

# PREA AUDIT: AUDITOR'S FINAL REPORT

## JUVENILE FACILITIES

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]			
<b>Name of facility:</b>	Fort Bend County Juvenile Detention Center		
<b>Physical address:</b>	122 Golfview Drive, Richmond TX 77469		
<b>Date report submitted:</b>	AUGUST 18, 2016		
<b>Auditor Information</b>	Glen E. McKenzie, Jr. M.S.H.P.		
<b>Email:</b>	GlenEMcKenzieJr.LLC@austin.rr.com for PREA Audit Purposes Only		
<b>Telephone number:</b>	512-576-1800		
<b>Date of facility visit:</b>	June 27-29, 2016		
<b>Facility Information: Fort Bend County Juvenile Detention Center</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number:</b>	845-615-3000		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction <input type="checkbox"/> Other – Residential Group Care Home	
<b>Name of PREA Compliance Manager:</b>	Chance Bagley		<b>Title: PREA Compliance Coordinator</b>
<b>Email address:</b>	chance.bagley@fortbendcountytexas.gov		<b>Telephone number:</b> 281-633-7352
<b>Agency Information – Fort Bend County Juvenile Probation Department</b>			
<b>Name of agency:</b>	Same as above		
<b>Governing authority or parent agency: (if applicable)</b>	Fort Bend County Government		
<b>Physical address:</b>	122 Golfview Drive, Richmond TX 77469		
<b>Mailing address: (if different from above)</b>			
<b>Telephone number:</b>	281-633-7400		
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Matthew "Kyle" Dobbs	<b>Title:</b>	Chief Juvenile Probation Officer	
<b>Email address:</b>	kyle.dobbs@fortbendcountytexas.gov	<b>Telephone number:</b>	281-633-7400
<b>Agency-Wide PREA Coordinator</b>			

Chance Bagley	<b>Title:</b>	PREA Compliance Coordinator
<b>Email address:</b> chance.bagley@fortbendcountytx.gov	<b>Telephone number:</b>	281-633-7352

## **AUDIT FINDINGS**

### **NARRATIVE:**

The Ft. Bend County Juvenile Detention Center is an 80 bed secure a pre/post detention facility for youth charged with an offense and pending a court hearing.

The PREA audit took place June 27-29, 2016 in Richmond, Texas and an interim auditor's report was provided to the agency on July 11, 2016. The agency has since made the minor policy modification and is compliant with all PREA standards. A Final Auditor's Report was sent to the agency on August 18, 2016.

On June 27, 2016, the resident population was 60 residents with 52 males and 8 females. Prior to arrival at the facility, the auditor reviewed pertinent agency policies, procedures, and related documentation used to demonstrate compliance with JUVENILE FACILITY PREA Standards. The facility PREA Audit notice was prominently displayed throughout the facility and was posted on May 11, 2016. The pre-on-site review of documents contained in the Pre-Audit Questionnaire submitted by the facility prompted few questions. Answers to those questions were submitted to the auditor by the agency staff and any additional remaining questions were resolved prior to the on-site audit or during the on-site audit. On the afternoon of June 27, 2016 the auditor met with the detention center PREA Coordinator to discuss any remaining questions and the final audit schedule. On the morning of June 28, 2016 the auditor entered the facility for purposes of conducting an on-sight tour of the facility and to interview residents, staff members, volunteers and contractors. During the tour the auditor observed camera placements to identify potential blind spots, observed staff placement and resident supervision, observed zero tolerance posters and hotline phone numbers posted in each living unit. Also during the tour, the auditor informally interviewed staffs and residents regarding sexual safety and facility policies and procedures. The PREA Coordinator provided a list of all staff by shift and employee job categories and a list of all residents from which the auditor chose various residents and staff for interviews. The auditor interviewed ten (10) random staff, ten (10) specialized staff, the SANE/SAFE administrator at the Harris County Health System and the Fort Bend County Sheriff's Office of Criminal Investigators. The auditor also interviewed 11 residents with one (1) youth interviewed as transgender and one (1) youth with limited English proficiency. The resident population ranged from 65 residents in June 2015 to 61 residents in June 2016. In the previous 12 months, a total of 634

residents had been admitted to the facility. The age range of resident population is 10 years to 17 years of age. No resident had requested to speak with the auditor nor had the auditor received any written correspondence from any resident or staff. In the prior 12 months, there had been zero (0) allegations of sexual abuse and there had been zero (0) allegations the facility received that a resident was abused while confined at another facility. The facility does not utilize isolation.

Following the facility tour, additional questions were answered by executive and upper-level management staff. Staff and resident interviews followed and were conducted privately in a conference room in the Administration Building. There are no SANE or SAFE staff employed at the facility. Those services are available at the Harris County Health System, Ben Taub Hospital. The auditor reviewed the Memorandum of Understanding (MOU) between the facility and Harris County Health System to provide SANE and SAFE services and the agreement between the Fort Bend County Juvenile Board and the Fort Bend County Women's Center to provide a 24 hour hotline for reporting sexual abuse and sexual harassment as well as counseling services for victims and victim support. The auditor spoke with the Harris Health System Administrative Director for Risk Management and Patient Safety for Forensic Nursing Services and the Fort Bend County Women's Center Director. Both directors stated that their agencies had agreed to provide relevant services; no services had been needed. All allegations of sexual abuse or sexual harassment are reported to the Fort Bend County Sheriff's Office which has agreed to conduct criminal investigations. Administrative investigations are conducted by two (2) trained staff at the facility. The auditor called the internal hot-line at the FBCJDC and left a verbal message asking that his telephone call be returned. The FBCJDC Director of Detention returned the auditor's telephone call in less than four (4) minutes. There was no volunteers interviewed as none were at the facility or available during the audit. One (1) contractor serving as a teacher was interviewed. During the on-site audit, the auditor also interviewed the following additional staffs: Facility Director, the PREA Compliance Coordinator, intermediate/higher-level facility staff who conduct unannounced visits to the facility during the all shifts, medical and mental health staff, human resources staff, incident review team staff, staff members who monitor for retaliation, staff who performs screening for risk of victimization and abusiveness, incident review team staff, the staffs responsible for monitoring for retaliation, first responders, intake staff, security staff and ten (10) random correctional officers.

The Fort Bend Juvenile Probation Department's mission is stated as "The mission of Juvenile Detention and Probation is the protection of the public and public safety, to promote punishment for criminal acts, remove the taint of criminality from children committing unlawful acts, and provide treatment, training and rehabilitation emphasizing accountability and responsibility of both parent and child for the child's conduct. "

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Fort Bend County Juvenile Detention Center is located in the Houston metropolitan area of southeast Texas. The facility is located adjacent to the Fort Bend County Juvenile Probation Department and the Fort Bend County Sheriff's Office.

Detention is a secure environment for youth charged with an offense and pending a court hearing. The detention center is designed to provide a safe living environment and a full range of services for the juvenile to include: medical, educational, psychological and recreational services.

The detention center is an 80 bed facility consisting of both individual rooms and dormitories. There are three dormitories holding eight (8) juveniles each, with one dorm reserved for the Juvenile Leadership Academy. Juveniles who have been in detention for at least two (2) weeks and who have demonstrated exemplary behavior may be placed in these dormitories. The detention center offers a full range of services including educational, medical and psychological services along with recreational and spiritual programs.

The detention center provides three (3) single cell occupancy housing units. Of these three (3) units, one (1) is designated for females and two (2) units are designated for male residents ages 10-15 in a unit and 15-17 year old residents.

Educational services are provided through the Lamar Independent School District.

The center is equipped with academic classrooms, a medical offices, laundry, kitchen, dining room, gym, indoor recreational area, visitation area, control center, and administrative offices. The grounds contain an indoor basketball court, and a baseball field.

The staff at the Fort Bend County Detention Center is committed to providing services benefiting the residents such as education, counseling, vocational opportunities, health, mental health, recreational, religious, substance abuse, community involvement and other special programs.

It should be noted that facility staff were very familiar with the residents; knew their individual names, their background, treatment needs, characteristics and their involvement with families. Staff was observed speaking politely and in a professional manner with residents. There was many staff that had numerous years of service at the facility. Staff spoke highly of the facility managers, of other employees and the numerous programs offered to residents. All residents stated they felt very safe at the facility and could speak with any staff about any issues/concerns.

## **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

### **§115.311 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.1 Prevention Planning, entire policy

Agency Policy 17.2 Responsive Planning, entire policy

Agency policy 17.3 Training and Education, entire policy

Youth Admission Pamphlet (English and Spanish) – “A Guide to Residents’ Rights and Reporting Under PREA”

Youth Handout (English and Spanish) “Understanding the Prison Rape Elimination Act”

Agency Organization Chart

Agency memo designating PREA Coordinator

Agency Policy 17.1 Prevention Planning, Agency Policy 17.2 Responsive Planning, and Agency policy 17.3 Training and Education includes mandatory reporting, zero tolerance toward all forms of sexual abuse and harassment and outlines the facility’s approach to prevention, detecting and responding to such conduct. The policy meets all requirements including definitions of prohibitive behaviors regarding sexual abuse/sexual harassment and appropriate sanctions. Youth receive detailed information about rights and reporting during their admission processes verbally and in writing. In a review of the Youth Admission Pamphlet and Youth Handout, it was noted that the youth admission pamphlet incorrectly listed TJPC as an agency to which abuse may be reported. The auditor called the telephone listed on the materials and spoke with an employee of the TJJD Incident Reporting Center who confirmed TJJD’s investigating responsibilities. The PREA Compliance Coordinator corrected the handout during the audit and stated the corrected handout would be provided to

residents and staff would be made aware of this correction. The auditor requested he receive the corrected brochures and evidence that it had been distributed to residents and staff informed of the correction. The agency PREA Coordinator is a full-time agency employee who reports to the Chief Juvenile Probation Officer and has direct access to all upper level administrators to include the Chief Probation Officer. The facility PREA Coordinator appeared to have sufficient time to conduct his duties.

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

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

The following information was utilized to verify compliance with this standard:

Agency policy 17.1 Prevention Planning II (1)

Agency contracts with service agencies (Clause 1) requiring compliance with the Prison Rape Elimination Act of 2003 (PREA)

Agency contracts with service agencies clause requiring the service agency to monitor its facility and records as necessary to ensure that the service provider is complying with the Prison Rape Elimination Act of 2003 (PREA)

The facility has multiple contracts for the confinement of its residents with private agencies/entities. Copies of recently renewed contracts were reviewed. Facilities contracted for the confinement of its residents are or will be required to adopt and comply with PREA standards and to allow for the Fort Bend County Juvenile Detention Center to monitor service providers for compliance with the PREA standards; except two (2) which are not required to become PREA compliant due to the nature of the program characteristics.

### **§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)
- XX** Non-Applicable

The following information was utilized to verify compliance with this standard:

Agency policy 17.1 Prevention Planning III 1 – 5 – requiring the development of a staffing plan

Agency policy 17.1 Prevention Planning III 5 – requiring shift supervisor's on duty to conduct unannounced rounds during their shifts

Number and placement of video cameras inside and outside the facility

Agency Staffing Plan – May 2016

Agency policy 17.1 Prevention Planning III 5 A – prohibiting staff from alerting other staff of unannounced rounds.

Budget request for additional staff to meet PREA required staffing ratios.

Interviews with random staff and random residents

The agency policy relating to staffing plan, video monitoring, unannounced rounds and staffing ratios clearly documents PREA requirements. The tour reflected compliance with all components; however while the current staffing ratios are less than 1:8 and 1:16, agency policy dictates that those ratios will be met no later than October 1, 2017. The facility currently complies with the Texas Juvenile Justice Department present staffing ratio requirements. This PREA staffing ratio is not required to be implemented until October 1, 2017. A budget request to provide additional staffing was approved in June 22, 2016 to phase in the required additional staff in order to meet the October 1, 2017 deadline of sooner. The recently developed staffing plan is reviewed during management team meetings to ensure proper coverage is met. The Facility Director and Detention Director and other facility managers check the rosters of staff on-duty and on-call daily and spend time observing staff and resident programs daily. There had been no deviations from the current staffing plan.

The initial agency policy stated that the facility shift supervisors on-duty conduct unannounced visits on all shifts. In practice however, the Chief Probation Officer, the Assistant Chief Probation Officer and the Director of Detention conduct and document these rounds. While the agency policy states that facility shift supervisor conducts these rounds, through interviews with intermediate-level or higher-level staff it was noted that it has been the practice that the facility Chief Probation Officer, Assistant Chief Probation Officer, the Director of Detention and Assistant Director of Detention properly conduct and document unannounced rounds. Since this standard requires that the facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct unannounced rounds to deter staff sexual abuse and sexual harassment, the auditor recommended the amendment of Agency policy 17.1 Prevention Planning III 5 to align agency policy with the current management practice requiring that unannounced rounds be made by the facility Chief Probation Officer, Assistant Chief Probation Officer, the Director of Detention and/or the Assistant Directors of Detention. During the audit, the PREA Coordinator modified an agency policy draft to reflect that the Chief Probation Officer, Assistant Chief Probation Officer, the Director of Detention, the Assistant Directors of Detention or the PREA Coordinator are responsible for the conduct of unannounced rounds. The facility PREA Coordinator has provided the auditor with the revised policy properly approved by the

juvenile board on August 10, 2016. Documentation of the unannounced visits by intermediate and higher-level supervisors is noted in the unit log books and further documented on the "Supervisor Rounds" log. Currently, an electronic probe system is utilized and an electronic record is kept of the unannounced rounds. The Supervisor Rounds Log is submitted to the Director of Detention and other higher level agency management for review. A random review of unit log books and probe system information documented unannounced visits on all shifts. Interviews with staff provided additional confirmation of this practice. Agency policy requires that the staffing plan will be reviewed no less than once each year with the PREA Manager and other managers to determine the adequacy of staff assignments and monitoring systems. Interviews with the PREA Coordinator and Assistant Chief Probation Officer confirmed the staffing plan will be reviewed no less than once each year. Staff is prohibited from alerting other staff of unannounced rounds and is noted in employee handbooks provided to all staff and confirmed during staff interviews.

The facility tour confirmed ample resident supervision/monitoring capabilities. There were a total of 102 cameras inside and outside the facility: 76 video cameras inside the facility and 26 video cameras outside the facility strategically located throughout the facility, were in good working order and had adequate video and audio recording capabilities. Four (4) visitation rooms were equipped with video recording; however three (3) of those rooms reserved for attorney/privileged visits had no audio recording capabilities to maintain resident/visitor confidentiality. The Control Center security staff monitors the cameras 24-hours per day/ 365 days a year. There were neither judicial findings of inadequacy nor findings of inadequacy from any investigation agency/oversight bodies.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 17.1 Prevention Planning IV (3) – prohibiting cross-gender pat-down, except in exigent circumstances

Agency policy 17.1 Prevention Planning V (4) – justification and documentation requirements for all cross-gender strip searches, cross-gender visual body cavity searches, and cross gender pat-down searches

Agency policy 17.1 Prevention Planning IV (5) – allows residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing and requires opposite gender announcements

Agency policy 17.1 Prevention Planning V (4) – justification and documentation requirements for all cross-gender strip searches, cross-gender visual body cavity searches, and cross gender pat-down searches



## Interviews - random resident/random staff

Agency policy prohibits staff from conducting cross-gender pat-down searches except in exigent circumstances. There have been no cross-gender pat-down searches of residents by staff. While policy states that all cross-gender strip searches, cross-gender visual body cavity searches and cross-gender pat-down searches to be justified and documented, there have been no such searches conducted. All administrators and other staff interviewed stated that any cross-gender strip/body cavity searches would be performed at the Harris County Hospital District Ben Taub Hospital. Policy requires staff to respect the privacy of residents when showering, dressing and normal bodily functions and requires staff of the opposite sex to announce their presence when entering housing units. One (1) transgender youth was interviewed who stated he felt safe at the facility, not placed in housing only for transgender or intersex residents, is allowed to shower without other residents and has not been searched without wearing clothing. Resident interviews confirmed that staff respects residents' privacy during dressing, showering and using the rest room facilities. Physical examinations are not conducted for the sole purpose of determining resident genital status. Agency policies, training curriculum and training logs properly documented PREA standard compliance. Staff interviews further confirmed that these practices occur as required. Training had been completed for all staff.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 17.1 V (1) Prevention Planning allowing disabled residents equal opportunity to participate in or benefit from all aspects to prevent, detect and respond to sexual abuse and sexual harassment

Agency policy 17.1 V (3) Prevention Planning prohibiting the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances.

Resident Handout – “Juvenile Rights and Rules While in Detention”

Resident Pamphlet – “Understanding the Prison Rape Elimination Act”

Resident Pamphlet – “End the Silence”

Training Curriculum/training logs related to disabled residents and residents with limited English proficiency

Language Line Services, Inc. Memorandum of Understanding, May 2016

Interviews - random residents/random staff

Interview with Limited English Proficient resident

There has been one (1) instance where the service of an interpreter was needed during the review period. The interpreter services have been provided by a trained facility staff fluent in Spanish who provided interpreter services for the non-English speaking resident interviewed by the auditor. Appropriate interpreter services may also be provided through contract with Language Line Services, Inc. at no cost to the residents. Resident interpreters, resident readers or other types of resident assistants are not utilized at this facility except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise residents' safety, the performance of first-responder duties or the investigation of the residents' allegation(s).

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was used in determining compliance with this standard:

Agency policy 17.1 Prevention Planning VI, 1 (A-C) – prohibiting hiring or promoting

Agency policy 17.1 Prevention Planning VI, 2 – consideration of any incidents of sexual harassment

Agency policy 17.1 Prevention Planning VI, 3 (A-D) – hiring new employees or promoting current employees or contractors

Agency policy 17.1 Prevention Planning VI, 5 – material omissions shall be grounds for termination.

Interviews with Facility Director, Human Resources staff and PREA Compliance Coordinator

The Fort Bend County Juvenile Detention Center is prohibited by agency policy from hiring or enlisting contractor services that may have contact with residents who have engaged in any of the PREA standards prohibited criteria related to sexual abuse or sexual harassment. The same criteria is applied to the hiring of any new employee and requires that prior institutional employers to be consulted. In the past 12 months, there have been 39 individuals hired who have had criminal background record checks. The agency requires that background records checks are conducted every two (2) years on all employees, promotions of employees, volunteers, interns and contractors having contact with residents. Interviews with the Human Resources staff, PREA-Compliance Coordinator and Facility Director confirmed that all elements of the standard have been met.

Agency policy states that material omissions of sexual abuse or harassment incidents or the provision of materially false information shall be grounds for termination.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Video Surveillance and Staffing Plan

Interviews with Assistant Chief Juvenile Probation Officer, Director of Detention and agency PREA Coordinator

The facility staff prepares a Video Surveillance and Staffing Plan report each year. There have been no renovations to the facility during this review period; although one (1) additional camera was installed since August 2012. As identified in the Video Surveillance and Staffing Plan, one (1) additional camera is being added to eliminate a potential blind spot adjacent to the control center. Through interviews it was confirmed that any additional plans for expansions or modifications will take into consideration the possible need to increase video monitoring and to further review monitoring technology.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.7 Investigations

Agency Policy 17.2 Responsive Planning providing forensic medical examinations without financial cost to the resident

Written memorandum from Fort Bend County Sheriff's Office, Criminal Investigation Division agreeing to investigate all allegations of sexual assault within the Fort Bend County Juvenile Detention Center and to conduct the investigations through an investigative protocol that meets the standards as recommended in the National Protocol for Sexual Assault Medical Forensic Medical Examinations.

Written agreement with Fort Bend County Women's Center for victim assistance and counseling services May 2016 – May 2019

Interlocal Agreement May between the Harris County Hospital District and the Fort Bend County Juvenile Board to provide forensic medical examinations 2016.

## Interviews with random staff, and PREA Compliance Manager

Telephone interview with Fort Bend County Sheriff's Office Investigator Supervisor

Telephone interview with Administrative Director for Risk Management and Patient Safety for Forensic Nursing Services for Harris Health System providing SAFE/SANE services

There have been zero (0) allegations of sexual abuse. The Fort Bend County Sheriff's Office conducts sexual abuse and sexual harassment criminal investigations. All alleged incidents involving sexual abuse/assault are reported to the Sheriff's Office and are also reported other to appropriate authorities as required. The Sheriff's Office provided a written memorandum to the facility stating that all investigations will be conducted by their office using a sexual assault investigative protocol comply with PREA investigative standards. The auditor conducted a telephone interview with the Supervisory Investigative Officer who confirmed the agreement as well as the protocol to be utilized. The Supervisory Investigative Officer stated that his office had not conducted any sexual abuse investigations but would do so as required. The Fort Bend County Juvenile Detention Center also has two (2) staff who have received specialized training in sexual abuse investigations; however agency policy provides that they will conduct sexual abuse investigations for administrative purposes only.

The written agreement with the Harris Health System and the Fort Bend County Juvenile Board provides for forensic medical examinations offered to without financial cost to the residents. A telephone interview with Administrative Director for Risk Management and Patient Safety for Forensic Nursing Services for Harris Health System confirmed the agreement to provide forensic medical examinations. The Administrative Director explained that these services are available 24 hours per day and seven (7) days per week.

Through interviews with random staff, the PREA Manager, the Fort Bend county Sheriff's Office and the Administrative Director for Risk Management and Patient Safety for Forensic Nursing Services for Harris Health System confirmed that no services related to sexual abuse has occurred. Victim advocates are available through the Fort Bend County Women's Center which provides rape crisis hotlines and counseling services for victims and victim support. There are staff members at the facility that can provide crisis intervention and accompany/support the resident through the forensic medical examination processes/interviews, emotional support, crisis intervention, information and referrals, if requested by the resident. The facility PREA Coordinator stated he is required to conduct follow-ups on all investigations.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.2 Responsive Planning II (C) providing investigations for all allegations of sexual abuse and sexual harassment.

Fort Bend County Juvenile Detention Center website link to agency policies governing all PREA related policies including referrals of allegations for investigations - <http://www.fortbendcountytexas.gov/index.aspx?page=1814>

Interviews with Assistant Chief Juvenile Probation Officer, PREA Manager, facility investigator staffs and Fort Bend County Sheriff's Office Investigator

Agency PREA Annual Report: 2014

<http://www.fortbendcountytexas.gov/modules/showdocument.aspx?documentid=37842>

The agency has policies and procedures which require administrative or criminal investigation to be completed for all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse are documented and referred immediately to the Fort Bend County Sheriff's Office. There had been no allegations of sexual abuse or sexual harassment in the past year. The facility published on its 2014 DOJ Annual Report Survey of Sexual Victimization, as well as facility policies governing PREA related requirements. The Sheriff's Office Investigator, Facility Director, upper-level management staff and the PREA Coordinator were interviewed who confirmed that all allegations of sexual abuse or sexual harassment will be referred to the Sheriff's Office for investigation and that no allegations for sexual abuse and/or sexual harassment referrals have been made.

## **§115.331 – Employee Training**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 17.3 Training and Education I (1-4)

NIC PREA Training Curriculum: training provided by TJJD

Random staff interviews

The auditor reviewed agency policies which stated that all employees receive training tailored to the needs/attributes/gender of residents on each of the following topics required by this PREA standard: Zero tolerance; employee responsibilities; residents' right to be free from sexual abuse/harassment; the right of employees and residents to be free from retaliation for reporting sexual abuse/harassment; dynamics of sexual abuse/harassment in juvenile facilities; common reactions of juvenile victims of sexual abuse/harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact/abuse between residents; how to avoid inappropriate relationships with residents; effective and professional communication with all residents; compliance with relevant laws related to mandatory reporting and applicable age of consent. The facility's training curriculum was discussed with the PREA Coordinator. Training curriculum was inclusive of each topic required. Policy and training records documented staff participation and training hours received. Each staff documented that they understand the training they received. Staff also receives annual refresher training and information on current facility policies. Additionally, the Chief Probation Officer and upper-level management staff hold regular team meetings to communicate concerns related to PREA policies/procedures and other management issues. Refresher training is conducted regularly and through bi-annual refresher training.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 17.3 Training and Education I (1-4)

Employee /Volunteer/Intern/Contractor Training and Acknowledgement

Volunteer, Interns and Contractors training guide entitled "A Guide for the Prevention and Reporting of Sexual Abuse with Residents"

In the past 12 months, 69 volunteers, interns and contractors have been trained (based on services provided) in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response. A sample of three (3) volunteer/contractor training records was reviewed. Volunteers and contractors documented that they understood the training they received. There were no volunteers available for interview during the audit. One (1) educational contractor (teacher) was interviewed who stated she recently received training on PREA and related responsibilities who stated that in addition to reporting responsibilities to the facility, she would also report an allegation of sexual abuse and/or sexual harassment to her agency and to the state's Child Protection Agency.

## **§115.333 – Resident Education**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 17.3 Training and Education III (3)

Youth Admission Pamphlet (English and Spanish) – “A Guide to Residents’ Rights and Reporting Under PREA”

Youth Handout (English and Spanish) “Understanding the Prison Rape Elimination Act”

Facility PREA posters

Random resident interviews

Intake staff interviews

In the past year, 634 residents had been admitted. Residents had been given information about the zero-tolerance policy and how to report incidents/suspicions of sexual abuse/harassment orally and in writing in the youth admission pamphlet and youth handout during the intake process. Documentation of resident participation in PREA training confirmed that each resident signed a receipt for the training. The information is also provided to residents in a brochure through posters prominently placed throughout the facility. Interviews of ten (10) residents determined that they received such information. One (1) youth with limited English proficiency interviewed through a staff interpreter stated he had received the Spanish admission pamphlet and youth handout during the intake process and that he knew how to report any sexual abuse or sexual harassment incidents. These practices were additionally verified through intake staff interviews.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Non-Applicable

The following information was utilized to verify compliance with this standard:

Agency policy 17.3 Training and Education (IV Specialized Training: Investigators)

Specialized Training: Investigating Sexual Abuse in Correctional Settings Training for Trainers – Training Agenda

Written memorandum from Fort Bend County Sheriff's Office, Criminal Investigation Division agreeing to investigate all allegations of sexual assault within the Fort Bend County Juvenile Detention Center

Agency investigative staff interview

Fort Bend County Investigator interview

The Fort Bend County Sheriff's Office is the outside agency responsible for investigation allegations of sexual abuse and sexual harassment. The Fort Bend County Sheriff's Office has written that their investigators will comply with PREA investigative standards. The agency PREA Coordinator stated that the Fort Bend County Sheriff's Office Investigators had been trained in conducting investigations of allegations of sexual abuse in confinement settings. An interview with the Fort Bend County Sheriff's Office Investigator stated that he had received training on conducting investigations in correctional confinement settings. The PREA Compliance Manager and a second investigator staff member have received training entitled "PREA: Investigating Sexual Abuse in a Confinement Settings" through the National Institute of Corrections and provided pertinent training records for the two (2) facility investigators. The PREA Compliance Manager had also completed the PREA Resource Center's "Training for Trainers: Specialized Training: Investigating Sexual Abuse in Correctional Settings".

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 17.3 Training and Education (V Specialized Training: Medical and Mental Health Care)

Training curriculum

Training records

Medical/mental health staff interviews

All medical and mental health care staff has received required trainings as documented in training records and confirmed through interviews with medical/mental health staff. Training included how to detect and assess signs of sexual abuse/harassment, preservation of physical evidence of sexual abuse, effective/professional response to victims, reporting of allegations or suspicions of sexual abuse/harassment. Medical staff at Fort Bend County Juvenile Detention Center does not conduct forensic examinations.



## **§115.341 – Screening for risk of victimization and abusiveness.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.4 I, II Screening for Risk of Sexual Victimization and Abusiveness

Fort Bend County Juvenile Detention Center – Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization

Interviews with agency PREA Coordinator, Director of Detention, intake staff responsible for risk screening and resident interviews

Initial screening is conducted on all residents prior to living unit/room assignments. Screenings for risk of sexual abuse victimization or sexual abusiveness toward other residents are conducted within 72 hours of admission. Interviews with staff and residents confirmed that resident screening occurs within 72 hours of admission and most of the time, this screening occurs during the first day of admission prior to housing assignment. The assessment attempts to ascertain information through conversations with the residents about prior sexual victimization and/or abusiveness, any gender nonconforming appearance or manner/identification and whether the resident may be vulnerable to sexual abuse. Information is also obtained related to current charges/offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, residents' perception of vulnerability and any other specific information (medical/mental health screenings, any court records and resident file documentation) that may indicate heightened supervision needs and additional safety precautions, to include separation from certain other residents. The screening instrument is used in conjunction with resident history and records from referral agencies. Information obtained through these processes are provided only to designated staff who work directly with residents to ensure sensitive information is not exploited to the residents' detriment by staff/contractors/volunteers or other residents. A review of sample intake screening forms demonstrated that residents are screened during the time of their admission. Reassessments are conducted every six (6) months and more often as indicated. All residents interviewed stated screening and/or reassessment had been conducted during their first day at the facility prior to unit/room assignment and that they felt safe at the facility.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.4 II Screening for Risk of Sexual Victimization and Abusiveness

Fort Bend County Juvenile Detention Center – Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization

Interviews with Assistant Chief Probation Officer, Director of Detention, PREA Compliance Manager, mental health staff and staff responsible for risk screening

All screening results are used to establish housing/room assignments and to increase awareness of potential safety concerns of staff who work directly with residents. The housing/room assignments are considered on an individual basis to ensure the health and safety of each resident and whether such assignment would present potential management or security problems. Screening occurs no less than two (2) times each year. One (1) youth interviewed stated he identified as gay and that he had been asked about his sexual identity during his risk screening on his first day at the facility. Interviews with facility staff indicated that serious consideration of transgender or intersex residents own views will be made. The facility does not utilize isolation of residents. Housing/bed/other assignments are not made solely on the basis of identification or status nor made as an indicator of likelihood of being sexually abusive.

## **§115.351 – Resident Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.5 Reporting, I

Agency posting of multiple internal and external reporting telephone numbers of sexual abuse or sexual harassment (English and Spanish)

Youth Admission Pamphlet (English and Spanish) – “A Guide to Residents’ Rights and Reporting Under PREA”

Youth Handout (English and Spanish) “Understanding the Prison Rape Elimination Act”

Postings on all living units and program areas

Staff PREA Training Curriculum

Interviews with facility PREA Compliance Manager, random staff and residents

The facility provides multiple methods and the means for residents to report allegations of sexual misconduct both internally and externally. Residents are provided with access to tools necessary to make a written report. Staff is required to report all verbal allegations immediately and document such action(s). Residents and staff may privately report allegations confidentially, through in-person reporting, e-mail communication, anonymously, and through private telephone communication with local agencies. Reports may also include staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are informed and reminded of PREA reporting procedures through initial employee training and through review of policies and procedures. All residents interviewed were able to state the procedures for making allegations of sexual abuse or sexual harassment, how to report retaliation by other residents or staff for making such reports, including staff neglect or violation of responsibilities that may have contributed to such incidents. The facility does not detain residents for civil immigration purposes. There have been zero (0) allegations of sexual abuse or sexual harassment.

As noted in 115.311, the youth admission pamphlet incorrectly listed TJPC as an agency to which abuse may be reported. The auditor called the telephone listed on the materials and spoke with an employee of the TJJD Incident Reporting Center who confirmed TJJD's investigating responsibilities. The PREA Compliance Coordinator corrected the handout during the audit and stated the corrected handout would be provided to residents and staff would be made aware of this correction. The auditor was provided with the corrected brochures and evidence that it had been distributed to residents. Staffs were informed of the correction.

### **§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)

Non-Applicable

The following information was utilized to verify compliance with this standard:

Agency Policy 17.5 Reporting, II Exhaustion of Administrative Remedies

Interviews with random residents

The agency provides a grievance process as a formal mechanism to report sexual abuse and does not require a resident to use an informal grievance process, or otherwise to attempt to resolve the allegation with staff. Should a resident file a formal grievance alleging sexual

abuse, it would be treated as an emergency grievance and would be forwarded immediately to the PREA Compliance Manager and to the Fort Bend County Sheriff's Office for investigation. Agency policy requires the issuance of a final agency decision of the allegation of sexual abuse within 90 days of its filing; however for emergency grievances of imminent sexual abuse, an initial response is to be provided within 48 hours and a final agency decision within five (5) calendar days. There were zero (0) grievances (including emergency grievances of imminent sexual abuse filed in the past 12 months.

No time limit is imposed on any resident for allegations of sexual abuse and does not require the use of any informal grievance process and does not attempt to resolve an alleged incident of sexual abuse with staff. There is no statute of limitation restricting the facility's ability to defend itself against a lawsuit filed by any resident. Third parties, without resident consent, may report allegations of sexual misconduct.

Resident interviews indicated that residents knew of how to report and to whom including outside third parties including parents and legal guardians.

### **§115.353 – Resident Access to Outside Support Services and Legal Representation**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.5 Reporting

Agency agreement between the Fort Bend County Juvenile Board and the Fort Bend County Women's Center

Youth Admission Pamphlet (English and Spanish) – "A Guide to Residents' Rights and Reporting Under PREA"

Youth Handout (English and Spanish) "Understanding the Prison Rape Elimination Act"

Facility PREA posters

Interviews with Facility Director, Director of Detention, PREA Compliance Manager, random residents, and Director of Fort Bend County Women's Center.

The facility provides residents with outside victim advocates for emotional support services related to sexual abuse and has provided this information to all residents through resident handbooks, intake orientation, brochures, and posters placed throughout the facility.

Residents may call an attorney at any time and may receive telephone calls according to scheduled hours. Should parents or guardians, not be able to call according to scheduled hours, they will be accommodated by arrangements at other times. A telephone interview with the Director of the Fort Bend County Women's Center confirmed the existence of the

written agreement to provide 24-hour crisis hotline, medical support and counseling, as well as, education and outreach services and victim advocates for emotional support. Residents may call the Women's Center at any time.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency public website regarding Third Party Reporting made available on the agency's website.– <http://www.fortbendcountytexas.gov/modules/showdocument.aspx?documentid=37355>

Agency Policy 17.5 (IV) Reporting – Third Party Reporting

Facility PREA posters with third party reporting information.

Interview with Director of Fort Bend County Women's Center

The facility's policy on Prevention, Detection and Response to Sexual Abuse, Assault and Sexual Harassment describes multiple methods used to receive third-party reports of sexual abuse and sexual harassment and is posted on the agency's website to inform the public about reporting resident sexual abuse or harassment on behalf of residents. Third party reports can also be made to the Fort Bend County Women's Center. While there were zero (0) third party reports, third parties can also report to law enforcement, the Chief Juvenile Probation Officer, Fort Bend County Judge or the TJJD hotline.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.6 I (1) Official Response Following a Resident Report

Agency Policy 17.7 Investigations

Interviews with Facility Director, PREA Compliance Manager, mental health staff and random staff

The facility's policy on Prevention, Detection and Response to sexual Abuse, Assault and Harassment describes requirements for all staff with cause to believe that a juvenile has been sexually harassed or sexual abused (including medical and mental health practitioners) to

immediately report any knowledge, suspicion or information received related to sexual abuse/harassment incidents, retaliation and staff negligence that may have contributed to such incidents. Staff is required to make such reports to the facility administration. Random staff interviews confirmed their responsibility to comply with facility policies and mandatory child abuse reporting laws and to maintain that information in confidence except as necessary to make treatment/investigation and other security/management decisions. Staffs stated they are required to report all allegations promptly. There were zero (0) number of allegations of sexual abuse the facility received from other facilities.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.6 I (11)(F-4) Official Response Following a Resident Report

Interviews with the Facility Director and random staff

The facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. There have been zero (0) instances that the facility determined that a resident was subject to risk of imminent sexual abuse. Interviews confirmed compliance with expected practices. Employees are provided with a laminated information card that outlines procedures and proper protocol for protecting residents from imminent sexual abuse.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.6 I (11)(1-4) Official Response Following a Resident Report

Interview with the Facility Director

Policies and procedures specify reporting and investigative actions to be taken upon receiving an allegation of sexual abuse of a resident while at another facility. Such action(s) are to be initiated as soon as possible, but no later than 72 hours and actions documented. There have been no instances in the last twelve months of allegations by any resident who had reported abuse while confined at another facility or allegations from any other facility.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.6, IV, 1 (A-F), 2 Official Response Following a Resident Report

Interviews with the random staff/first responders

Facility policies comply with all elements of this standard (separate alleged victim/abuser, preservation and protection of crime scene, to include collection of physical evidence as possible, including the request of the victim not to take any actions which could destroy any physical evidence) and all staff has been trained accordingly. Interviews with random staff/first responders confirmed knowledge of policy requirements and staff expectations. In the past 12 months, there have been no allegations that a resident was sexually abused.

## **§115.365 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.6, IV/V Official Response Following a Resident Report

Fort Bend County PREA First Responders Checklist and Coordinated Response poster.

Interview with Facility Director

The facility has a written policy which coordinates actions to be taken should a sexual abuse incident occur. This plan coordinates actions among staff first responders, medical/mental health staff, investigators and facility leadership. The interview with the Assistant Chief Probation Officer indicated that staff is aware of their responsibilities to coordinate responses within the facility. The Fort Bend County Juvenile Detention Center has posted in multiple locations and in living units a laminated poster outlining the agency policy expectations for first responders, shift supervisors, the Assistant Director of Detention Services, Internal Investigators, PREA Coordinator, Behavioral Health Department and Medical staff.

### **§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)

**XX** Non-Applicable

The following information was utilized to verify compliance with this standard:

An interview with the Assistant Chief Probation Officer confirmed that the agency does not utilize collective bargaining agreements.

### **§115.367 – Agency Protection Against Retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)

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

- Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.6, VI VII Official Response Following a Resident Report – Agency Protection Against Retaliation

Interviews with Assistant Chief Probation Officer, PREA Compliance Manager and Director of Detention who is charged with monitoring for retaliation

The facility has a written policy related to protection against retaliation. The two (2) Directors of Detention and the PREA Compliance Manager are charged with monitoring for retaliation. Agency policy requires that should any resident or staff who report sexual abuse or sexual harassment or staff who cooperates with a sexual misconduct investigation express fear of retaliation, appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and the provision of emotional support services for those who fear retaliation. An interview with an Assistant Director of Detention Treatment confirmed his duties and responsibilities. There have been zero instances of alleged retaliations in the past 12 months.



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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

The following information was utilized to verify compliance with this standard:

Agency Policy 17.6, VIII Official Response Following a Resident Report – Post-allegation Protective Custody

Interviews with PREA Compliance Manager, medical and mental health staff

Segregated housing of residents as a means to keep them safe from sexual misconduct has not been utilized. The agency policy requires that “Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements” of PREA standard 115.342. The auditor suggested that the agency policy be revised more specifically to outline all specific elements of 115.342 within the current agency policy 17.6 to state that a resident who has alleged to have suffered sexual abuse and placed in segregated house conforms to the following requirements: “be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, FBCJPC shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.” Prior to the completion of on-site audit, the PREA Compliance Coordinator provided the auditor with a policy revision draft which incorporates the required services in a more complete manner and which is scheduled to adoption on August 30, 2016.

Interviews confirmed that should of segregated housing be used, the conditions for segregation require that all PREA standard elements would be followed. The facility does not use isolation.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

## Agency policy 17.7 Investigations (I-V)

Interviews with Director of Detention, PREA Compliance Manager, Fort Bend County Sheriff's Office-Investigators

There have been zero (0) investigations of sexual abuse or sexual harassment at this facility. Criminal and Administrative investigations are to use any available evidence, including witness interviews and suspected sexual abuse perpetrator reports. Investigations are not terminated should the source of the allegation recant the allegation. Should criminal prosecution be considered interviews of alleged victims/suspected abusers and witnesses will be conducted by the Fort Bend County Sheriff's Office investigators who will also gather physical and DNA evidence, and any electronic data; along with prior complaints and reports. No truth-telling device is used as a condition for continuing the investigation.

Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports which will include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings. All written reports will be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. Investigations will not be terminated due to the departure of an alleged abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation progress.

### **§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)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.7 Investigations

Interviews with Director of Detention, PREA Compliance Manager and Fort Bend County Sheriff's Office Investigator

Facility policy stipulates no standard higher than a preponderance of evidence will be used in making a determination of alleged sexual abuse/harassment. The Fort Bend County Sheriff's Office has stated they use this standard for investigations at the facility. Through an interview with the agency PREA Coordinator, it was stated that the Fort Bend County Sheriff's Office uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse/harassment.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.7 Investigations VI (3),(4 A-B), (5)

Interviews with Facility Director and Assistant Director for Treatment

Facility policy requires residents to be informed as to whether the allegation was substantiated, unsubstantiated or unfounded; whether the allegation involved staff, contractors, volunteers or another resident. There have been zero (0) residents who had alleged sexual. Interviews with the Director of Detention, PREA Manager and confirmed practices involving all standard components are in place. Information regarding the status of investigations is readily available (either through personal contacts, telephone or e-mail communication) through the Fort Bend County Sheriff's Office.

## **§115.376 – Disciplinary Sanctions for Staff**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.8 Discipline (I)(1)

Interviews with Director of Detention and PREA Compliance Manager

Any employee found to have committed sexual abuse or sexual harassment shall be subject to termination and possible criminal prosecution. No staff has violated agency sexual abuse or harassment policies. Interviews conducted with the Director of Detention and PREA Compliance Manager verified that there had been no substantiated allegations of sexual abuse or sexual harassment at the facility during this audit period review. Interviews also confirmed that agency policies would be followed should disciplinary measures be required including a report to law enforcement and relevant licensing authorities should termination and/or resignation of staff occur.

## **§115.377 – Corrective Action for Contractors and Volunteers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.8 Discipline (II)(1)

Interviews with Director of Detention and PREA Compliance Manager

Contractors and volunteers are subject to disciplinary actions including termination for violation of agency sexual abuse/harassment policies. There have been zero (0) contractors or volunteers accused of sexual misconduct in the audit review period. According to the Director of Detention and PREA Compliance Manager, should any violation of this type be substantiated, the facility has complete agency policies related to administering remedial measures including prohibiting further contact with residents.

## **§115.378 – Disciplinary Sanctions for Residents**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.8 Discipline (III)(1-7)

Agency Policy 17.6, VIII Official Response Following a Resident Report – Post-allegation Protective Custody

Interviews with Director of Detention, PREA Compliance Manager and medical/mental health staffs

Should an investigation for resident on resident findings of sexual abuse, administrative sanctions will be administered following the formal disciplinary processes applied commensurate with the level of infractions. Interviews revealed that a therapeutic approach would be used when administering sanctions, sanctions would be commensurate with the nature and circumstances of the abuse committed. The facility does not use isolation as a sanction. Residents' access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse.

### **§115.381 – Medical and Mental Health Screenings; History of Sexual Abuse**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 17.9 Medical and Mental Care I (2-3)

Fort Bend County Juvenile Detention Center Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization form

Interviews medical/mental health staff and Risk Screening (Intake) Staff

Facility policies are complete on all standard elements. There were zero (0) residents who disclosed a prior sexual victimization during the resident screening processes. There have been zero (0) instances of resident reports of sexual abuse. Interviews confirmed agency policy expectations and staff were aware of their responsibilities including limiting information strictly to medical/mental health and other staff, as necessary. Medical and mental health staff was also aware of mandatory reporting laws.

### **§115.382 – Access to Emergency Medical and Mental Health Services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 17.9 Medical and Mental Care II (1,4)

Interviews with Director of Detention, PREA Compliance Manager and medical/mental health staffs, Risk Screening (Intake) Staff, first responders and residents and with the SANE/SAFE administrator at the Harris County Health System.

There had been zero (0) resident victims of sexual abuse in the past 12 months. A review of facility policy documented PREA requirements for access to emergency medical and mental health services. The nature and scope of such services are determined by medical and mental health practitioners, who will maintain secondary materials of such service provision. Residents will be offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis. A written agreement exists with the Harris

County Health System at no cost to the victim for medical/mental health services necessary when facility mental health staff is not available.

### **§115.383 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy 17.9 Medical and Mental Care III (4,5,6,8)

Medical/mental health staff interviews

The facility agency policy offers medical/mental health evaluations and treatment at no cost to sexual abuse victims and abusers. Medical/mental health staff verified this as a necessary practice and residents are to be seen within a week after being notified; however mental health staff stated that as soon as an incident was reported, a counseling session would be scheduled. When residents are transferred or discharged, a continuing care plan would be developed for follow-up services consistent with those services provided in the community. Tests for sexually transmitted infections will be offered to resident victims of sexual abuse. There had been zero (0) resident victims.

### **§115.386 – Sexual Abuse Incident Reviews**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.10 I (1), I (2), I (4F), I (4G) Sexual Abuse Incident Reviews

2014 PREA Annual Survey of Sexual Violence

<http://www.fortbendcountytexas.gov/index.aspx?page=1826>

Interviews with Director, of Detention, PREA Compliance Manager, Incident Review Team member

The sexual abuse incident review team has not had to conduct a sexual abuse incident review because there had been zero (0) allegations/incidents of sexual abuse. The incident review team includes the Chief Probation Officer, Facility Administrator, PREA Compliance Manager, medical/mental health staff, Shift Supervisor, Youth Specialist and Juvenile Probation Officer. As outlined in agency policies, should a sexual abuse allegation be made,

an incident review will be conducted following a final determination of findings, unless unfounded. Residents may be assigned to another living unit to increase supervision capabilities. Upper-level staffs have received incident review training which allows for input from supervisors, investigators, medical or mental health practitioners. The facility agency policy requires that the facility will implement the recommendation(s) of this team or will document its reasons for not implementing the recommendation(s).

### **§115.387 – Data Collection**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.10 II (1-6) Data Collection and Review

The facility collects uniform data for all allegations of sexual abuse based on incident reports, reports, investigation files and incident reviews. There agency provided this information (Survey of Sexual Victimization) to the Department of Justice in 2015.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.10 III (1-4) Data Collection and Review

Agency's website posting of 2014 PREA Annual Survey of Sexual Violence submitted in 2015 <http://www.fortbendcountytexas.gov/modules/showdocument.aspx?documentid=37842>

Interview with PREA Compliance Manager

The agency PREA Compliance Manager and Incident Review Team review all incidents for corrective action measures. The annual report will provide data collected through 2016 and will compare that data to 2015 and will track progress on all recommended corrective actions. No personally identifiable information is included in the report. The annual report for 2014 submitted in 2015 is located at <http://www.fortbendcountytexas.gov/modules/showdocument.aspx?documentid=37842>. The report is approved by the Chief Juvenile Probation Officer.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency Policy 17.10 IV (1-4) Data Collection and Review

Renewed agency contracts for the confinement/treatment of juvenile offenders.

Agency's website posting of 2014 PREA Annual Survey of Sexual Violence submitted in 2015 <http://www.fortbendcountytexas.gov/modules/showdocument.aspx?documentid=37842>

Interview with agency PREA Coordinator

Data collected is retained via limited access and through a secure server for at least ten (10) years. No personally identifiable information is included in the report.

### **AUDITOR CERTIFICATION:**

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

*Glen E. McKenzie, Jr.*

August 18, 2016

Auditor Signature

Date