes does so with assistance from the PREA Compliance Manager/Detention Supervisor.

Auditors were provided with certificates of completion of the NIC Investigations course, as well as verification that the PREA Compliance Manager/Detention Supervisor and HR Director attended an 18.75 hour TJJJD PREA Jail Standards Conference in August of 2013. In addition, the PREA Coordinator and Chief Juvenile Probation Officer attended the *Investigating Sexual Abuse in Confinement Settings* presentation by the Moss Group at the Sam Houston University in 2013.

Specialized investigative training included the elements required in provision (b). This was evident through review of training material and through interviews with staff, particularly the PREA Coordinator. Generally, evidence collection would be conducted by the Brazoria County Sheriff's Office, as would the prosecution referral and use of Miranda and Garrity. Techniques for interviewing sexual abuse victims seem to be known by the PREA Coordinator and PREA Compliance Manager.

For provision (c), auditors were provided such documentation for review and verification.

Provision (d) is not applicable in determining PREA compliance of this facility.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.335 Specialized training: Medical and mental health care**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Training Certificates from National Institute of Corrections (NIC)

**Interviews, Document and Site Review:**

During interviews with the medical provider, she was able to verbalize the training she had received from the facility and also PREA Audit Report

indicated that she had completed training for medical and mental health providers online from NIC.

Part of the training provided was about: how to detect and access signs of sex abuse; how to preserve evidence; how to respond effectively to juvenile victims of sex abuse; and how and who to report to at the facility.

Medical staff at the facility do not conduct forensic exams.

Documentation was provided from NIC in the form of training certificates.

The medical staff the auditors spoke with indicated that they had received training from the facility on how PREA reports are to be handled. Auditors were provided with documentation to show that the training was received through the National Institute of Corrections.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.341 Screening for risk of victimization and abusiveness**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- 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 policy
- Classification Plan 3.3 policy
- Intake and Admission; Orientation 2.5 policy
- Behavioral Health (PREA) Screening Form
- Health history and Screening Form
- Completed PREA Screening forms

**Interviews, Document and Site Review:**

BCJJD obtains and uses information about residents' history and behavior. All JSOs are designated to do intakes, and the JSO doing intakes at any given time is the staff who conducts all necessary screenings, intake paperwork, and intake process. The Behavioral Health Screening Form captures most required elements outlined in this standard, though to use it to reduce risk of sexual abuse appears to be secondary. In short, the form is completed, but auditors question whether it fulfills the purpose of reducing risk of sexual abuse.

While onsite, auditors observed part of an intake in progress. Auditors had informal discussion with the resident and intake JSO and observed the process by which the intake is completed. There is a substantial stack of paperwork the JSO has to get through. Part of this paperwork includes the Behavioral Health Screening Form, which serves as PREA screening instrument. While doing so, the JSO also starts the PREA video for resident to watch. The JSO goes through the Orientation Rules and Regulations and ensures the resident understands. In short, the JSO is responsible for providing much information in as quick a manner as possible, and to do so in a quality manner may be a challenge. Nevertheless, auditors verified by document review that the screening is always completed upon intake immediately after the resident arrives and prior to going onto any unit/wing.

The Behavioral Health Screening Form serves as the objective (PREA) screening instrument. However, since this form has no scoring, training, manual, weighted questions, or overall determination, it fails to be objective. Additionally, JSOs are being tasked with the completion of this form, which includes the assessment of cognitive/intellectual/physical/mental impairments, for example, which are not derived from any outside or professional source. Upon review of completed screening forms, it was noted that there is little to ensure inter-rater reliability, and that many of the questions were documented as “none” or not available, and therefore could not contribute to whether or not the risk factor existed.

The Behavioral Health Screening Form contains ten of the eleven elements required. 115.341(c)(10), however, was missing; the residents’ own perception of vulnerability. The completion of the Behavioral Health Screening Form is an institutionalized practice. The form just needs a simple revision to include the one missing element.

As explained in the analysis of 115.333 Resident Education, this information is obtained by JSOs during the intake process, and it is obtained through conversations with the resident. It was reported by JSOs and other staff members that there are generally no court records, medical/mental health records, or the like to be used at intake. This screening should ideally involve input from medical/mental health or others who could shed light on potential risk factors affecting sexual safety of residents.

BCJJD does ensure that sensitive information is not exploited to residents’ detriment by staff or other residents by securely filing the Behavioral Health Screening Form in resident files. Access is limited to those making treatment and/or security decisions.

**Corrective Action:**

1. Revise or enhance the Behavioral Health Screening Form to make it objective. Things to consider to improve objectivity include: scoring questions, weighting questions, making an overall determination of sexual risk, and providing a manual and training on the completion of the screening form to increase inter-rater reliability.
2. Revise the Behavioral Health Screening Form to include the missing element; 115.341(c)(10).
3. Improve the accuracy of the information obtained in the Behavioral Health Screening Form by ensuring input from other sources are also included and contribute to the determination of overall risk of sexual victimization or abusiveness. These sources may include court records, case files, facility behavioral records, classification assessments, medical and mental health screening information.

**Corrective Action Updates:**

1. **5/23/16:** BCJJD revised the Behavioral Health Screening Form to include the scoring of each question and an Overall Risk Score for both vulnerability factors and sexual aggression factors. It then also culminates in a Risk Level of: Low (scores of 1-9); Medium (scores of 9-16); or High (scores of 17 and above). It requires signatures of both the screener and the supervisor. The supervisor acts as a system of checks and balances, which auditors feel adds a level of integrity and exceeds the standard. This provision is satisfied.
2. **3/31/16:** Auditors were provided with the revised screening form which properly accounted for the missing element; 115.341(c)(10). This provision is satisfied.
3. **5/23/16:** After correspondence and communications with the auditors and the revisions of the Behavioral Health Screening Form, BCJJD implemented the practice of requiring intake officers to review the folder and available documents for incoming residents. This is then taken into account when completing the screening form. As a measure of quality assurance, each screening form is signed off by the shift leader before the end of their shift. Training on this new procedure was held on 5/14/16. This provision is satisfied.

**Standard 115.342 Use of screening information**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- 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 policy
- Classification Plan 3.3 policy
- Intake and Admission; Orientation 2.5 policy
- Padded Cell Guidelines 1.34 policy
- Protective Isolation; Separation Status Log 1.39 policy
- Specialized Housing/ Housing for Juveniles with Physical Disabilities 1.45 policy
- Behavioral Health (PREA) Screening Form
- Health history and Screening Form
- Completed PREA Screening forms
- Dorm Eligibility Log form

**Interviews, Document and Site Review:**

The Classification Plan 3.3 policy, page 3, outlines seven criteria that the residential supervisor or program administrator will take into consideration before placing juveniles into their housing areas. One of those criteria is, “The juvenile’s potential to be sexually abused or sexually harassed by other residents and his or her potential to be sexually abusive.”

Page 3 of the Behavior Screening/Classification 2.2 policy charges the facility administrator or designee to determine appropriate housing for every juvenile and lists nine criteria to consider. One references sexual safety and states, “Sexual behavior - staff will review the juvenile’s potential to be sexually abused by other residents and his or her potential to be sexually abusive.”

Specialized Housing/ Housing for Juveniles with Physical Disabilities 1.45 policy contains the verbiage of provision (a), verbatim, on page 2.

Policy language, as illustrated, exists for this standard. However, auditors noted that practice appears to fall somewhat short of policy, as it was not clear that screening information pursuant to 115.341 was actually used for the goal of keeping residents sexually safe. The policy language cited directly above briefly references the consideration of sexual behavior or potential to be sexually abused or harassed, but does not refer to utilizing the Behavioral Health [PREA] Screening Form and results therein. Therefore, as it is currently, there may present a challenge doing so since the Screening Form does not culminate into an overall risk of sexual victimization or abusiveness with which to consider.

After review of documentation, screening forms, intake processes, as well as interviews with intake staff (JSOs) and administration, the facility did not clearly demonstrate that the agency uses information from the Screening to inform decisions about resident sexual safety.

. Isolation of residents did not appear to be a common practice at BCJJD. The Special Housing/Housing for Juveniles with Physical Disabilities policy, Padded Cell Guidelines 1.34 policy, and Protective Isolation; Separation Status Log 1.39 policy all address provision (b).

In some cases, when warranted, BCJJD could impose disciplinary seclusion or medical isolation as set forth in standards by TJJD. , BCJJD has no “dry cells”; the resident stays in his/her own room/cell if he/she is in Disciplinary Seclusion or Medical Isolation. The shift leader or above can assign disciplinary seclusion. The resident still goes to school and has one hour of exercise, but does not get to watch movies or TV and does not go to the dayroom, play cards, etc. It would be a rare instance in which a resident was assaultive, that privileges or activities would be restricted. Per policy, a resident can be in that status no more than three days, and as one shift leader reported, “After 24 hours Mr. Kat [facility administrator/PREA Coordinator] has to approve.” A shift leader during interviews for staff who supervise residents in isolation reported that medical and mental health come daily, and kids can request to see them anytime.

The facility reported zero (0) residents were isolated during the review period and zero (0) were denied large muscle exercise.

The Special Housing/Housing for Juveniles with Physical Disabilities policy and the Behavior Screening/Classification 2.2 policy both state, “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.”

Interviews of staff and residents, as well as observations during the site review, supported this policy language.

The Special Housing/Housing for Juveniles with Physical Disabilities policy and the Behavior Screening/Classification 2.2 policy both address provision (g). The JSO interviewed as a specialized staff who performs the risk screening did not seem to be aware of the requirement of placement and programming assignments of transgender/intersex residents needing to be reassessed at least twice per year.

All residents are given the opportunity to shower separately at BCJJD; this is by virtue of the physical plant and existence of only single showers.

Provision (h) could be considered not applicable to BCJJD, though there is policy language that mandates the documentation required by this provision. The Special Housing/Housing for Juveniles with Physical Disabilities policy and the Protective Isolation; Separation Status Log 1.39 policy contain this language.

There were no such incidents and therefore no documentation for auditor review. BCJJD reported zero (0) residents were isolated and thus, this documentation was not applicable during the review period.

Provision (i) is not applicable to BCJJD, since there were no residents isolated during the review period and since BCJJD does not technically isolate residents in which they have no access to common areas or programming.

**Corrective Action:**

1. Implement practice that is congruent to policy (i.e. 115.342(a)) to use screening information to inform housing, bed, program, education, and work assignments with the goal of keeping residents sexually safe. Provide training to staff or increase knowledge of the purpose of the screening information.

**Corrective Action Update 5/23/16:**

1. On May 14, 2016, BCJJD held training with staff to address the screening of residents and the use of that information to inform decision-making with the goal of keeping residents sexually safe. At the time of the onsite audit, staff members did not articulate that this was the purpose of the screening. The training held for staff addressed this lack of awareness. Auditors were provided documentation of said training. This provision is satisfied.

**Standard 115.351 Resident reporting**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Step 1, 2, and 3 Grievance forms
- Orientation 3.14 policy
- Acceptance of Juvenile 1.1 policy
- Juvenile Grievance Process/Grievance Appeals/Grievance Officer/Grievance Documentation 1.19 policy
- Mail; Limitations on Mail; Legal Correspondence; Inspection of Mail 1.29 policy
- Reporting of Allegations by Juveniles 4.6 policy

**Interviews, Document and Site Review:**

BCJJD provides multiple internal ways for residents to privately report sexual abuse or sexual harassment or retaliation for reporting such incidents.

Acceptance of Juvenile 1.1 policy cites this standard verbatim.

Auditors learned that the following are ways for residents to report internally: report to any staff member; call the hotline; write a grievance or note; or tell a counselor. Residents consistently disclosed multiple ways to report internally. Staff, too, were able to articulate the multiple ways in which residents are able to report.

The facility provides at least one way for residents to report externally to a public or private entity. That entity is the Texas Juvenile Justice Department (TJJD), which is where the hotline is routed. Residents also have regular and frequent contact with their probation officers and can report to the family as well.

The hotline that is accessible to residents (and staff) goes directly to the Texas Juvenile Justice Department. Residents at BCJJD do not have direct access to phones. In order to use a phone, residents must go through staff. Residents can remain anonymous to TJJD, but obviously could not remain anonymous to the facility, since they must go through staff. While at BCJJD, auditors recognize the healthy reporting culture and environment; this is not always ideal to ensure uninterrupted external reporting.

BCJJD does also provide other means to external reporting. Most residents have frequent access to and visits from the probation officer, to whom they could report. Many residents also disclosed that they would report to friends or family with whom they have visits and/or phone calls.

Auditors found evidence that abundantly supported this as practice; staff accept all reports of sexual abuse and sexual harassment and act upon them immediately. All reports are documented. Staff are required to report immediately, or at least before the end of shift if not emergent. Evidence of this practice being institutionalized was obtained through interviews of random staff and random residents. Auditors also reviewed reports while onsite.

Residents are provided with a method and tools necessary to make a written report. Residents can do this via grievance forms which can be put into the locked grievance box. Residents and staff alike reported this to be implemented in practice. The facility also provided auditors with grievances to review.

Staff have many methods to report sexual abuse and sexual harassment of residents. Most staff articulated these methods well and reported they would likely report to their immediate supervisor. Staff also reported they would feel comfortable reporting to any member of administration, from the shift leader to the Chief Juvenile Probation Officer to anyone in-between.

Privately and/or confidentially, staff can also report to the TJJD hotline. Most staff were aware of this method, though they felt it would not be necessary.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.352 Exhaustion of administrative remedies**

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



relevant review period)

- Does Not Meet Standard (requires corrective action)

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Juvenile Grievance Process/Grievance Appeals/Grievance Officer/Grievance Documentation 1.19

**Interviews, Document and Site Review:**

Upon admission to the facility, each resident participates in an orientation. This occurs on the day the resident arrives; during this process, the grievance procedure is explained. Additionally, the resident is given written materials that explain the process, including how to submit a grievance concerning sex abuse.

Resident interviews indicated they feel safe from sex abuse, but knew how to file a grievance if needed. However, most said they would just tell staff. This indicates that the residents trust that staff will do the right things to ensure their safety.

Review of the grievance policy showed that there is no time limit imposed to file a grievance about sex abuse or sexual harassment. There is no provision to attempt informal resolution. The policy requires the grievance be resolved within three days. There is a provision for filing of an emergency grievance for sex abuse when there is substantial risk of imminent sex abuse or harassment. The grievance procedure states in part, as follows:

*Third parties, including fellow residents, staff members, family members, legal guardians, attorneys and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies for all types of grievances including: relating to allegations of sexual abuse, sexual harassment and shall also be permitted to file such requests on behalf of residents. The staff shall maintain confidentiality and no reprisal or retaliatory actions will be taken for utilizing grievance, disciplinary appeals abuse, neglect or exploitation reporting or sexual abuse and sexual harassment reporting, etc. All grievances, whether verbal, written or through a third party, that report incidents of sexual abuse or sexual harassment shall be forwarded to the Prison Rape Elimination Act (PREA) Coordinator. These grievances will be investigated within the guidelines established by PREA.*

*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.*

*The initial investigation shall not last more than three business days. The juvenile, or any person on the juvenile's behalf, may file an appeal in accordance with this policy.*

*The appeal shall be investigated and reviewed within three business days. All parties will be advised in writing of the outcome of the investigation.*

Emergency grievances are available to residents and are addressed in the resident orientation material and in policy as follows:

**Emergency Grievance:**

*After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment, the department shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the facility administrator or designee at which immediate corrective action may be taken, shall provide an initial response within eight (8) hours, and shall issue a final department decision within 48 hours. The initial response and final department decision shall document the department's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The department may discipline a resident for filing a grievance related to alleged sexual abuse or sexual harassment only where the department demonstrates that the resident filed*

*the grievance in bad faith.*

The standard applies only to grievances about sex abuse; however, the policy and practice include sexual harassment also. There were no grievances concerning either sex abuse or harassment during the period of review to verify this practice, though it was articulated well and the process is intact.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.353 Resident access to outside confidential support services**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Orientation Policy 3.14
- Outside Communications; Visitation; Limitations on Visitation; Access to Attorney; Telephone 1.47

**Interviews, Document and Site Review:**

There is information given during orientation on how to access outside victim advocates and emotional support services. Additionally, there are posters throughout the facility which contain the names, addresses, and phone numbers for contacting them. This includes toll-free hotline numbers.

Residents are given information regarding the extent to which their communications will be monitored, and the facility has entered into an MOU Brazoria County Children's Alliance to provide services related to sex abuse.

Orientation Policy 1.47 outlines the procedure for communication with their attorneys and parents. The facility staff reported that the youth may reach out to these providers on their own, and staff also reach out to the providers when they are made aware of cases.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.354 Third-party reporting**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

**In order to make my determination, I reviewed the following policies and other documentation:**

- Orientation Policy 3.14
- Outside Communications; Visitation; Limitations on Visitation; Access to Attorney; Telephone 1.47

**Interviews, Document and Site Review:**

Documentation provided to residents reads in part, as follows:

*Third parties, including fellow residents, staff members, family members, legal guardians, attorneys and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies for all types of grievances including: relating to allegations of sexual abuse, sexual harassment and shall also be permitted to file such requests on behalf of residents.*

*The staff shall maintain confidentiality and no reprisal or retaliatory actions will be taken for utilizing grievance, disciplinary appeals abuse, neglect or exploitation reporting or sexual abuse and sexual harassment reporting, etc. All grievances, whether verbal, written or through a third party, that report incidents of sexual abuse or sexual harassment shall be forwarded to the Prison Rape Elimination Act (PREA) Coordinator. These grievances will be investigated within the guidelines established by PREA.*

Policy addresses and allows for third-party reporting and interviews with residents indicated that they were very aware that they could use or be a third party for reporting. Staff indicated they were aware also.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.361 Staff and agency reporting duties**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities 4.3

**Interviews, Document and Site Review:**

PREA policy 4.3 outlines that all staff are required to report immediately any knowledge or suspicion of sex abuse or sexual harassment, or any knowledge or suspicion that retaliation for reporting is occurring. Facility staff are also required to report serious physical abuse, sexual harassment, or sexual abuse immediately to their supervisor, local law enforcement, and the Texas Juvenile Justice Department. Medical/mental health employees are required to follow the same policy and shall be required to inform juveniles at the initiation of services of their duty to report and the limitations of confidentiality.

Upon learning of a report of abuse, the facility notifies the parents of the residents involved. Interviews and discussion with staff and the PREA Coordinator indicated that this occurs in practice; auditors were also provided with incident documentation that demonstrated the practice to notify parents, law enforcement, and social services.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.362 Agency protection duties**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Protective Isolation; Separation Status Log 1.39
- Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities 4.3
- Specialized Housing/ Housing for Juveniles with Physical Disabilities 1.45

**Interviews, Document and Site Review:**

Policy 1.39 states in part, “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.”

Interviews with the shift supervisors revealed that there are several options that can be utilized, if needed, such as moving the youth to another part of the facility, or placing them into a temporary isolation cell; isolation is used only as a last resort. The staff reported that they would keep the individual with them and contact the PREA Compliance Manager for further decisions.

There is a very low incidence of sex abuse reported at the facility; therefore, there has been no recent event that would cause such actions to occur. The residents all reported that they felt confident that staff would not let anything bad happen to them, if they could help it.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.363 Reporting to other confinement facilities**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities 4.3

**Interviews, Document and Site Review:**

Policy 4.3 states in part,

*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; Such notification shall be provided as soon as possible, but no later than twenty-four (24) hours after receiving the allegation; 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 standards.*

This PREA standard requires that notification be made within 72 hours, whereas the facility policy requires notification occur within 24 hours. Even though there were no reports received during this review period, the procedure is in place and exceeds the requirement. The facility provided auditors with an example in which a resident reported sex abuse upon intake to BCJJD. BCJJD secured a forensic exam and notified the other confinement facility.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.364 Staff first responder duties**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities 4.3
- Internal Security 1.24
- Serious Incidents; Medical Documentation for Serious Incidents; Serious Physical, Sexual Abuse and Sexual Harassment; Internal Investigation 4.7

**Interviews, Document and Site Review:**

Interviews with security staff and other first responders in the facility, it was reported that there is a response checklist to follow. Policy 1.24 contains the language addressing this standard and states, in part, as follows:

*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.

It was clear and consistently reported by staff during interviews that they were well aware of the initial steps to follow in the event of reported sex abuse.

The incident of sexual abuse was one that was discovered upon intake and occurred at another facility. Documentation was provided that a SANE was obtained right away. However, there were no other reports of sex abuse made during this period of review.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.365 Coordinated response**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents in Departments, Programs and Facilities 4.3
- Internal Security 1.24
- Serious Incidents; Medical Documentation for Serious Incidents; Serious Physical, Sexual Abuse and Sexual Harassment; Internal Investigation 4.7
- Investigations and Procedures 4.4

**Interviews, Document and Site Review:**

There is a written institutional coordinated response plan contained in Internal Security policy 1.24.

During interviews with security staff and other first responders in the facility, it was reported that there is also a coordinated response checklist to follow. Policy 1.24 outlines the actions to be taken and the notifications that are required. The checklist is kept in the control center and in the shift supervisor's office.

Staff interviews made it was clear that staff were well aware of the initial steps to follow in the event of reported sexual abuse.

The facility reported that there was only sexual harassment reported during the review period, though, it was noted during review of incidents that one seemed to fit the definition of sexual abuse as stated in the PREA standards. This incident did not require evidence collection. The auditor did have conversations with the facility administrator regarding the evaluation and adherence to the definitions as put forth in the PREA standards. Despite this, BCJJD does have a coordinated response in place and it is institutionalized.

**Corrective Action:**

No corrective action is necessary.

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

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

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

There is no collective bargaining in this facility. This standard is not applicable.

**Standard 115.367 Agency protection against retaliation**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- None

**Interviews, Document and Site Review:**

The facility administrator/PREA Coordinator is charged with monitoring retaliation of residents and staff who have reported PREA Audit Report

and/or cooperated with a sexual abuse investigation.

During interviews, he explained different measures taken to protect those from retaliation. First and foremost, residents are immediately separated from alleged abusers. Residents can be moved to different wings. If a staff is involved, the staff member will not work on the same wing as the resident. BCJJD reported that no incidents of retaliation occurred during the review period. The facility administrator/PREA Coordinator is present, visible, and accessible to the residents and staff, which enhances his ability to monitor for retaliation. However, this monitoring is largely done informally. Documentation of the process is necessary in order to demonstrate the practice and institutionalization.

BCJJD reported that monitoring for retaliation occurs for at least 90 days, if not longer “depending on what is uncovered.”

Interviews with the PREA Coordinator revealed that being a small facility, it would be unlikely that something of this nature would go undetected. When monitoring, he looks for disciplinary reports, checks in with the resident for any reports of retaliation, and is vigilant regarding with whom the resident is associating or not associating. The auditor was told of two different non-sexual incidents, which the PREA Coordinator provided as demonstration of the practice of monitoring for retaliation. One incident entailed recognizing that a JSO had issued a disciplinary report to a resident that appeared retaliatory in nature. In turn, the disciplinary report was dropped, and the JSO received a letter of instruction and substantial coaching. Though not related to PREA, this was evidence of the process.

While according to BCJJD’s pre-audit documentation, there were no reports of retaliation and no criminal investigations of sexual abuse, auditors noted an investigative file that contained an allegation that seemed to meet the definition of sexual abuse. Therefore, monitoring of retaliation would likely have been warranted. This may have been done informally, though auditors were not able to verify due to the fact it was not documented. Auditors recommended formalizing resident and staff monitoring for retaliation. The facility promptly provided and implemented a retaliation monitoring form that tracks monitoring with a section for every week (e.g. Week 1, Week 2, etc.). Each section contains checkboxes for items that were reviewed and/or whether it was in-person. This form is an excellent method to demonstrate the monitoring process. This form will enhance the monitoring that is already in place and institutionalized.

As mentioned above, during interviews with the PREA Coordinator, he reported that he does meet in person with residents to do status check-ins. He is very present, visible, and accessible to the residents.

The PREA Coordinator expressed his awareness that the obligation to monitor terminates if an allegation is unfounded. However, at least unofficially, a resident would continue to be monitored.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.368 Post-allegation protective custody**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Disciplinary Seclusion; Resident Initiated Separation; Safety-Based Seclusion; Safety-Based Seclusion Reviews; Specialized Housing; Separation Status Log 1.9



### **Interviews, Document and Site Review:**

There have been no instances of seclusion during this period of review. However, according to the PREA Compliance Manager, if it were used, it would most likely be for a period of less than 24 hours. There are other means available to protect a youth who had been victimized. Policy 1.9, states in part as follows:

*A juvenile may be placed under protective isolation when used to keep the juvenile safe from potential threats (e.g. self-harming, harming others, and/or medical concerns). Protective isolation should be used as a last resort, when other less restrictive measures are inadequate to keep juveniles safe, protective isolation shall only endure until alternative means for keeping the juvenile safe can be arranged. The facility administrator or designee shall conduct a review of the circumstances requiring protective isolation and develop a plan for service delivery, if protective isolation is to continue past twenty-four (24) hours. The threat faced by the juvenile shall be documented and placed in the juvenile's file. A juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed fifteen (15) minutes, unless supervision requirements from sections 343.348 (referring to High Risk supervision) and 343.350 (referring to moderate risk supervision) apply, then random staggered intervals are not to exceed ten (10) minutes.*

The facility may impose disciplinary seclusion, in which the resident remains in his room but still participates in education and other activities outside the room. The shift leader or above can assign disciplinary seclusion. The resident still goes to school and has one hour of exercise, but does not get to watch movies or TV and does not go to the dayroom, play cards, etc. It would be a rare instance in which a resident was assaultive, that privileges or activities would be restricted. Per policy, a resident can be in that status no more than three days and as one shift leader reported, "After 24 hours Mr. Kat [facility administrator/PREA Coordinator] has to approve." During interviews for staff who supervise residents in isolation, a shift leader reported that medical and mental health come daily, and kids can request to see them anytime.

### **Corrective Action:**

No corrective action is necessary.

### **Standard 115.371 Criminal and administrative agency investigations**

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

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

### **In order to make my determination, I reviewed the following policies and other documentation:**

- Investigations and Procedures 4.4 policy
- Serious Incidents Medical Documentation for Serious Incidents; Serious Physical, Sexual Abuse and Sexual Harassment; Internal Investigation 4.7 policy
- Investigative files
- Investigative Training certificates
- Investigative Training materials

### **Interviews, Document and Site Review:**

BCJJD investigates administrative allegations of sexual abuse and sexual harassment and does so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Review of investigative files, as well as interviews of investigative staff, the PREA Coordinator, and the PREA Compliance Manager affirmed this to be the practice at the facility.

The facility also adheres closely to the requirements of reporting and investigating as outlined by the Texas Juvenile Justice Department. There were 11 administrative investigations reported during the review period.

In regard to criminal allegations, though there were none during the review period, the Investigations and Procedures 4.4 policy states, "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."

Auditors interviewed the PREA Coordinator as the primary person who conducts administrative investigations. He articulated well the manner in which investigations are conducted, both administrative and criminal, and stated that they are done in a thorough, objective, and prompt manner. Interviews of other supervisors and staff supported also that third-party and anonymous reports are handled in the same manner as all other allegations. Auditors did not interview criminal investigators, as they are external to the facility. However, auditors learned through discussion, interviews, and document review that the facility has a very healthy relationship with the BCSO, that BCSO is aware and familiar with the PREA standards, and, in fact, are close to undergoing their own PREA audit. Additionally, the BCSO has designated an investigator for allegations of sexual abuse at the facility.

Review of investigative files revealed that investigations were promptly initiated upon report or discovery of the incident. They also appeared to thorough, as indicated by the interviewing of witnesses, the use of electronic and other evidence, etc.

As indicated in the auditor comments of 115.334 of this report, auditors were provided training certificates of facility staff who conduct or may be involved in the investigation of sexual abuse. If an allegation appears to be criminal, the BCSO (Sheriff's Office) conducts the investigation. It was reported that the criminal investigators have also received the specialized training as required by this standard.

The gathering of direct and circumstantial evidence would likely be done by the BCSO, since it would generally be a criminal investigation that would prompt such actions. Interviews and document reviews indicated that the role of administrative investigators may include the gathering of electronic evidence and/or other pertinent information the facility may have.

Administrative investigators at BCJJD do not conduct compelled interviews. In the event that there is support for criminal prosecution, the investigation would be in the hands of the BCSO. It would be responsibility of the BCSO to consult prosecution prior to conducting compelled interviews. There were no criminal investigations reported during the review period for auditors to review.

Interviews and discussion with the PREA Coordinator and other staff members indicated that persons involved in an investigation are not judged or treated with any bias.

The facility uses no polygraph examinations with residents under any circumstances.

It was abundantly evident during interviews with staff and administration that the credibility of residents is not unjustly or prematurely determined.

Though criminal investigations are conducted by the BCSO, the BSCO investigators document in a written report that is provided to the facility. The file includes the documentary evidence used in determining the case findings.

BCJJD reported no criminal investigations during the review period, though the facility administrator/PREA Coordinator explained that this occurs with non-sexual abuse cases.

In discussions and interviews with the PREA Coordinator, Agency Head, and other staff members, it was reported that substantiated allegations that appear to be criminal are referred for prosecution. It would generally be the responsibility of the BCSO.

Auditors did note that though there were no criminal investigations reported by the facility, one investigative file did document that BCSO filed charges against a resident for an allegation of touching another resident's penis over the clothing.

The departure of an alleged victim or abuser does not serve as basis for terminating an investigation. This was abundantly articulated by the PREA Coordinator. Again, the PREA Coordinator explained that even in non-sexual abuse cases, an investigation is not terminated in that instance. There was not any instance of this kind in the investigative files with which to review and verify.

Page 2 of the Investigations and procedures 4.4 policy states, “In the event that the subject of the investigation is terminated from employment or resigns prior to the findings of the internal investigation, the chief juvenile probation officer or designee shall notify Texas Juvenile Justice Department no later than the second business day after the termination or resignation. At the time of the resignation or termination, the subject of the investigation should be notified that should they locate employment in another jurisdiction, they are not allowed to work in any capacity having any contact with juveniles until the outcome of the internal investigation being conducted by this department.”

Provision (l) is not applicable to determining this facility’s PREA compliance.

When an allegation is investigated externally by BCSO, the facility remains informed of the progress of the investigation. Auditors learned through discussion, interviews, and document review that the facility has a very healthy relationship with the BCSO, and there is no barrier in remaining informed of an investigation.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.372 Evidentiary standard for administrative investigations**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Investigations and Procedures 4.4
- Serious Incidents; Medical Documentation for Serious Incidents; Serious Physical, Sexual Abuse and Sexual Harassment; Internal Investigation 4.7

**Interviews, Document and Site Review:**

Through interviews with investigative staff, PREA Coordinator, and others, it was evident that the facility uses the standard “preponderance of evidence” to determine whether allegations of sex abuse are substantiated. This language is also contained in policy 4.4.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.373 Reporting to residents**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Investigations and Procedures 4.4

**Interviews, Document and Site Review:**

The Investigations and Procedures 4.4 policy contains all the verbiage of this standard. The policy charges the PREA Coordinator/facility administrator with providing this notification.

All such notifications or attempted notifications are to be documented and retained in the juvenile’s file.

A copy of the form used to make notification to the victim was provided as documentation for auditor review. Interviews with the PREA Coordinator revealed that he was aware and able to articulate this requirement.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.376 Disciplinary sanctions for staff**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Investigations and Procedures 4.4
- Employee Offense and Pre-Hearing Investigation Report

**Interviews, Document and Site Review:**

Policy states that staff are subject to disciplinary sanctions for violating the facilities policy against sex abuse or sexual harassment. The same policy states that termination is the presumptive sanction for staff who have engaged in sex abuse.

Through interviews, it was learned that disciplinary actions against staff are commensurate with the nature and circumstances surrounding the violation. This language is not mandated in policy or by other means, though policy does require all instances of sexual abuse to be reported to law enforcement, even if the employee leaves employment during the investigation. Policy could be strengthened by adding verbiage regarding provision (c) of this standard. The facility provided a blank Employee Offense and

Pre-Hearing Investigation Report form, with which employee discipline is documented. During the review period, there were no instances of sexual abuse or sexual harassment by staff in order for auditors to verify this practice, although policy is there and discussions with the PREA Coordinator regarding non-sexual abuse cases indicated the process is institutionalized.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.377 Corrective action for contractors and volunteers**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Contractors Policy
- Volunteers and Interns policy 1.43
- Interns policy
- Investigations and Procedures 4.4 policy

**Interviews, Document and Site Review:**

There is policy language regarding the corrective action of contractors, volunteers, and interns, such as:

*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.*

BCJJD reported that there have been no instances of a contractor or volunteer being involved of sex abuse or sexual harassment during this period of review. Interviews with the PREA Coordinator/facility administrator articulated the process outlined in the policy.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.378 Disciplinary sanctions for residents**

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

- Does Not Meet Standard (requires corrective action)

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Discipline Plan 1.10
- Blank Rule Violation Report.

**Interviews, Document and Site Review:**

Policy 1.10 contains the verbiage of this standard.

There is a formal disciplinary process used at the facility. The process allows youth who violate the facility rules to go before a disciplinary hearing officer. Sexual activity with another resident is considered a major rule infraction.

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.

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. BCJJD does not generally isolate residents, in practice. The facility may impose disciplinary seclusion in which the resident remains in his room, but still participates in education and other activities outside the room. Therefore, daily large-muscle exercise or access to any legally required educational programming or special education services is not denied.

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. The facility provided a Rule Violation Report form. On the second page of this form considers and document whether the resident has “mental health clearance,” as well as the name, title, date, and time of the mental health staff providing said clearance.

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. Furthermore, according to policy, a juvenile may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact. There have been no such instances at BCJJD.

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. This was abundantly evident during the auditor’s time onsite and with discussions had with staff and administration.

All sexual activity between residents is strictly prohibited at BCJJD 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.

This policy and practice does not restrict large muscle exercise and does not restrict the resident from participation in educational classes. The facility does not offer formal sex offender treatment for youth, and there have been no disciplinary actions taken for sexual activity by any youth/resident during this period of review.

**Corrective Action:**

No corrective action is necessary.

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

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Health Screening 3.7
- Health Services Plan 1.20
- Mental Health Screening and Referral/ Health Screening/Health Assessment 2.8

#### **Interviews, Document and Site Review:**

The screening is completed at the time of admission by security staff on duty. Those residents who report previous sex abuse or perpetration of sex abuse are forwarded to the PREA Compliance Manager for follow up. Policy 3.7 states in part, as follows:

- 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.*

The PREA Compliance Manager contacts the facility nurse or mental health worker, who completes a follow up meeting with the resident within 24 hours, normally on the same day it is reported.

Policy 1.20 states that Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, though there was no applicable documentation to provide auditors.

Policy language exceeds the standard, and the facility provided documentation to show that youth who reported previous sex abuse or who perpetrated sex abuse were seen prior to the 14-day requirement.

#### **Corrective Action:**

No corrective action is necessary.

### Standard 115.382 Access to emergency medical and mental health services

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Health Services Plan 1.20

**Interviews, Document and Site Review:**

The Health Services Plan 1.20 policy contains all the language of this standard.

The policy outlines the procedures that would be used in the event of a case of sexual abuse where medical treatment and/or crisis intervention would be provided. The policy covers all of the required elements of the standard.

Interviews with medical and mental health staff echoed what was in policy. There was no documentation applicable to verify practice. Staff appear ready to respond should an event occur.

**Corrective Action:**

No corrective action is necessary.

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

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Health Services Plan 1.20

**Interviews, Document and Site Review:**

The Health Services Plan policy 1.20 contains all the language of this standard.

BCJJD does offer medical and mental health treatment to all victims of sexual abuse. Medical and mental health staff, as well as the facility administrator and others, articulated this.

Medical and mental health staff reported that the level of care is likely above what is offered in the community.



As per protocol of a SANE exam, victims are offered pregnancy tests (if applicable), treatment and prophylaxis for STIs as appropriate. All these services are offered without cost to the victim, which is mandated by policy and was also reported by all staff.

There were no instances of sexual abuse that reported to have occurred at BCJJD, although a resident who reported sexual abuse at intake was offered ongoing medical and mental health. Auditors were provided documentation of this. No other reports of sexual abuse were made during this period of review.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.386 Sexual abuse incident reviews**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Investigations and Procedures 4.4
- Sexual Abuse Reviews

**Interviews, Document and Site Review:**

The Investigation and Procedure 4.4 policy requires that BCJJD considers all the elements of this standard. In fact, policy requires that review be ordinarily conducted within 10 days of the conclusion of the investigation, which exceeds the standard. It also asserts that the following staff are included: chief juvenile probation officer; the assistant chief juvenile probation officer; the facility administrator; the detention/residential supervisors; investigators; the nurse; and the mental health coordinator.

The policy requires even that investigations that were determined to be unfounded are reviewed by the review team.

The team met numerous times, even though there were no investigations for the team to review. Auditors were provided documentation of these reviews. The documentation of these reviews, however, did not account for the six required elements of this standard. Auditors feel the team may have discussed the required elements, though they could not verify this due to lack the content of the documentation. Additionally, review of the incidents revealed that one report seemed to fit the definition of sexual abuse per the PREA standards. Discussion and clarification was had with the PREA Coordinator regarding the evaluation and categorization of reports. Review of this one report may have been warranted. BCJJD shall ensure proper evaluation and/or analysis of each report, so that a sexual abuse incident review is conducted per this standard.

**Corrective Action:**

1. Enhance the documentation of sexual abuse incident reviews so that demonstration of the required six elements can be provided. Otherwise, BCJJD exceeds this standard and does have this practice institutionalized. Please provide auditors with the enhanced reviews.

**Corrective Action Update 5/23/16:**

1. BCJJD enhanced documentation of sexual abuse incident reviews by creating a more comprehensive form which documents the review and the required elements. The form is titled Sexual Abuse by Contact/Non-Contact or Sexual Harassment Investigations. Auditors were provided with completed sexual abuse incident reviews for review. The form

contains signatures of both the PREA Coordinator and PREA Compliance Manager. This form was put into practice April 1, 2016. As noted, sexual harassment investigations are reviewed, as well as sexual abuse, which auditors believe to be a promising practice, as sexual abuse often begins as sexual harassment and is a threat to the sexual safety of the facility. For this reason, BCJJD exceeds this standard.

### **Standard 115.387 Data collection**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Policy and Procedure; Data Collection 4.5 policy
- Data Collection 1.7 policy

### **Interviews, Document and Site Review:**

BCJJD does collect accurate and uniform data for allegations of sexual abuse using a set of definitions. Incident-based data is collected pursuant to TJJD’s mandated definitions, as well as for the Survey of Sexual Victimization (SSV). Auditors were provided with the most recent SSV for review.

Data is gathered at least annually pursuant to the completion of the SSV. The facility collects and uses data more frequently than annually.

As alluded to above, auditors were provided with the most recent completed SSV for BCJJD. This is completed annually.

Auditors were not provided with aggregated data from private facilities with which BCJJD contracts. The agency contract administrator also did not articulate that this data was collected during his interview.

Provision (f) is not applicable to determining this facility’s PREA compliance. DOJ has made no such request.

### **Corrective Action:**

1. Agency shall collect and aggregate sexual abuse data from facilities with which it contracts. IS UPDATED ON WEBSITE.

### **Corrective Action Update 7/7/16:**

1. Following several communications with the auditors, BCJJD enhanced their PREA publications on the agency website. There is now a link from the Home page titled Brazoria County Juvenile Justice Department Sexual Abuse/Sexual Harassment Data from Outside Contract Agencies. Contained therein are data from contracted facilities: Pegasus School, Inc.; Lakeside Academy; Glen Mills Schools; and Sequel Starr Albion Prep. Auditors reviewed and verified this data and its public availability on the website. All corrective actions are satisfied for this standard.

### **Standard 115.388 Data review for corrective action**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Policy and Procedure; Data Collection 4.5 policy
- Survey of Sexual Victimization, on website
- Memo from Chief Juvenile Probation Officer, on website

**Interviews, Document and Site Review:**

The facility reports that they do review data collected pursuant to 115.387 in order to improve and assess their PREA compliance efforts. BCJJD has posted a PREA report on their website. It contains good information regarding the intent and purpose of PREA. It does not, however, contain the aggregated data nor identify problem areas and ongoing corrective action as required by provision (a).

The facility’s annual report posted on the website does not include a comparison of previous years’ data, though that is acceptable as this is the facility’s first PREA audit. The report does contain an explanation of the facility’s efforts and progress with PREA compliance.

The PREA Report is available on the agency’s website and is approved by the Chief Juvenile Probation Officer. The website link is: <http://brazoriacountytx.gov/departments/juvenile-probation/additional-information>

No information was redacted from the report, as it was not deemed necessary.

**Corrective Action:**

1. Facility shall include in their annual report aggregated data and the identification of problem areas and ongoing corrective action.

**Corrective Action Update 7/4/16:**

1. Following several communications with the auditors and revisions, BCJJD enhanced their PREA publications on the agency website. An improved link and stand-alone report titled *Brazoria County Juvenile Justice Department Prison Rape Elimination Act 2015-2016 Annual Report* now exists on the agency website with more comprehensive information and data. It contains a section called *Corrective Areas and Corrective Actions Taken*. This section cites areas in which the agency has made improvements in the PREA compliance efforts, and areas which were targeted during the audit process. Auditors reviewed and verified this data and its public availability on the website. All corrective actions are satisfied for this standard.

**Standard 115.389 Data storage, publication, and destruction**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Policy and Procedure; Data Collection 4.5 policy

**Interviews, Document and Site Review:**

Page 3 of the Policy and Procedure; Data Collection 4.5 policy contains the language of this standard, verbatim.

BCJJD does contract with private facilities for the confinement of residents. Auditors were not provided with aggregated data from these private facilities, nor did auditors find it posted on the facility’s website. The agency contract administrator also did not articulate that this data was collected during his interview.

The language of s provision (c)is included in policy as alluded to above. Auditors found no personal identifiers that were made available publicly. Through discussion with facility staff, it was evident they are aware of this requirement.

**Corrective Action:**

1. The facility shall make all aggregated sexual abuse data, from facilities with which it contracts, readily available to the public at least annually through its website.

**Corrective Action Update 7/7/16:**

1. Consistent with the corrective actions of 115.387, BCJJD enhanced their PREA publications on the agency website. There is now a link from the Home page titled *Brazoria County Juvenile Justice Department Sexual Abuse/Sexual Harassment Data from Outside Contract Agencies*. Contained therein are data from contracted facilities: Pegasus School, Inc.; Lakeside Academy; Glen Mills Schools; and Sequel Starr Albion Prep. Auditors reviewed and verified this data and its public availability on the website. All corrective actions are satisfied for this standard.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Talia Huff \_\_\_\_\_

7/16/16 \_\_\_\_\_

Auditor Signature

Date