



Excerpt from

BEXAR COUNTY JUVENILE PROBATION DEPARTMENT
Pre- and Post-Adjudication Facilities
Policy and Procedure Manual

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SECTION: Administration and Management

POLICY: Designation of Facility Administrator
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EFFECTIVE DATE: January 1, 2010 **REVISION DATE:** July 21, 2015
APPLICABLE STANDARDS: TAC 343.210, 212; 28 CFR § 115.311(c)

POLICY STATEMENT:

The Chief Probation Officer designates the facility administrator of the Bexar County Juvenile Detention Center, Krier Center and Mission Road Center. These individuals, having sufficient time and authority to coordinate the facility’s efforts to prevent, detect, and respond to all forms of sexual abuse and sexual harassment, will also serve as the PREA Compliance Manager for each respective facility.

PROCEDURES:

- A. The facility administrator shall:
 - 1. have acquired a bachelor degree conferred by a college or university accredited by an accrediting organization recognized by the Texas Higher Education Coordinating Board;
 - 2. have either:
 - a. one year of graduate study in criminology, corrections, counseling, law, social work, psychology, sociology, or other field of instruction approved by the Texas Juvenile Justice Department (TJJD), or
 - b. one year of experience in full-time case work, counseling, or community or group work in a social service, community, corrections, or juvenile agency that deals with offenders or disadvantaged persons; and
 - 3. maintain an active Texas Juvenile Justice Department certification as a juvenile supervision officer.

- B. Duties of the facility administrator:
 - 1. The facility administrator is responsible for the daily operations of the facility. The facility administrator’s office is located on the grounds of the facility. The facility administrator shall not maintain a satellite office to oversee the daily operations of the facility.

 - 2. The facility administrator designates a certified juvenile supervision officer to be in charge during his or her absence from the facility. At the Juvenile Detention Center the assistant facility administrator is designated to be in charge during the absence of the facility administrator. At the Krier Center, the assistant facility administrator is designated to be in charge during the absence of the facility administrator. At the Mission Road Center, the facility administrator of the Juvenile Detention Center is designated to be in charge during the absence of the facility administrator of the Mission Road Center.

- Should the facility administrator of the facility and the assistant facility administrator be unavailable or absent, the shift supervisor on duty will serve in the capacity of the facility administrator.
3. The facility administrator develops, implements and maintains policies and procedures manual for the facility and ensures the daily practice conforms to the policies and procedures detailed in the manual.
 4. The facility administrator reviews the facility's policies and procedure manual at least once each year no later than the last day of the calendar month of the previous year's review.
 5. The facility administrator ensures that each employee of the facility is
 - a. trained on the provisions of the policies and procedures manual that are relevant to the employee's job functions prior to beginning service at the facility and
 - b. notified of or given access to, in written or electronic format, all changes or modifications to the policies and procedures manual in a timely manner.
 6. The facility administrator maintains documentation of the training provided to employees of the facility. Training and Accreditation staff members maintain the training records and provide information to the facility administration as needed or requested.
 7. The facility administrator or designee ensures that current, accurate and confidential personnel records are maintained for each employee which shall include:
 - a. proof of age;
 - b. documentation of criminal background checks conducted as required by TAC Chapter 344;
 - c. the completed application for employment;
 - d. training records; and
 - e. documentation of promotion, demotion, termination and other personnel actions.

The maintenance of confidential personnel records will be the responsibility of the Department's Human Resources section.
 8. The facility administrator provides periodic updates, at least every quarter, on the operation of the facility to the Deputy Chief Probation Officer – Institutions, Chief Probation Officer and the Chairman of the Juvenile Board. Information shall include:
 - a. facility population and capacity reports;
 - b. number of serious incidents by category that occurred in the facility;

- c. number resident restraints by type (i.e. personal, mechanical and chemical)
 - d. number of injuries to residents requiring medical treatment; and
 - e. number of injuries to staff requiring medical treatment.
9. The facility administrator ensures the accurate and timely submission of statistical data to TJJJ in an electronic format or other format as requested by TJJJ.
10. The facility administrator tracks and reports PREA statistical data and provide such information to the PREA Coordinator.
11. The facility administrator shall ensures that all individuals employed by the facility who have unsupervised contact with residents are subjected to all required criminal history background checks. Management and tracking of required criminal history background checks will be the responsibility of the Department Human Resources section.

SECTION: Administration and Management

POLICY: Zero Tolerance of Sexual Abuse and Sexual Harassment

EFFECTIVE DATE: September 16, 2013**REVISION DATE:** June 13, 2016**APPLICABLE STANDARDS:** 28 CFR §115.311, 312, 353, 362, 365, 371

POLICY STATEMENT:

The Bexar County Juvenile Probation Department has zero tolerance towards all forms of sexual abuse and sexual harassment. The Department takes appropriate actions to prevent, detect, and respond to all forms of sexual abuse and sexual harassment within the Juvenile Detention Center, Krier Center and Mission Road Center. Every allegation of sexual abuse and sexual harassment is investigated. The efforts to prevent, detect, and respond to all forms of sexual abuse and sexual harassment apply to the Department, all facilities under the direct control of the Department, and every private facility with which the Department contracts for the confinement of juveniles under the Department's supervision.

PROCEDURES:

- A. In conjunction with other relevant policies and procedures, efforts to prevent, detect, and respond to all forms of sexual abuse and sexual harassment, in conformance with the Prison Rape Elimination Act ("PREA"), will be achieved by the following:
1. The Department has a PREA Coordinator responsible for overseeing the Department's efforts to prevent, detect, and respond to all forms of sexual abuse and sexual harassment in compliance with the PREA standards.
 2. Each facility has a PREA Compliance Manager responsible for overseeing that facility's efforts to prevent, detect, and respond to all forms of sexual abuse and sexual harassment in compliance with the PREA standards. The facility administrator of each facility is the designated PREA Compliance Manager for his/her assigned facility.
 3. All contracts for the confinement of juveniles under the supervision of the Department with private agencies or other entities, including other government agencies, requires the entity to adopt and comply with the PREA standards and will reserve the right of the Department to monitor to ensure that the contractor is complying with the PREA standards.
 4. Upon learning that a resident is subject to a substantial risk of imminent sexual abuse, the facility will take immediate action to protect the resident.

5. Each facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.
6. The Department will take all necessary and appropriate steps to protect all residents and staff who report sexual abuse and sexual harassment or cooperate with sexual abuse and sexual harassment investigations from retaliation by other residents or staff.

B. Definitions related to sexual abuse and sexual harassment.

Sexual abuse includes:

- (1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and
- (2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;

- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- (8) Voyeurism by a staff member, contractor, or volunteer.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment includes:

- (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and
- (2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

C. The Juvenile Detention Center, Krier Center and Mission Road Center will provide residents with access to outside victim advocates for emotional support services

related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

- D. When outside agencies investigate sexual abuse, the Juvenile Detention Center, Krier Center, and Mission Road Center will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation.

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SECTION: Administration and Management	
POLICY: PREA Coordinator	

EFFECTIVE DATE: September 16, 2013 **REVISION DATE:** July 21, 2015
APPLICABLE STANDARDS: 28 CFR § 115.311(b), 387

POLICY STATEMENT:

The Department will have an upper-level, agency wide PREA Coordinator responsible for overseeing the Department's efforts to prevent, detect, and respond to all forms of sexual abuse and sexual harassment in all of the Department's facilities.

PROCEDURES:

- A. The PREA Coordinator has complete access to Department and facility leadership on a regular basis and has the authority to work with other staff, managers, and supervisors to effect change if necessary. The PREA Coordinator also has the ability to contact contracted service providers with regard to all PREA related issues.

- B. Duties include, but are not limited to:
 - 1. Ensure that the Juvenile Detention Center, Krier Center and Mission Road Center have a designated PREA Compliance Manager. The Deputy Chief Probation Officer – Institutions will provide the PREA Coordinator with an update of any personnel changes related to the PREA Compliance Managers within one week of the personnel change.
 - 2. Assist with tasks related to the implementation of the Department's efforts to prevent, detect, and respond to all forms of sexual abuse and sexual harassment.
 - 3. Maintain current knowledge of all applicable PREA standards.
 - 4. Collaborate with appropriate personnel to maintain, review, and collect data as needed from all available incident-based documents and schedule, prepare and facilitate internal audits/monitoring events, training sessions and other meetings for PREA.

SECTION: Administration and Management**GUIDELINE:** Employee Training and Disciplinary Sanctions related to Zero-Tolerance Policy**EFFECTIVE DATE:** September 16, 2013**REVISION DATE:** July 21, 2015**APPLICABLE STANDARDS:** 28 CFR §115.331, 376**POLICY STATEMENT:**

To ensure a safe and secure environment, all employees who have contact with residents of the Juvenile Detention Center, Krier Center or Mission Road Center will receive training on the Department's zero-tolerance policies and procedures.

PROCEDURES:

- A. Training for employees who have contact with residents includes, but not be limited to:
1. The Department's zero tolerance policy for sexual abuse and sexual harassment;
 2. How to fulfill their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 3. Residents' right to be free from sexual abuse and sexual harassment;
 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
 6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
 8. How to avoid inappropriate relationships with residents;
 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
 11. Relevant laws regarding the applicable age of consent.
- B. Such training is tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the facility. An employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

- C. Each employee is provided with refresher training every two years to ensure that all employees know the current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the Department provides refresher information on current sexual abuse and sexual harassment policies.
- D. Training is documented, through employee signature or electronic verification, that employees understand the training they have received.
- E. An employee shall be subject to disciplinary sanctions up to and including termination for violating the Department's zero-tolerance policy.
- F. Termination is the presumptive disciplinary sanction for employees who have engaged in sexual abuse.
- G. Disciplinary sanctions for violations of the Department's zero-tolerance policy relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.
- H. All terminations for violations of the Department's zero-tolerance policy relating to sexual abuse or sexual harassment, or resignations by employees who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

POLICY NUMBER	210.4
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SECTION: Administration and Management
POLICY: Hiring and Promotion Decisions

EFFECTIVE DATE: December 11, 2015

REVISION DATE: January 6, 2016

APPLICABLE STANDARDS: 28 CFR §115.317

POLICY STATEMENT:

The Bexar County Juvenile Probation Department requires every candidate for employment within the Bexar County Juvenile Detention Center, Cyndi Taylor Krier Juvenile Correctional Treatment Center, and Bexar County Mission Road Center to undergo and successfully complete a background check prior to hiring and for promotion consideration. Contractors who may provide goods or services directly to residents are also required to undergo and successfully complete a background check prior to providing goods or services.

PROCEDURES:

- A. The Bexar County Juvenile Probation Department shall not hire or promote anyone who may provide services directly to residents, and shall not enlist the services of any contractor who may provide goods or services directly to residents, who:
 - 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
 - 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - 3) Has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

- B. The Department shall consider any incidents of sexual harassment (as defined in Policy 210.1 (B) of this manual) in determining whether to hire or promote anyone who may provide services directly to residents, or to enlist the services of any contractor who may provide goods or services directly to residents.

- C. Before hiring new employees who may provide services directly to residents, the Department shall:
- 1) Perform a criminal background records check;
 - 2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
 - 3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
- D. The Department shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may provide goods or services directly to residents.
- E. The Department shall either conduct criminal background records checks at least every five years of current employees and contractors who may provide goods or services directly to residents, or have in place a system for otherwise capturing such information for such employees and contractors.
- F. The Department shall also ask all applicants and employees who may provide services directly to residents about previous misconduct described in paragraph (A) of this policy in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Department shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.
- G. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- H. Unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.
- I. The requirements outlined in this policy complement or are in addition to the criminal history searches required by 37 Texas Administrative Code §344.

SECTION: Data Collection**POLICY:** Data Collection**EFFECTIVE DATE:** January 1, 2010**REVISION DATE:** May 4, 2016**APPLICABLE STANDARDS:** TAC 343.214; 28 CFR § 115.386, 387, 388, 389**POLICY STATEMENT:**

The Facility Administrators maintain and report to the Texas Juvenile Justice Department electronically, or in the form requested, accurate statistics related to facility operations. Facility Administrators also collect accurate, uniform data for every allegation of sexual abuse at their respective facility using a standardized instrument and set of definitions.

PROCEDURES:

A. The facility administrator of each facility reports to the TJJD the following:

1. total number of grievances
2. total number of personal restraint incidents
3. total number of mechanical restraint incidents
4. total number of chemical restraint incidents
5. total number of non-ambulatory restraint incidents
6. total number of safety-based seclusions in each of the following categories:
 - a. less than 90 minutes;
 - b. 90 minutes or more but less than four hours;
 - c. four hours or more but less than 24 hours;
 - d. 24 hours or more but less than 48 hours;
 - e. 48 hours or more but less than 72 hours; and
 - f. 72 hours or more;
7. total number of disciplinary seclusions in each of the following categories:
 - a. more than 90 minutes but less than 24 hours; and
 - b. 24 hours up to 48 hours;
8. total number of residents placed in safety-based seclusion who have a known diagnosis of a serious mental illness;
9. total number of residents placed in safety-based seclusion who have a current designation as high or moderate risk of suicide;
10. total number of residents placed in safety-based seclusion who have a known diagnosis of severe or profound intellectual disability;
11. total number of residents placed in disciplinary seclusion who have a current designation as high or moderate risk for suicide; and
12. total number of staff injuries requiring medical treatment resulting from resident assault or restraint.

B. The facility administrator of each facility ensures the following additional statistics are reported to the Deputy Chief Probation Officer – Institutions on a monthly basis:

1. average daily population
2. peak population
3. low population
4. total number of incidents
5. number of incidents non-violent juvenile-to-juvenile
6. number of incidents non-violent juvenile-to-staff
7. number of incidents violent juvenile-to-juvenile
8. number of incidents violent juvenile-to-staff
9. number of visits to residents
10. number of training hours provided to facility staff
11. at the Detention Center, number of juveniles detained
12. at the Krier Center, number of juveniles placed
13. at the Mission Road Center, number of juveniles placed
14. number of residents transported to Court
15. number of transports out-of-building for scheduled medical appointments
16. number of transports out-of-building for unscheduled medical treatment
17. at the Detention Center, number of residents transported to the TJJD Reception Center
18. at the Detention Center, number of days over rated capacity
19. number of attempted escape
20. number of TJJD hotline calls
21. number of allegations of abuse
22. number of allegations of neglect
23. number of allegations of exploitation
24. information required for compliance with the Prison Rape Elimination Act
25. at the Krier Center, number of individual counseling hours
26. at the Krier Center, number of family counseling hours
27. at the Krier Center, number of group counseling hours
28. at the Krier and Mission Road Center, number to Community Service hours and number of residents involved
29. at the Krier Center, number of residents participating in special projects
30. at the Krier Center, number of initial evaluations conducted by U.T. Medicine Psychiatry
31. at the Krier Center, number of follow-up appointments conducted by U.T. Medicine Psychiatry
32. total number of attempted suicides
33. total number of escapes and escape attempts
34. total number of reportable injuries to residents
35. total number of youth-to-youth physical assault incidents
36. total number of youth sexual conduct incidents

C. Sexual abuse incident-based documents, including reports, investigation files, and sexual abuse incident reviews will be collected, maintained, and reviewed. The facility administrator shall aggregate incident-based data at least annually to include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Annually, the Department shall provide all such data from the previous calendar year to the Department of Justice. This data will be reviewed in order to assess and improve the effectiveness of the Department's sexual abuse prevention, detection, and responses policies, practices, and training including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.

Such reports include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual abuse. The report shall be approved by the Chief Probation Officer.

D. The PREA Coordinator will also obtain sexual abuse incident-based and aggregated data from every private facility with which the Department contracts for the confinement of its residents.

E. All sexual abuse incident-based data, from the Department's facilities and private facilities with which the Department contracts, will be securely retained for a least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. All aggregated sexual abuse data will be made readily available to the public at least annually through the Department's website. Before making aggregated sexual abuse data publicly available, the Department will remove all personal identifiers. Moreover, the Department may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

G. Population: The population of the Juvenile Detention Center, the Krier Center and the Mission Road Center shall not exceed the facility rated capacity. A daily population roster shall be maintained in chronological order by date and shall be available for TJJD monitoring purposes. The population roster shall be current as of 5:00am daily. The population roster includes:

1. The date and time the roster was compiled;
2. The names of all residents in the facility;
3. The sex of all residents in the facility;
4. The housing assignment location of all residents in the facility;
5. The total resident population for each day;

H. Heating, Cooling and Ventilation: The facilities provide fully functioning heating and cooling systems adequate for the square footage of the facility. Areas of the facility from which residents are restricted (e.g. mechanical rooms, storage rooms, etc.) are exempt from this requirement. The facility provides a fully functioning ventilation system adequate for the square footage of the facility. The facility maintains an alternate means of ventilation in the event regular power is interrupted. The alternate means of ventilation ensures there is a mechanical means of bringing fresh air into and exhausting stagnant air out of all resident-occupied housing areas, such as placing an industrial-sized fan in front of an open door or window to bring in fresh air and placing another industrial-sized fan in front of another door or window to exhaust stagnant air. Documentation of any malfunctions or repairs made to the heating, cooling and ventilation systems is to be maintained by Bexar County Facilities and Parks Department personnel.

I. Alternate Power Source: The Juvenile Detention Center, the Krier Center and the Mission Road Center have at least one alternate power source(s) of electrical power that provides for the simultaneous operation of life safety systems including:

1. emergency lighting other than flashlights;
2. illuminated emergency exit lights and signs;
3. emergency audible communication systems and equipment;
4. fire detection and alarm systems;
5. ventilation and smoke management systems; and
6. all secure door locking mechanisms which operate exclusively on electric current.

The alternate power source system (i.e. the alternate power source and the required life safety system) is tested at least once every 15 calendar days to ensure the system is in working condition. The alternate power system is inspected at least once each year, no later than the last day of the calendar month of the previous year's inspection. This inspection must be completed by a person with qualifications established through work experience, relevant training, specialized licensure or

certification. Each test and inspection of the alternate power source system will be documented to include:

1. test date;
2. test results;
3. name of person conducting the test

If any malfunctions or maintenance needs of the alternate power source system that are identified during a test, or at any other time and are not corrected immediately, a written maintenance request shall be immediately submitted to the Bexar County Facilities and Park Department. Bexar County Facilities and Parks maintains a log to document all tests, inspections, and maintenance performed on the alternate power source. All alternate power sources are considered part of the alternate power source system.

- I. Adequate lighting is provided to all areas of the facilities. All housing units including specialized housing units shall provide natural light from a source within the housing unit. Individual resident sleeping quarters:
 1. have its own natural light source; and/or
 2. have a viewing window in the door or wall that allows for a direct line of sight to the natural light.
- J. Dining Area: The dining area provides a minimum of 15 square feet of floor space per resident in the dining area at meal time.
- K. Specialized Housing: Any room or cell used for the disciplinary seclusion, protective custody, assessment, or medical observation during program hours is equipped with:
 1. an operable toilet above floor level;
 2. a washbasin with hot and cold running water or a single control that produces warm water;
 3. a bed above floor level; and
 4. access to natural light.

Rooms used for specialized housing meet spatial requirements as designated by TJJD standards for single-occupancy housing or for multiple-housing occupancy housing.

- L. The mattress may be temporarily removed from a specialized housing room if the resident:

1. is actively damaging or destroying the mattress;
2. is using the mattress for an unintended purpose (e.g. obstructing a doorway or window, folding to use as a makeshift stepstool, etc.); or
3. has exhibited a documented pattern of disruptive behavior in an effort to be assigned to specialized housing to avoid educational instruction.

M. Housing for Residents with Physical Disabilities: All housing areas used by residents with physical disabilities are designed for their use and provide for their safety and security in accordance with state and federal law.

N. Program Areas: The Juvenile Detention Center, the Krier Center and Mission Road Center have space designated for:

1. visitation;
2. religious programs;
3. interviewing and counseling;
4. educational instruction.

Each Center has a visitation area, interview and/or therapy rooms, classrooms, and either a chapel area or classroom that can be used for chapel services.

O. Preventative Maintenance: The Bexar County Facilities and Parks Department is responsible for maintenance of the physical plant of the Bexar County Juvenile Detention Center, Mission Road Center and Krier Center. Infrastructure Services provides personnel on-site from 8:30 a.m. to 10:30 p.m. If a physical plant emergency arises when Facilities and Parks personnel are not on-duty, the Shift Supervisor or designee will contact Facilities and Parks personnel who are on-call. The Shift Supervisor or designee will also contact the Facilities and Parks Facility Supervisor to notify him/her of the emergency.

1. Facilities and Parks personnel assigned to the facility conduct daily inspections to determine the need for replacement of equipment or whether the facility is in need of repair. Detention supervisors or their designee conduct daily inspections of the facility and report physical plant problems to Infrastructure personnel through the work order process.
2. If facilities personnel become aware that repairs are needed to the facility, a work order will be generated. A work order is generated by contacting Center Main Control and informing the Main Control Officer of what repair is needed.
3. The Main Control Officer will enter the information into the shared filed used for work orders. The Main Control Officer will log the date and time the work order was requested, who requested the work order and the nature of needed repairs.

4. The Facilities and Parks Department facility maintenance supervisor will be responsible for assigning projects to his/her staff. Repairs receiving the highest priority include: fire safety, water systems, electrical systems, HVAC systems and locking mechanisms.
 5. The Shift Supervisor will determine when a room is unusable while repairs are being made. The Shift Supervisor will inform the Orientation Officer that a room has been placed "out of order". The room will be listed on the Daily Mod List by the Orientation Officer as "Out of Order" pending repairs.
 6. The Center Facility Maintenance Plan is reviewed on an annual basis. This review will be documented.
- P. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect residents from sexual abuse and other harms will be considered. When installing or updating the video monitoring system, electronic surveillance system, or other monitoring technology, how such technology may enhance the ability of the Department to protect residents from sexual abuse and other harms will be considered. Such considerations will be documented.

SECTION: Resident Searches**POLICY:** Resident Searches**EFFECTIVE DATE:** January 1, 2010**REVISION DATE:** February 8, 2016**APPLICABLE STANDARDS:** TAC 343.260; 28 CFR § 115.315(a-c), (f)**POLICY STATEMENT:**

The search of residents and/or their possessions shall be permitted when there is sufficient reason to believe that the security of the Center is endangered, that contraband is present and/or as part of pat-down searches conducted before or after specific activities as necessary for facility security and safety. Searches of all Center areas accessible to residents will be conducted on a regular unscheduled basis.

PROCEDURES:

A. Residents shall only be subjected to the following searches:

1. a pat-down search, conducted by same-gender staff, as necessary for facility security and safety;
2. a strip search based on the reasonable belief that the resident is in possession of contraband or reasonable belief that the resident presents a threat to the facility's safety and security; a strip search is conducted on residents at the Krier Center returning from a therapeutic leave of absence prior to returning to his/her housing unit, and
3. an oral cavity search to prevent concealment of contraband and to ensure the proper administration of medication.

Staff members conducting searches shall:

1. not touch residents any more than is necessary to conduct a comprehensive search;
2. make every effort to prevent embarrassment or humiliation of resident;
3. refrain from excessively touching, prodding, or probing that may cause pain or injury;
4. refrain from search techniques that may resemble fondling, especially in the area of the resident's breasts, genitalia, and buttocks;
5. be sensitive to the potential special needs of residents with known histories of physical or sexual abuse; and
6. conduct themselves in a professional manner and refrain from making inappropriate remarks or comments about the search process, the resident being searched, or the resident's body or physical appearance. Officers' communications during the search shall be limited to the verbal instructions and

requests necessary to conduct an effective and efficient search and to provide for resident, staff and facility safety.

- B. Cross-gender pat-down searches are prohibited, except in exigent circumstances and with the approval of the Chief Probation Officer. Exigent circumstances mean any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.
- C. The facility shall not conduct cross-gender strips searches or cross-gender visual body cavity searches (meaning the anal or genital opening) unless performed by a medical practitioner.
- D. Searches are conducted for the following security and safety purposes:
1. to prevent the introduction of weapons, drugs or other contraband into the Center;
 2. to detect the presence and/or manufacture of weapons, escape devices, or other contraband in the Center;
 3. to discover and suppress "trafficking" between residents and visitors;
 4. to prevent waste and/or destruction of Center property;
 5. to discover hazards to health or safety that may go unnoticed during a routine inspection;
 6. to ensure the proper administration of medication.
- E. Pat-down searches: A pat-down search is a routine search which involves physical contact with the resident's clothing. The resident is not required to remove his/her clothing with the exception of shoes, jewelry, cap/hat, jacket or extra layers of clothing. A pat-down search is used when a juvenile is referred to the Center, when returning from a visit or from any appointment or transport outside the facility (i.e. medical transport, court transport, temporary leave of absence at the Krier Center, etc.). A pat-down search shall be conducted by a staff member of the same gender as the resident. Pat-down searches shall not be conducted in view of visitors or the general public. The staff member shall:
1. inform the resident of the search prior to conducting the search;
 2. instruct the resident face the staff member and place his/her feet apart and with arms away from sides; visually inspect juvenile's hair, ears, nose, mouth, under tongue and palms;
 3. instruct the resident to turn around and stand with feet apart, and arms away from sides or with hands on the wall;
 4. check the resident's collar, shoulders, underarms, and, for female residents, bra bands and under breasts;
 5. for female residents, check under the bra by having the resident pull her bra out away from her body;

6. tuck a thumb in the waistband of the resident's clothing and starting from the front, slide it all the way around the waist;
7. check the outside of the legs from the waist to the ankle and the inside of the legs to the groin;
8. not touch the resident's legs if the resident is wearing shorts or a dress;
9. check the soles of the resident's feet;
10. check the resident's socks and shoes.

F. Strip searches: A strip search is a search that requires the resident to remove all or part of his or her clothing (excluding extra layers of clothing). A strip search shall be conducted by staff members of the same sex as the resident. A strip search shall be conducted in an area that ensures the privacy and dignity of the resident. A strip search shall be limited to a visual observation of the resident and shall not involve the physical touching of a resident. The staff member shall:

1. have the resident face the staff members;
2. instruct the resident to remove all or part of his or her clothing, step away from the articles and run both hands through his or her hair;
3. have the male resident lift his genitals; have the female resident lift her breasts;
4. not remove any bandages; the resident must remove them with a doctor or nurse present.

G. Body cavity searches: A body cavity search is a visual, manual or instrument inspection of a resident's oral, anal and/or vaginal cavity performed by medical staff. In the case of an oral cavity, the search will be permitted to prevent concealment of contraband and/or to ensure the proper administration of medication. An anal or genital body cavity search will be permitted only if there is probable cause to believe the resident is concealing contraband. Except oral cavity searches, body cavity searches must have authorization from the facility administrator or Deputy Chief – Institutions or the Chief Probation Officer. An anal or genital body cavity search shall be conducted only by a physician or physician assistant. The physician or physician assistant shall be of the same gender as the resident if available. All anal and genital body cavity searches shall be conducted in an office or room designated for medical procedures. All anal and genital body cavity searches (manual or instrument inspection) shall be documented and the documentation shall be maintained in the resident's file. Probable cause for an anal or genital body cavity search shall be documented and shall include:

1. name of the resident searched;
2. date and time of the search;
3. probable cause justifying the search;
4. name and title of the physician or physician assistant conducting search; and
5. contraband found, if applicable.

- H. Housing Section Search: Searches of housing sections and/or rooms shall be conducted by juvenile supervision officers on an unscheduled but regular basis. These searches are intended to uncover contraband, prevent escapes, maintain sanitary standards, and eliminate fire and safety hazards.
1. Searches should be done systematically. Each officer should develop and maintain a consistent routine for these searches. For example: Begin at one point in the room and work clockwise or counter-clockwise moving section by section. At each section, search all areas before moving to the next. Probe tears in mattresses and pillows as well as gaps in the floor or walls. Check light fixtures, windows, sinks, toilets, and personal items (including books and letters) in the room.
 2. A room should be left in a condition similar to that in which it was found. Residents' property shall be respected and not discarded, misplaced, damaged or lost. Contraband is not considered residents' property.
 3. All clothing in the room shall be searched for contraband.
 4. Rooms shall be searched for damage including tagging/graffiti.
 5. Each room shall be completely searched before a new resident is moved into the room.
- I. General Area Search: A general search of all Center areas shall be made on an unscheduled but regular basis. The supervisor, shift team leader or campus coordinator shall determine when the general searches will occur and what areas are to be searched. Should contraband be found or damage to the facility be detected, an information report shall be generated and submitted to the supervisor. Juvenile supervision officers shall be aware of the possibility of contraband being hidden and take measures daily to deter residents from attempting to bring contraband into secure areas or hiding contraband.
- J. Search of Visitors: If there is clear cause that weapons or contraband will be found on a visitor, admission to the Center will be denied. An incident report detailing the justification for denying admission will be submitted to the facility administrator. All visitors to the facility will be required to pass through a metal detector. The metal detector will be staffed by contract security personnel or facility personnel. If the individual cannot clear the walk-through metal detector, personnel will utilize a hand held metal detector to attempt to determine the location of the metal object(s). Any person unable to clear the hand-held metal detector will not be permitted to enter the facility.
- K. Visitation Area Search: Immediately before and after visiting hours, an officer or officers will be assigned to the visitation area to conduct a search for contraband or items that may have been left after visit. Residents shall not be permitted in the area until a search is completed.

Perimeter Searches: Areas outside the Center (sally port, delivery dock, outdoor recreation areas, perimeter fence, etc.) must be searched for possible contraband or potential threats to perimeter security. The supervisor or assistant supervisor, shall determine when perimeter searches are conducted. Any irregularities shall be documented.

- L. Supplies and Food Items: At the Detention Center and Mission Road Center, no personal supplies or food items are allowed in the Center. At the Krier Center, only soft drinks purchased at the facility can be taken into the visitation area.
- M. Mechanical Detection Devices: Walk through metal detectors and hand-held metal detectors may be used in locations necessary for security such as building entrances. Hand-held metal detectors may be used to check mattresses, bedding, etc. Hand- held metal detectors may be used to search residents for metallic objects.
- N. Disposition of Contraband: Anytime contraband is found, an informational report shall be submitted to the Supervisor indicating the nature of the contraband, when it was found, where it was found, which residents were involved and staff present when the contraband was found. The contraband will be placed in a plastic property bag, sealed and forwarded to the Facility Administrator. The Facility Administrator will determine the appropriate disposal of the contraband.

SECTION: Hygiene**POLICY:** Hygiene Plan**EFFECTIVE DATE:** January 1, 2010**REVISION DATE:** July 21, 2015**APPLICABLE STANDARDS:** TAC 343.262, 264; 28 CFR §115.315(d); 342(g)**POLICY STATEMENT:**

The Juvenile Detention Center, Mission Road Center and the Krier Center shall provide appropriate instruction on personal and oral hygiene to residents. Residents shall be provided the opportunity to shower daily. Residents shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia.

PROCEDURES:

- A. Facilities provide residents with the following hygiene items:
1. toothbrush
 2. toothpaste
 3. hair and body wash gel (combination soap and shampoo);
 4. deodorant;
 5. comb or brush;
 6. razors for shaving
- B. Toothbrushes, non-spray deodorant, brushes, and combs shall not be shared.
- C. Juvenile detention officers and residential treatment officers provide instruction to residents regarding use of personal hygiene items.
- D. Residents are provided the opportunity to shower daily and after participating in strenuous exercise other than activities related to physical education;
- E. Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
- F. Staff of the opposite gender must announce their presence when entering a resident housing unit or any area where residents are likely to be showering, performing bodily functions, or changing clothing.
- G. Hair care services are available for residents upon request for residents in the Juvenile Detention Center, Krier Center and Mission Road Center (excluding Weekend Program). Haircuts provided will be reasonable and conventional in nature. In the event that a resident requests a haircut that is determined to be

outside the guidelines of reasonable or conventional, the request will be reviewed by facility administrator or his/her designee and contact with the resident's attorney and parent(s) will be made before a final decision is reached regarding the resident's request. If indicated, consultation will take place with mental health staff. Priority will be given to residents whose court date is nearing.

H. All combs are kept in Satellite Control Rooms.

I. When a resident requests to shave during personal hygiene time, the officer will provide the resident with a disposable safety razor and will remain with the resident while he/she shaves. At no time may a resident be left unsupervised when shaving. The officer is responsible for obtaining the razor when the resident is finished shaving and disposing of it. Disposable razors are only used once per resident and are then disposed. Razors will be disposed in a container not accessible to residents.

J. At the Juvenile Detention Center:

1. At wake-up, after morning hygiene, residents are required to clean their sinks, toilets and to fold their linen.
2. Clean linen is issued twice a week. Laundry workers shall provide a schedule to remove all linen from the dorms.
3. Clean towels are issued on a daily basis at evening shower time.
4. Clean and disinfected socks and underclothing are issued on a daily basis at evening shower time.
5. Clean uniforms (shirts and pants) will be issued twice a week.
6. Residents are required to shower daily. A resident who refuses to shower will be assigned to Behavior Control Unit until he/she complies.
7. Residents are given instruction regarding hygiene during the initial screening process and as part of regular programming. Oral hygiene takes place during wake-up and at evening shower time. Instruction on oral hygiene is provided as part of regular programming.

K. At the Krier Center:

1. At wake-up, after morning hygiene, residents are required to clean their sinks, toilets and to fold their linen.
2. Clean linen is issued twice a week. Residents are responsible for laundering their personal clothes and linen at least twice a week.
3. Clean towels are issued on a daily basis at evening shower time.
4. Clean and disinfected socks and underclothing are issued on a daily basis at evening shower time.
5. Residents are issued five (5) changes of clothing (uniforms) upon admission.
6. Residents are required to shower daily.

7. Residents are given instruction regarding hygiene during the initial screening process and as part of regular programming. Oral hygiene takes place during wake-up and at evening shower time. Instruction on oral hygiene is provided as part of regular programming.

L. At the Mission Road Center (Weekend Program):

1. At wake-up, after morning hygiene, residents are required to clean their sinks, toilets and to fold their linen.
2. Clean linen is issued upon admission each weekend. The bedding shall include a mattress, pillow and pillowcase (unless the mattress has an integrated pillow), two sheets (one to cover the mattress and one as a top sheet) or one mattress cover and one top sheet, and one blanket. Laundry workers shall provide a schedule to remove all linen from the dorm.
3. Clean towels are issued on a daily basis at evening shower time.
4. Clean and disinfected socks and underclothing are issued on a daily basis at evening shower time.
5. Residents are issued clean uniforms (shirts and pants) each weekend.
6. Residents are required to shower daily. A resident who refuses to shower this shall be documented in an incident report and submitted to supervisory personnel on duty.
7. Residents are given instruction regarding hygiene during the initial screening process and as part of regular programming. Oral hygiene takes place during wake-up and at evening shower time. Instruction on oral hygiene is provided as part of regular programming.

SECTION: Resident Discipline Plan
POLICY: Major Rule Violations

EFFECTIVE DATE: March 21, 2017

REVISION DATE: February 27, 2017

APPLICABLE STANDARDS: TAC 343.274, 284, 285, 288; 28 CFR §115.378(a-e), (g)

POLICY STATEMENT:

The resident discipline plan shall include rule violations and corresponding sanctions for major rule violations. Major rule violations are violations that constitute the serious threat against persons or property, serious threat to facility safety and/or security, or repeated minor rule violations. Factors considered when determining disciplinary sanctions include the nature and circumstances of the rule violated, the resident's disciplinary history, and the sanctions imposed for comparable offenses. The disciplinary process shall consider information regarding a resident's mental disability or mental illness and if his or her condition contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

PROCEDURES:

A. Major Rule Violations and Disciplinary Seclusion

- Disciplinary Seclusion shall be limited to those rules which constitute serious behavior against persons or property and behavior that poses a serious threat to institutional order and safety. Disciplinary Seclusion is the separation of a resident from other residents for disciplinary reasons and the placement of the resident alone in an area from which egress is prevented for more than 90 minutes. A resident shall receive a formal disciplinary review before disciplinary seclusion is imposed unless the review is waived in writing by the resident. A written incident report which describes the resident's precipitating behavior and identifies the officer's response shall be completed promptly, and will be immediately forwarded to the supervisor who will be completing the disciplinary seclusion review.

The following are considered Level 1 behaviors which will result in the use of disciplinary seclusion up to four (4) hours:

Major Rule Violation/Disciplinary Seclusion	Level 1 (Max – 4 HRS)
<p>Youth on Youth Inciting Any attempt by a resident to encourage another resident(s) to engage in inappropriate behavior including the use of gang signs or language. Verbal or nonverbal (e.g., clear evidence of severe "mad dogging", motioning with hands or other nonverbal language) actions directed towards another youth which is a clear challenge to physical aggression.</p>	<p>Up to 4 HRS</p>

Major Rule Violation/Disciplinary Seclusion	Level 1 (Max – 4 HRS)
<p>Multiple Behavior Time Outs (BTO) and Group Restriction, or Thinking Room Referrals in single Day</p> <ul style="list-style-type: none"> After a youth receives their 4th BTO, the next minor infraction (BTO – 5th) is a Group Restriction/Thinking Room Referral. If the above scenario occurs and a youth has another minor infraction (BTO -6th) they are referred to disciplinary seclusion for up to four (4) hours. After a youth receives their 2nd Group Restriction/Thinking Room referral the next moderate infraction (their 3rd Group Restriction/Thinking Room Referral) results in a disciplinary seclusion referral for up to four (4) hours. After a disciplinary seclusion is issued for multiple referrals in a single day, the process will repeat itself once disciplinary seclusion is completed. 	Up to 4 HRS
<p>Failure to complete the Group Restriction, Room Restriction, or Thinking Room referral</p> <p>Resident either continuously verbalizes or through their actions does not successfully complete their group restriction, room restriction, or thinking room referral. This occurs after the resident is taken to the security dorm to serve their room restriction. The resident must be given ample time to comply with the intervention once it is given.</p>	Up to 4 HRS
<p>Gambling</p> <p>Any activity that involves a wager or betting of any kind</p>	Up to 4 HRS
<p>Accessing social media and/or inappropriate content on facility computers or devices</p> <p>Facebook, Twitter, email, adult material (porn), Snapchat, Instagram, etc.</p>	Up to 4 HRS
<p>Criminal Mischief up to \$50</p> <p>Juvenile intentionally or knowingly damages or destroys facility property. Damages are up to \$50.</p>	Up to 4 HRS

The following is considered a Level 2 behavior which will result in the use of disciplinary seclusion up to eight (8) hours:

Major Rule Violation/Disciplinary Seclusion	Level 2 (Max – 8HRS)
<p>Sexual Harassment</p> <p>Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another resident or staff member.</p>	Up to 8 HRS

The following are considered Level 3 behaviors which will result in the use of disciplinary seclusion up to twelve (12) hours:

Major Rule Violation/Disciplinary Seclusion	Level 3 (Max – 12 HRS)
<p>Aggressive stance with forward movement</p> <p>Juvenile taking an aggressive and threatening posture which may include clenched fist in a threatening posture, finger in face, posting-up process that includes taking the shirt off, kicking off shoes etc.) No restraint needed to redirect the aggressive resident.</p>	Up to 12 HRS

Major Rule Violation/Disciplinary Seclusion	Level 3 (Max – 12 HRS)
Aggressive pushing/shoving Juvenile aggressively pushing or shoving another juvenile. No restraint needed to redirect the aggressive resident.	Up to 12 HRS

The following are considered Level 4 behaviors which will result in the use of disciplinary seclusion up to twenty-four (24) hours:

Major Rule Violation/Disciplinary Seclusion	Level 4 (Max – 24 HRS)
Bullying Unwanted, aggressive behavior by a resident toward another resident or residents that involves a real or perceived power imbalance (e.g. physical strength, size, gang affiliation, etc.) and is repeated or has the potential to be repeated over time. Can include the theft of another resident’s food (taking multiple trays all at once).	Up to 24 HRS
Intimidation/Threatening Any threats of harm or injury directed towards a staff member; threats of harm or injury towards a staff member’s family.	Up to 24 HRS

The following is considered a Level 5 behavior which will result in the use of disciplinary seclusion up to forty-eight (48) hours:

Major Rule Violation/Disciplinary Seclusion	Sanction Range (Max - 48)
Lewd Conduct Indecent exposure by a resident to other residents or staff.	Up to 48 HRS

2. Disciplinary seclusion shall not be issued to a resident with a known diagnosis of:
 - a. a serious mental illness; or
 - b. severe or profound intellectual disability.
3. A mental health provider shall be consulted before disciplinary seclusion is imposed if the resident has a current designation as moderate or high risk for suicide.
4. Disciplinary seclusion shall be limited to 48 hours in duration. The time a resident spends in disciplinary seclusion shall be counted from the time he/she is placed in disciplinary seclusion until the time he/she is formally released from disciplinary seclusion. The time shall be continuous and include program and non-program hours.

5. The formal disciplinary review and appeal process as detailed in Policy 274.4 (Formal Disciplinary Review and Appeal Process) shall apply to residents placed in disciplinary seclusion.
6. While a resident is in disciplinary seclusion, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes. If the resident is classified as high risk for suicidal behavior, the resident shall be under the continuous, uninterrupted visual supervision of a juvenile supervision officer and the officer shall document his or her personal observations of the resident at random intervals not to exceed 30 minutes. If the resident is classified as moderate risk for suicidal behavior and is not in the constant physical presence of a juvenile supervision officer, the officer shall personally observe and record the resident's behavior at random intervals not to exceed ten (10) minutes.
7. Residents in disciplinary seclusion shall not be denied their daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in disciplinary seclusion shall receive daily visits from a medical or mental health care clinician. Residents may also have access to other programs and work opportunities to the extent possible.
8. Residents assigned to disciplinary seclusion due to a major rule violation of sexual abuse may be offered the opportunity to participate in therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Participation in such interventions may be required as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.
9. The facility administrator shall maintain and report to TJJJD electronically, or in the format requested, the following information pertaining to disciplinary seclusions:
 - a. total number of disciplinary seclusions in each of the following categories:
 - b. more than 90 minutes but less than 24 hours; and
 - c. 24 hours up to 48 hours;
 - d. total number of residents placed in disciplinary seclusion who have a current designation as high or moderate risk for suicide

B. Major Rule Violations/Safety-Based Seclusion Behaviors

Safety-based seclusion may be used only when a reasonable belief exists, based on a resident's current behavior, that the resident is a serious and probable escape risk; the resident is a serious and probable physical danger to others and staff cannot protect them except by placing the resident in safety-based seclusion; confinement is necessary to prevent probable and substantial damage to property; confinement is

necessary to control behavior that disrupts programming to the extent that the current program cannot continue except by placing the resident in safety-based seclusion; or the resident is likely to interfere with a pending or ongoing investigation or a requested or scheduled disciplinary review hearing. Safety-Based Seclusion is not a form of discipline and is not a part of our discipline plan. It is referenced here due to residents committing a major rule violation that will result in the resident initially being placed in Safety-Based Seclusion.

1. The following are considered Safety-Based Seclusion behaviors that are also Major Rule Violations.

a. Escape or Attempted Escape

An attempt to escape or successful escape from the facility or while in the custody of a staff member while transporting outside the facility; a resident at the Krier Center who does not report back to the center at the conclusion of their Therapeutic Leave of Absence.

b. Assault/Attempted Assault on Staff

An intentional physical attack/attempted physical attack on a staff with the intent of or resulting in infliction of harm or injury.

c. Assault/Attempted Assault on Resident

An intentional physical attack/attempted physical attack on a staff with the intent of or resulting in infliction of harm or injury.

d. Fighting

Physical confrontation between two or more residents.

e. Multi-Character Incident

Any disturbance that involves the actions of three or more residents in which their behavior poses a serious and probable physical danger to others.

f. Exposing others to dangerous/harmful substances

(Includes spitting, pouring or throwing bodily fluids or hazardous cleaning solutions, etc.)

g. Sexual Behavior with contact:

1. Sexual abuse of a resident by another resident which includes any of the following acts, if the victim is coerced into such act by overt or implied threats of violence:
2. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
3. Contact between the mouth and the penis, vulva, or anus
4. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument;
5. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

h. Behavior Requiring Restraint

Aggressive and or physically challenging behavior which escalates to a physical restraint (e.g. physical/hands on escort that quickly escalates)

i. Criminal Mischief

Juvenile intentionally or knowingly damages or destroys facility property. Property damage is \$50 or greater

j. Tattooing, Body Piercing, or Scarring

Juvenile is engaging in tattooing or body piercing of self or others. Tattooing is defined as making a mark on the body by inserting pigment into the skin. Scarring is similar to a tattoo but pigment is not utilized (scratching gang name/street name, creating a scar that resembles a symbol). This does not include cutting or skin mutilation that may be a sign of distress or a need for mental health intervention.

k. Direct or indirect involvement in planned or predatory aggressive behavior (victim involved)

l. Evading Escort

During escort to a designated area to serve a Group Restriction or possible Disciplinary Seclusion, the resident attempts to evade escort by running around a hallway, field, or other area within or outside of the facility, but not in a manner that is considered an escape attempt.

- m. Deliberate interference with safety and security procedures resulting in serious risk of harm to self or others.

Juvenile is actively attempting to incite others to join in on a group disturbance (multi-character). Interfering with code in progress (Code 1, Code Red, Code Green, Code Blue), including an active physical or mechanical restraint of another resident.

- n. Tampering with Safety Equipment

Intentionally tampering with, damaging, or blocking any device used for safety or security of the facility. This includes, but is not limited to, any locking device or item that provides security access or clearance, any fire alarm or fire suppression system or device, video camera, radio, telephone (when the tampering prevents it from being used as necessary for safety and/or security), handcuffs, or shackles.

- o. Refusing a Search

Refusing to submit to an authorized search of person or area.

- a. Possession of Prohibited Items or Paraphernalia (Contraband)

Possessing or using any unauthorized substance, including controlled substances or intoxicants (including alcohol and tobacco), medications not prescribed for the juvenile by authorized medical or dental staff, medication prescribed to the juvenile but not taken at the appropriate time, tobacco products, similar intoxicants, or related paraphernalia such as that used to deliver or make any prohibited substance. Unauthorized items which can pose a threat to security or safety (i.e. weapons or any item that can be used as a weapon, matches, lighter, etc.). Cellular telephones, items which have been fashioned to produce tattoos or body piercing, cleaning products when the youth is not using them for a legitimate purpose,

or other items that are being used inappropriately in a way that poses a danger to persons or property or threatens facility.

2. Residents whose behavior/actions were considered to be a Major Rule Violation and who are transitioning off of Safety-Based Seclusion may be subject to the following sanctions:
 - a) Level/Phase Drop
 - b) Loss of Therapeutic Leave of Absence
 - c) Graduation cancellation (residents scheduled to graduate from the Krier Center)
3. For sanctions other than disciplinary seclusion that result from a major rule violation, a formal disciplinary review shall be held if requested by the resident. The formal disciplinary review and appeal process as detailed in Policy 274.4 (Formal Disciplinary Review and Appeal Process). Upon such a request, the review shall be held within five calendar days after the resident's request. Any delay beyond five calendar days must be supported by documented justification explaining why it was impossible, impractical, or inappropriate to hold the review within five calendar days.
- C. A resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- D. Serious Mental Illness: For the purpose of this policy and procedure, serious mental illness is defined as a professional diagnosis of the following disorders:
 1. psychoses;
 2. schizophrenia;
 3. bipolar with psychotic features;
 4. depression with psychotic features;
 5. severe post-traumatic stress disorder; and
 6. schizoaffective disorders.

SECTION: Resident Support
POLICY: Protective Isolation

EFFECTIVE DATE: March 21, 2017

REVISION DATE: February 27, 2017

APPLICABLE STANDARDS: TAC 343.290; 28 CFR § 115.342 (b), (h-i), 368

POLICY STATEMENT:

Protective isolation may be used as a last resort when a resident is physically threatened by a resident or a group of residents, when less restrictive measures are inadequate to keep the resident safe, and when the decision is approved in writing by the facility administrator.

PROCEDURES:

- A. Protective isolation may be used only until alternative means for keeping the resident safe can be arranged.
- B. The decision to place a resident on protective management status will be made by the supervisor on duty. An informational report shall be forwarded to the facility administrator indicating factors that lead to the resident being placed on protective management status.
- C. While on protective management status (when the resident is in a room with the door locked) a juvenile supervision officer shall observe and record the resident's behavior at random intervals not to exceed fifteen (15) minutes. If the resident is classified as high risk for suicidal behavior, the resident shall be under the continuous, uninterrupted visual supervision of a juvenile supervision officer and the officer shall document his or her personal observations of the resident at random intervals not to exceed 30 minutes. If the resident is classified as moderate risk for suicidal behavior and is not in the constant physical presence of a juvenile supervision officer, the officer shall personally observe and record the resident's behavior at random intervals not to exceed ten (10) minutes.
- D. If the protective isolation of the resident exceeds 24 hours, the facility administrator shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make a determination as to whether other less restrictive protective measures are appropriate and available. If continued protective isolation is approved, the facility administrator will ensure that the review document includes plan to ensure the isolated resident is provided all required program services during their period of protective isolation.
- E. Residents placed in protective isolation for purposes of reducing the risk of sexual abuse by or upon the resident may only be 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. These residents shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. The facility administrator or his/her designee shall clearly document: the basis for the facility's concern for the resident's safety; and the reason why no alternative means of separation can be arranged. Every 30 days, a review to determine whether there is a continuing need for separation from the general population is still necessary.

- G. Documentation that identifies the threat faced by the resident shall be placed in the resident's file.

SECTION: Health Service Plan**POLICY:** Medical Treatment for Victims of Abuse**EFFECTIVE DATE:** January 1, 2010**REVISION DATE:** December 18, 2019**APPLICABLE STANDARDS:** TAC 343.330; 28 CFR §115.321, 335, 353(a-b), 382(a), (c-d), 383(a-h)**POLICY STATEMENT:**

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

PROCEDURES:

- A. All residents who experience sexual abuse are offered access to forensic medical examinations at an outside medical facility. Medical evaluation and, as appropriate, treatment to all residents who have previously been victimized by sexual abuse will also be provided. Medical treatment provided will be consistent with the community level of care. All treatment services are provided to the resident without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- B. Testing for sexually transmitted diseases, including HIV/AIDS is made available to a resident who is found in an internal investigation or TJJD investigation to have been abused, neglected or exploited in a manner by which any physical injuries may have occurred or any sexually transmitted disease may have been contracted. The testing services and any subsequent medical treatment services is at no cost to the resident or the resident's family.
- C. Resident victims of sexual abuse while in a Department facility shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
- D. Resident victims of sexually abusive vaginal penetration while in a Department facility shall be offered pregnancy tests. If pregnancy results, such residents shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- E. Evaluation and treatment of residents who have previously been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release.

- F. Forensic medical examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at an outside medical facility. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners who have received education concerning sexual assault and forensic examination issue in general. Efforts to provide SAFEs or SANEs, when not available, are documented.
- G. A victim advocate from the Rape Crisis Center will be made available to the resident. As requested by the resident, the victim advocate shall accompany and support the resident through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.
- H. All full- and part-time medical and mental health care practitioners who work regularly in a Department facility will be trained in:
1. The Department's zero-tolerance policies and procedures;
 2. How to fulfill their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 3. Residents' right to be free from sexual abuse and sexual harassment;
 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
 6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
 8. How to avoid inappropriate relationships with residents;
 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
 11. Relevant laws regarding the applicable age of consent;
 12. How to detect and assess signs of sexual abuse and sexual harassment;
 13. How to preserve physical evidence of sexual abuse;
 14. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
 15. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Documentation that medical and mental health practitioners have received the training, either from the Department or elsewhere, will be maintained.

- I. The facility shall attempt to conduct a mental health evaluation of all known resident-on resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

- J. The Juvenile Detention Center, Krier Center and Mission Road Center will provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

SECTION: Health Service Plan

POLICY: Behavioral Health Care Services for Sexual Abuse Victims

EFFECTIVE DATE: January 1, 2010**REVISION DATE:** June 13, 2016**APPLICABLE STANDARDS:** TAC 343.332; 28 CFR § 115.331, 335, 353(a-b), 382(a), (d), 383(a-c), (g-h)

POLICY STATEMENT:

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency crisis intervention services, the nature and scope of which are determined by mental health practitioners according to their professional judgment. A mental health provider shall also assess any resident who has previously been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

PROCEDURES:

- A. The assessment and treatment by the mental health provider includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release.
- B. The level of mental health services provided will be consistent with the community level of care. Determinations as to what assessment and counseling services are necessary and appropriate shall be made by a mental health provider or in direct consultation with a mental health provider.
- C. The assessment and any subsequent treatment services shall be provided to the victim without financial cost to the resident or the resident's family regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- D. A mental health evaluation of all known resident-on-resident abusers will be attempted within 60 days of learning of such abuse history and treatment will be offered when deemed appropriate by mental health practitioners.
- E. All full- and part-time mental health care practitioners who work regularly in a Department facility will be trained in:
 - 1. The Department's zero-tolerance policies and procedures;
 - 2. How to fulfill their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - 3. Residents' right to be free from sexual abuse and sexual harassment;

4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
11. Relevant laws regarding the applicable age of consent;
12. How to detect and assess signs of sexual abuse and sexual harassment;
13. How to preserve physical evidence of sexual abuse;
14. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
15. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Documentation that mental health practitioners have received the training, either from the Department or elsewhere, will be maintained.

- F. The Juvenile Detention Center, Krier Center and Mission Road Center will provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

POLICY NUMBER	367
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SECTION: Resident Rights
POLICY: Protection Against Retaliation

EFFECTIVE DATE: September 16, 2013 **REVISION DATE:** July 21, 2015
APPLICABLE STANDARDS: 28 CFR § 115.367

POLICY STATEMENT:

All residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation by other residents or staff.

PROCEDURES:

- A. Multiple measures to protect any individual who cooperates with an investigation and who expresses a fear of retaliation shall be taken. Protection measures include, but are not limited to:
1. housing changes or transfers for resident victims or abusers;
 2. removal of alleged staff or resident abusers from contact with victims; and
 3. emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Documentation will be maintained indicating protective measures taken.

- B. For at least 90 days following a report of sexual abuse, the facility administrator shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The following items will be monitored:
1. any resident disciplinary reports;
 2. any resident housing, or program changes; and
 3. negative performance reviews or reassignments of staff.

The facility administrator shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks. Documentation will be maintained regarding the monitoring of the treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered abuse.

- C. The facility administrator's obligation to monitor may terminate if the Department determines that the allegation is unfounded.

SECTION: Resident Rights

POLICY: Illegal Discrimination/PREA/CRIPA
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EFFECTIVE DATE: January 1, 2010

REVISION DATE: January 1, 2015

APPLICABLE STANDARDS: TAC 343.368, 370, 208; Prison Rape and Elimination Act of 2003; Civil Rights Act of Institutionalized Persons Act

POLICY STATEMENT:

Residents shall not be subjected to discrimination based on race, national origin, religion, sex, sexual orientation, gender identity, or disability.

PROCEDURES:

- A. Residents shall not be subjected to supervision and control by other residents.
- B. Legal Counsel: Residents have the right to confidential contact with attorneys through telephone, uncensored letters, and personal visits.
- C. Visitation and Communication: Residents have the right to receive visitors and to communicate and correspond subject to the limitations necessary to maintain Center safety, security and order and subject to the conditions of probation.
- D. Grievances: The Center shall have a written grievance process with at least one level of appeal.
- E. Religion: Residents may participate in religious services provided by the Center subject to the limitations necessary to maintain Center safety, security and order. Participation in religious services is voluntary.
- F. The following are strictly prohibited:
 - 1. physical, sexual or emotional abuse, neglect or exploitation of a resident by any individual having contact with a resident of the Center;
 - 2. youth-on-youth sexual conduct between residents;
 - 3. violations of the juvenile supervision officer code of ethics and code of conduct;
 - 4. violations of any professional code of ethics or conduct by any individual providing services to or having contact with residents of the facility.
- G. The Center has a zero tolerance approach regarding sexual abuse in accordance with the Prison Rape Elimination Act of 2003. Sufficient training will be provided to juvenile supervision officers as part of pre-service and in-service training so they understand and appreciate the significance of prison rape and the necessity of its eradication. Appropriate administrative and/or criminal disciplinary sanctions will

apply to any individual determined to be a perpetrator.

- H. The Juvenile Detention Center will comply with the Civil Rights of Institutionalized Persons Act given that the Center is an institution owned, operated and managed, and provides services, on behalf of a political subdivision of the State which is a pretrial detention facility for juveniles held awaiting trial. The Krier Center and the Mission Road Center will comply with the Civil Rights of Institutionalized Persons Act given that the Krier Center and Mission Road Center are institutions owned, operated and managed, and provides services, on behalf of a political subdivision of the State which is a correctional facility for juveniles who are residing in such institution for purposes of receiving care or treatment. It is prohibited to subject residents at the Detention Center, Mission Road Center or Krier Center to egregious or flagrant conditions which deprive residents of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States which would cause such persons to suffer grievous harm, and that such deprivation is pursuant to a pattern or practice of resistance to the full enjoyment of such rights, privileges, and immunities.

SECTION: Grievances

POLICY: Resident Grievance Process

EFFECTIVE DATE: January 1, 2010**REVISION DATE:** March 22, 2016**APPLICABLE STANDARDS:** TAC 343.376, 378, 380, 382; 28 CFR § 115.352

POLICY STATEMENT:

There is a formal grievance process to address residents' complaints about their treatment and facility services.

PROCEDURES:

A. The resident grievance process includes the following elements:

1. Staff members shall not deny a resident the opportunity to submit a grievance upon request, unless doing so would interfere with the safety and security of the facility.
2. Residents shall have full access to the grievance process, including forms and methods of submission. If the resident cannot read or otherwise understand the grievance process, a staff member or translator shall read and explain the process to the resident.
3. A written response and resolution shall be provided to the resident no later than:
 - a. 10 calendar days after the date the grievance is received by pre-adjudication staff; or
 - b. 30 calendar days after the date of the grievance is received by post-adjudication staff.
4. Documentation of the resident's acknowledgment of the resolution shall be maintained.
5. Grievances are confidential. Access is limited to those involved in providing responses and administrative review. Retaliation against residents for filing a grievance is prohibited.
6. At least one grievance officer shall be designated in writing.
7. Residents shall be provided at least one level of appeal to a supervisory-level or above staff person. A supervisory-level staff person who provided the initial response or who is named in the grievance shall not provide the appeal response.
8. The resident shall have the ability to participate in the resolution of a grievance process, including the use of an intermediary and the ability to request witnesses.
9. A supervisory-level or above staff person shall conduct periodic formal reviews of the grievance process and dispositions and maintain documentation of this review.
10. The facilities shall maintain a tracking system and grievance log that documents:
 - a. Each grievance submitted;

- b. The grievance disposition;
 - c. Whether the grievance was appealed; and
 - d. The appeal disposition, if applicable.
11. The facility administrator or designee shall review unresolved grievances submitted by residents who have been released to determine if any action is needed.
- B. Informal Resolution: Residents should attempt to resolve the grievances informally if possible. If informal resolution cannot be made, the resident will utilize the formal grievance process.
- C. Formal Grievance Process: Residents may request a grievance form at any time. They may complete and submit their grievance form to any officer, counselor, or in designated drop boxes where provided. Residents cannot be denied access to the grievance process. If a resident is demonstrating inappropriate behavior that would preclude him/her completing a grievance form, he/she will be provided a grievance form and pen or pencil once the inappropriate behavior has ended.
- D. Once received, the supervisors or his/her designee will determine the nature of the grievance and provide a written response to resolve the grievance. At the Juvenile Detention Center the written response and resolution to the grievance will be no later than ten (10) calendar days from the date the grievance is received. At the Krier Center and the Mission Road Center – Weekend Program, the written response and resolution to the grievance will be no later than thirty (30) calendar days from the date the grievance is received.
- E. A resident may file an emergency grievance alleging that a resident believes they are in a substantial risk of imminent sexual abuse. After receiving an emergency grievance, the staff member receiving the grievance shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and a final decision shall be issued within 5 calendar days. The initial response and final decision shall document the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. There are no exceptions (e.g. administrative) to the process for emergency grievances.
- F. All grievances submitted are confidential. Only administrative personnel, supervisory/management personnel, department investigators and direct care staff have access to grievances. A grievance will never be referred to a staff member who is the subject of the complaint. Exceptions must be authorized by the facility administrator. A copy of the grievance form and response will be placed in the resident's file.

- G. Supervisors and assistant supervisors are designated grievance officers. In the absence of the supervisors and assistant supervisors, the acting supervisor will be the designated grievance officer. The duties of a grievance officer or designee includes:
1. maintaining a current grievance log;
 2. collecting grievances seven days a week;
 3. responding to the resident after receiving the grievance;
 4. providing a written resolution to the resident; and
 5. forwarding all appeals to the administrative staff responsible for determining appeals.
- H. A resident may appeal the finding/resolution of the grievance officer to the facility administrator or his/her designee (administrative level). The resident may name an intermediary to assist with the provision of information and may indicate on the grievance form individuals requested as witnesses. The facility administrator or his/her designee will determine which witnesses to contact in order to obtain information necessary to make a decision. All grievances submitted for appeal shall be resolved within ten (10) calendar days in pre-adjudication facilities (Juvenile Detention) and thirty (30) calendar days in post-adjudication facilities (Krier Center, Mission Road Center). The resident shall be promptly notified in writing of the resolution.
- I. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing a grievance and to file a grievance on behalf of residents. When a grievance is filed on behalf of a resident that resident must agree to have the grievance filed on his or her behalf and must personally pursue any appeals as a condition of processing the request. If a parent or legal guardian files a grievance regarding allegations of sexual abuse on behalf of a resident, however, processing shall not be conditioned upon the resident agreeing to have the request filed on his or her behalf.
- A parent or legal guardian of a juvenile are allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.
- J. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
- K. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

- L. A formal review of the grievance process and the dispositions made will be conducted annually. Information from grievances submitted will be entered into the Grievance Tracking System. The Grievance Tracking System is the designated Grievance Log.
- M. Unresolved grievances submitted by any resident are forwarded to the facility administrator or his/her designee to determine if any action is needed.
- N. Documentation of the grievance contains the following elements:
1. name of the resident;
 2. dorm or unit assignment;
 3. date of the grievance;
 4. grievance tracking identification;
 5. nature or description of the grievance;
 6. date and time of receipt;
 7. name and title of the person receiving the grievance;
 8. response or resolution to the grievance;
 9. date and time of the response;
 10. name and title of the person responding to the grievance; and
 11. space for a written request to appeal the grievance response.
 12. the name and title of the person responding to the grievance; and
 13. a space for a written request to appeal the grievance response.
- O. Detention Center -Grievances regarding Probation Officers: Should a resident wish to file a grievance regarding his/her probation officer he/she will:
1. complete a facility grievance form indicating the nature of the issue with the assigned probation officer indicating the probation officer's name and last time the resident met with the probation officer;
 2. submit the grievance form to a detention officer, counselor, medical staff or other staff in the facility;
 3. counselors, medical staff, chaplain, etc. will provide a grievance submitted by a resident to the supervisor on-duty.

The on-duty supervisor is responsible for entering the necessary information in the grievance tracking log book and providing a copy of the grievance to the resident, grievance file, and a copy for the resident's file. The grievance will be placed in the Third shift supervisor's mail slot. The Third shift supervisor (or designee) will send an e-mail to the probation officer of the resident and the probation officer's supervisor (with a courtesy copy to the Deputy Chief – Institutions) informing them that a grievance was received from the resident. An entry will be made in the grievance log book that the e-mail was sent.

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

SECTION: Religious and Volunteer Services

POLICY: Volunteers and Interns

EFFECTIVE DATE: January 1, 2010

REVISION DATE: July 21, 2015

APPLICABLE STANDARDS: TAC 343.386; 28 CFR § 115.332

POLICY STATEMENT:

The Department may utilize volunteers and interns to enhance and expand services and programs offered to residents. Volunteers and interns are subject to the rules and regulations of the Bexar County Juvenile Probation Department. The Department shall ensure that all volunteers and interns who have contact with residents have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and interns shall be based on the services they provide and level of contact they have with residents.

PROCEDURES:

- A. Each volunteer or internship program have written purposes and goals.
- B. The scope, responsibilities and limited authority of volunteers and interns who work with the department are provided for each volunteer or internship program.
- C. All volunteers and interns are subject to the Department screening process. All applicable background checks for volunteers and interns for the Department apply to volunteers and interns at the Detention Center, Mission Road Center and the Krier Center. Volunteers and interns may be disqualified based on specific criminal history.
- D. Volunteers and interns are required to meet minimum applicable professional requirements if a professional service is provided.
- E. Volunteers and interns who have contact with residents complete the Department's orientation and training requirements to include training on the Department's zero tolerance policy regarding sexual abuse and sexual harassment, their responsibilities under the Department's abuse, neglect and exploitation policies and procedures, and recognizing and reporting abuse, neglect and exploitation. Documentation confirming that volunteers and interns understand the training they have received will be maintained.
- F. Volunteers and interns whose criminal history does not meet the requirements in TAC 344.300 (e.g. fingerprint search, criminal history, military history) are prohibited from having unsupervised contact with residents.

- G. A sign-in log that documents the name of the volunteer/intern, the purpose of the visit, the date of the service, and the beginning and ending of the service performed for the facility is maintained.

- H. Any volunteer or intern who engages in sexual abuse are prohibited from contact with resident and shall be reported to law enforcement agencies and relevant licensing bodies. Other appropriate remedial measures are considered in the case of any other violation of the Department's sexual abuse or sexual harassment policies by a volunteer or intern.

- I. Policy and procedure pertaining to volunteers and interns does not apply to an individual who performs volunteer services once a year and has only supervised contact with residents.

SECTION: Intake and Admission**POLICY:** Intake**EFFECTIVE DATE:** January 1, 2010**REVISION DATE:** July 21, 2015**APPLICABLE STANDARDS:** TAC 343.400; 28 CFR § 115.333(a)**POLICY STATEMENT:**

The Juvenile Probation Department shall have an Intake Probation Officer assigned to the Detention Center 24 hours per day. The Intake Probation Officer shall perform the duties and responsibilities associated with determining whether the juvenile should be detained or released as required by Texas Family Code §53.01.

PROCEDURES:

- A. An intake officer may authorize the conditional release of a juvenile referred to the Center under conditions approved by the Court.
- B. Any juvenile referred to the Detention Center who is in need of emergency medical care due to injury, illness or intoxication or who is in need of mental health intervention are not admitted into detention. Medical personnel at the Center will assess the juvenile and inform the intake officer whether the juvenile can be admitted. If medical personnel determine that the juvenile cannot be admitted, the referring officers will be instructed by the intake officer that the juvenile requires transport to University Hospital for examination and treatment.
- C. Subsequent admission to the Detention Center is contingent upon written medical clearance by a health care or mental health provider.
- D. Intoxicated or chemically-impaired juveniles admitted to the Detention Center will be assessed by medical personnel. Medical personnel may place the resident on medical observation status and have the resident assigned to a room in the Center's medical section. A juvenile supervision officer will be assigned to the medical section any time a resident is placed on medical observation status.
- E. A juvenile who has been taken into custody by law enforcement and presented for detention shall:
 - 1. be supervised at all times by the law enforcement officer who presented the juvenile for detention or by appropriate facility staff (e.g. intake officer, juvenile detention officer) until an admission decision is made, and
 - 2. be admitted into detention as soon as possible but no later than six hours from the time of entry; or released to a responsible person no later than six hours from the time of entry.

- F. The supervision requirement of this policy and procedure may take place from behind an architectural barrier as long as the barrier allows for a complete and unobstructed view of the area where the resident is being held. Restroom areas within the facility are exempt from this requirement.

- G. During the intake process, information explaining, in an age-appropriate fashion, the Department's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment will be provided to the juvenile.

SECTION: Intake and Admission**POLICY:** Orientation**EFFECTIVE DATE:** January 1, 2010**REVISION DATE:** December 18, 2019**APPLICABLE STANDARDS:** TAC 343.408, 410, 412; 28 CFR § 115.316, 333(a-f)**POLICY STATEMENT:**

Each resident shall be provided a verbal orientation regarding specific Center rules, procedures and services.

PROCEDURES:

- A. Each resident will be provided a verbal orientation within six hours before or 12 hours after admission into the Center. The verbal orientation will include an explanation of the following:
1. procedures to access health care and a description of the available services;
 2. resident discipline plan, including the guidelines and instructions for informal and formal disciplinary reviews and the resident appeal process;
 3. grievance policies and procedures;
 4. procedures to access mental health care and a description of the available services;
 5. age –appropriate information about the facility’s zero-tolerance policy regarding sexual abuse and harassment including:
 - a. prevention and intervention; and
 - b. how to report incidents or suspicions of sexual abuse or sexual harassment.
 6. information regarding the reporting of suspected abuse, neglect, or exploitation of a child in a juvenile justice facility; and
 7. the Center’s policy that states the resident is ensured the right of confidentiality with regards to grievance procedures, PREA procedures and procedures addressing the reporting of suspected abuse, neglect and exploitation and will not face reprisal for participating in these procedures.
- B. Within 10 days of being admitted into the Center, residents will receive comprehensive age-appropriate education, in person or through video, regarding the following:
1. their rights to be free from sexual abuse and sexual harassment;
 2. their right to be free from retaliation for reporting such incidents; and
 3. Center policies and procedures for responding to such incidents.

- C. For residents with disabilities (including, for example, residents who are deaf or hard of hearing, blind or have low vision, those who have intellectual, psychiatric, or speech disabilities) or not sufficiently fluent in English, arrangements will be made to provide the resident with an orientation that accommodates the disability or is in the resident's primary language within 48 hours of admission. When a literacy problem prevents a resident from understanding written rules, a staff member or translator will assist the resident within 48 hours after admission. Reasonable steps will be taken to ensure the use of interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Resident interpreters, resident readers, or other types of resident assistants will not be relied upon except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety.
- D. Each resident will be provided a written copy of the orientation materials. These will be provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. In addition, key information will be continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. Orientation information shall be posted in the housing units.
- E. Documented verification of every resident's participation in these orientation and education sessions will be maintained.
- F. Personal Hygiene: Residents will be required to surrender their clothing and to shower upon admission into the Center.
- G. Personal Property: A resident's personal property will be collected, inventoried, and securely stored while the resident is housed in the Center. All items of property will be listed on the personal property card. The personal property card will be signed by the resident and the juvenile supervision officer and maintained in the resident's file.
- H. Valuable property will be stored in the Detention Center safe. A log will be kept of all valuable property stored in the Detention Center safe.

SECTION: Intake and Admission**POLICY:** Classification Plan**EFFECTIVE DATE:** January 1, 2010**REVISION DATE:** July 21, 2015**APPLICABLE STANDARDS:** TAC 343.416; 15 CFR § 115.315(e), 341(a), (c)-(e), 342(c)-(f), 381**POLICY STATEMENT:**

The Detention Center shall have a written classification plan that attempts to safely house residents. All criteria available are considered in determining placement to a housing unit and program plan.

PROCEDURES:

- A. The Detention Center classification plan consists of, but are not limited to the following criteria:
1. age;
 2. sex;
 3. offense;
 4. behavior;
 5. gang affiliation; and
 6. any other special considerations such as potential vulnerabilities for sexual abuse, referral history, disabilities, and/or other special needs.
- B. No search or physical examination of a transgender or intersex resident will be conducted for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversation with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
- C. Other classification criteria to be considered when assigning residents to dorms include:
1. level of sophistication;
 2. sibling(s) in population;
 3. co-perpetrator in population;
 4. risk of suicidal behavior;
 5. medical concerns; and
 6. mental health concerns.

D. Behavioral Screening: Prior to placing a resident into a housing unit, the resident will be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Information about each resident's personal history and behavior will be obtained to reduce the risk of sexual abuse by or upon a resident. At a minimum, the Department will attempt to ascertain information about:

1. Prior sexual victimization or abusiveness;
2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
3. Current charges and offense history;
4. Level of emotional and cognitive development;
5. Physical size and stature;
6. Mental illness or mental disabilities;
7. Intellectual or developmental disabilities;
8. Physical disabilities;
9. The resident's own perception of vulnerability; and
10. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. This information will be reviewed periodically throughout a resident's confinement. The dissemination of this information within the facility will be limited to medical and mental health practitioners and other staff to ensure that any sensitive information is not exploited to the resident's detriment.

- E. In the event that circumstances change that would affect a resident's classification, supervisors and/or assistant supervisors shall review these circumstances to determine if a change in classification is deemed necessary.
- F. An individual transported from a facility or program under the Texas Department of Criminal Justice to be held in Detention on a bench warrant will be assigned to Protective Custody for the length of his/her detention.
- G. An individual detained in the Detention Center who is 18 years or older and who is not from a facility or program under the Texas Department of Criminal Justice will be assigned to general population based on the criteria set forth in this Policy and Procedure.

- H. Any resident who has been identified through the behavioral health screening as exhibiting sexually assaultive behavior shall be assessed and counseled by mental health or qualified professional within 14 day of the screening, and this behavior is considered when establishing the resident's initial classification, program plan, living unit and room assignments.
- I. Any resident who has a history of being sexually victimized shall be identified as being at risk for sexual victimization, assessed, and counseled by mental health or qualified professional within 14 days of the screening, and this prior sexual victimization is considered when establishing the resident's initial classification, program plan, and living unit and room assignments.
- J. Lesbian, gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- K. Decisions on whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, are made on a case-by-case basis considering whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- L. Placement and programming assignments for each transgender or intersex resident is reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

SECTION: Supervision**POLICY:** Resident Supervision**EFFECTIVE DATE:** January 1, 2010**REVISION DATE:** May 22, 2019**APPLICABLE STANDARDS:** TAC 343.428, 430, 432, 434, 435, 446, 448; 28 CFR § 115.313**POLICY STATEMENT:**

Juvenile supervision officers must meet requirements set by the Texas Juvenile Justice Department in order to provide supervision of residents. The Bexar County Juvenile Probation Department (BCJPD) develops, implements and documents a staffing plan that provides for adequate levels of staffing. The BCJPD utilizes video monitoring to provide a secondary means of observation of operations as well as providing protection for residents and staff members.

PROCEDURES:

A. To provide resident supervision, a juvenile supervision officer must:

1. be currently certified with the Texas Juvenile Justice Department as a juvenile supervision officer; or
2. (a). have been employed by the Department less than 180 calendar days and (b). have completed pre-service training requirements which shall include a minimum of 80 hours of training in Texas Juvenile Justice Department mandatory topics, as well as:
 - a. certification in the following areas:
 - i. cardiopulmonary resuscitation;
 - ii. first aid; and
 - iii. a personal restraint technique approved by the Texas Juvenile Justice Department and authorized by the Chief Probation Officer.
 - b. policies related to preventing, identifying, and reporting allegations of abuse, neglect and exploitation.
 - c. the Center's suicide prevention policies and plan;
 - d. verbal de-escalation policies, procedures, and practices;
 - e. standards regarding use of personal and mechanical restraints, including prohibited techniques and criteria for use;
 - f. resident supervision, including juvenile behavior observation and documentation requirements;
 - g. behavior management, including the juvenile discipline plan and safety-based seclusion;
 - h. resident-initiated separation;
 - i. facility safety and security policies;

- j. referral of residents in need of medical, mental health, or dental services, as identified by staff or reported by residents;
 - k. fire safety plan, including fire drill procedures;
 - l. non-fire emergency and evacuation procedures;
 - m. recognizing and responding to mental health needs of juveniles;
 - n. juvenile grievance procedures;
 - o. confidentiality of juvenile information;
 - p. transportation of juveniles;
 - q. searches of juveniles; and
- (c). have successfully completed the certification exam for juvenile supervision officers.
- B. Juvenile supervision officers of both genders will be on duty and available to the residents for every shift. Juvenile supervision officers are prohibited from supervising and visually observing a resident of the opposite gender during:
- 1. showers;
 - 2. strip searches;
 - 3. disrobing of residents;
 - 4. when personal hygiene practice requires the presence of a juvenile supervision officer of the same gender.
- C. When one officer is transporting one resident within the facility, the officer and resident will be of the same gender. Transport of one resident by an officer of the opposite gender is prohibited unless exigent circumstances require immediate transport due to safety and/or security concerns. These exigent circumstances must be documented in an incident report. A Code One, duress alarm, Code Blue, Code Green and Code Red are examples of exigent emergencies. Response and transport in these cases are not limited to gender-specific transport. A response to a 10-50 radio code indicates a potential transport to a security status and could possibly result in an emergency situation. If feasible, a transport resulting from a 10-50 radio code should be conducted by an officer of the same gender as the resident but the on-duty supervisor will need to consider the deployment of officers responding to the situation. If and when cross-gender transport is required, the supervisor or assistant supervisor will need to authorize the transport prior to transport or, if the cross-gender transport was immediately required due to safety/security reasons, review the incident afterwards to review the need. Transports due to a 10-30 radio code are not emergency transports and must be conducted by an officer of the same gender.
- D. When a group of residents of one gender is being transported, one of the officers transporting the group must be of the same gender as the residents being transported. If two residents are being transported – one male and one female, one officer may conduct the transport as long as the resident of the same gender of the

officer is present during the entire transport of the resident of the opposite gender.

E. The facility-wide juvenile supervision officer-to-resident ratio will not be less than:

1. one juvenile supervision officer to every 8 residents during program hours; and
2. one juvenile supervision officer to every 16 residents during non-program hours.

Exceptions to the above juvenile supervision officer-to-resident ratios are restricted to limited and discrete exigent circumstances, which shall be fully documented. For a juvenile supervision officer to count in the ratio, the officer shall be present on the facility premises at all times.

F. When residents are participating in any programming or activity on the facility premises, but not inside a single occupancy housing unit or multiple occupancy housing unit, residents shall be in the constant physical presence of a juvenile supervision officer and there shall be at least one juvenile supervision officer for every 8 residents participating in the program activity.

G. A resident will be in the constant physical presence of a juvenile supervision officer with the exception of the following:

1. No more than three residents may be supervised by professional when the professional is working with the residents in a capacity that relates to the professional's licensure, certification, professional training, or education.
2. A juvenile supervision officer shall provide constant visual supervision of any therapeutic group between four and eight residents when those residents are working with a qualified mental health professional or a mental health provider.
3. Private visitation between one resident and an attorney, authorized visitor, or clergy does not require the constant physical presence of a juvenile supervision officer.

H. A juvenile supervision officer stationed in and assigned to the Center Main Control Room shall not count toward meeting any required ratio. Juvenile supervision officers assigned to a secondary control room (Satellite Office) may be counted in the facility-wide ratio and in the supervision ratio in a single-occupancy housing unit or multiple occupancy housing unit during non-program hours. A staff member assigned to the Center Main Control Room is not required to be a certified juvenile supervision officer.

I. In calculating staffing levels and determining the need for video monitoring, the following criteria are considered:

1. generally accepted juvenile detention and correctional/secure residential practices;
2. any judicial findings of inadequacy;

3. any findings of inadequacy from Federal investigative agencies;
 4. any findings of inadequacy from internal and external oversight bodies;
 5. all components of the facility's physical plant (including blind spots or areas where staff or residents may be isolated);
 6. the composition of the resident population
 7. the number and placement of supervisory staff;
 8. Institution programs occurring on a particular shift;
 9. any applicable State or local laws, regulations, or standards;
 10. the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
 11. any other relevant factors.
- J. The facilities will comply with its respective staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances. The PREA Coordinator, the Deputy Chief – Institutions and the facility administrator will conduct a review at least once a year to assess, determine and document whether adjustments are needed to:
1. the staffing plan;
 2. prevailing staffing patterns;
 3. the facility's deployment of video monitoring systems and other monitoring technologies; and
 4. the resources the facility has available to commit to ensure adherence to the staffing plan.
- K. Assistant supervisors and shift supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds will be conducted on a regular unscheduled basis, during both program and non-program hours, at the Juvenile Detention Center, Mission Road Center and the Krier Center. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Staff members who alert other staff members that supervisory rounds are occurring may be disciplined in accordance with department policy and procedure.

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SECTION: Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents

POLICY: Signage

EFFECTIVE DATE: September 1, 2009

REVISION DATE: January 19, 2016

APPLICABLE STANDARDS: TAC 358.480; 28 CFR § 115.333(f)

POLICY STATEMENT:

Department facilities shall prominently display signage provided by the Texas Juvenile Justice Department and/or created by the Department regarding a zero-tolerance policy concerning sexual abuse, sexual harassment and the abuse, neglect and exploitation of juveniles.

PROCEDURES:

A. Signage shall be posted in the following locations:

1. facility lobby area;
2. facility visitation area;
3. resident dorms;
4. medical section;
5. classrooms;
6. hallways
7. other areas designated by the facility superintendent.

B. Signage shall be posted in both English and Spanish.

SECTION: Admission and Orientation

POLICY: Intake and Admission

EFFECTIVE DATE: January 1, 2010**REVISION DATE:** July 21, 2015**APPLICABLE STANDARDS:** TAC 343.602

POLICY STATEMENT:

Residents who are in need of emergency medical care due to injury, illness, or intoxication or are in need of emergency mental health intervention will receive treatment at the Juvenile Detention Center prior to being transferred to the Krier Center. Once the health need is addressed and the resident transferred, continued treatment will take place at the Krier Center if necessary.

PROCEDURES:

- A. Anyone presented to the Krier Center for admission and is need of emergency medical care due to injury, illness, or intoxication or is in need of emergency mental health intervention will not be admitted to the Center until cleared by medical personnel.
- B. The resident will be evaluated and treated either at the Juvenile Detention Center or transported from the Juvenile Detention Center to University Hospital or other health care facility for evaluation and treatment.
- C. Subsequent admission into the Krier Center will be contingent on written medical clearance by a health care or mental health professional.
- D. Residents who are intoxicated or chemically-impaired will not be transferred from the Juvenile Detention Center to the Krier Center. Residents who are intoxicated or chemically-impaired will be evaluated and treated at the Juvenile Detention Center and, upon subsequent clearance by a health care professional, may be transferred. Medical personnel will determine the need for medical observation.

SECTION: Admission and Orientation

POLICY: Intake and Admission

EFFECTIVE DATE: January 1, 2010

REVISION DATE: July 12, 2015

APPLICABLE STANDARDS: TAC 343.602

POLICY STATEMENT:

Residents participating in the Mission Road Center - Weekend Program will generally be entering the facility directly from the community and will obtain medical clearance before admission. Any youth being transferred to the Weekend Program directly from detention will have access to emergency medical and/or mental health care prior to being admitted to the Weekend Program.

PROCEDURES:

- A. Any youth presented to the Weekend Program for admission and is need of emergency medical care due to injury, illness, or intoxication or is in need of mental health intervention will not be admitted to the program until cleared by medical personnel.
- B. The resident will be evaluated and, if treatment is needed, the youth may be:
- 1) returned to the custody of his/her parents, legal guardian or custodian to seek medical and/or mental health care,
 - 2) treated by University Health System (UHS) personnel at same location, or
 - 3) transported by department personnel (or ambulance) to the University Hospital of other health care facility for further evaluation and treatment.
- C. Subsequent admission into the Weekend Program will be contingent on written medical clearance by a health care or mental health professional.
- D. Residents who are intoxicated or chemically-impaired will not be admitted or transferred from the Juvenile Detention Center to the Weekend Program. Residents who are intoxicated or chemically-impaired will be evaluated and a determination made by the health care professional regarding further need for evaluation and/or treatment. Medical personnel will determine the need for medical observation. Treatment options to be determined by medical personnel include:
- 1) returned to the custody of his/her parents, legal guardian or custodian to seek medical and/or mental health care,
 - 2) treated by UHS personnel at same location, or
 - 3) transported by department personnel (or ambulance) to the University Hospital of other health care facility for further evaluation and treatment.

Subsequent admission to the Weekend Program will require clearance by a health care professional.

SECTION: Admission and Orientation

POLICY: Orientation

EFFECTIVE DATE: January 1, 2010**REVISION DATE:** January 23, 2016**APPLICABLE STANDARDS:** TAC 343.606; 28 CFR § 115.316, 333(b-f)

POLICY STATEMENT:

Each resident shall be provided a verbal orientation regarding specific Center rules, procedures and services.

PROCEDURES:

- A. Each resident is provided a verbal orientation within 12 hours after admission into the Krier Center. The verbal orientation includes an explanation of the following:
1. procedures to access health care and a description of the available services;
 2. resident discipline plan, including the guidelines and instructions for informal and formal disciplinary reviews and the resident appeal process;
 3. grievance policies and procedures;
 4. procedures to access mental health care and a description of the available services; and
 5. age appropriate information regarding the reporting of suspected abuse, neglect, or exploitation of a child in a juvenile justice facility; and
 6. policy that states the resident is ensured the right of confidentiality with regards to grievance procedures, PREA procedures and procedures addressing the reporting of suspected abuse, neglect and exploitation and will not face reprisal for participating in these procedures; and
 7. age appropriate information regarding the Center's zero-tolerance policy regarding sexual abuse and sexual harassment including:
 - a. prevention and intervention;
 - b. reporting incidents or suspicions of sexual abuse or sexual harassment; and
 - c. any policies and procedures related to sexual misconduct.
 8. resident's right to be free from retaliation and that the department will take all necessary and appropriate steps to protect all residents who report sexual abuse and sexual harassment or cooperate with sexual abuse and sexual harassment investigations from retaliation by other residents or staff.
- B. Residents receive education on PREA upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

- C. For residents with disabilities (including, for example, residents who are deaf or hard of hearing, blind or have low vision, those who have intellectual, psychiatric, or speech disabilities) or not sufficiently fluent in English, arrangements will be made to provide the resident with an orientation that accommodates the disability or is in the resident's primary language within 48 hours after admission. When a literacy problem prevents a resident from understanding written rules, a staff member or translator will assist the resident within 48 hours after admission. Reasonable steps will be taken to ensure the use of interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Resident interpreters, resident readers, or other types of resident assistants will not be relied upon except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety.
- D. The Center provides each resident a written copy of the orientation materials. These will be provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. In addition, key information will be continuously and readily available or visible to residents through posters posted in the housing units and other areas.
- E. Documented verification of every resident's participation in these orientation and education sessions will be maintained.

SECTION: Admission and Orientation**POLICY:** Orientation**EFFECTIVE DATE:** January 1, 2010**REVISION DATE:** January 12, 2016**APPLICABLE STANDARDS:** TAC 343.606

POLICY STATEMENT:

Each resident shall be provided a verbal orientation regarding specific Mission Road Center - Weekend Program rules, procedures and services. The orientation will take place within 12 hours of admission into the Weekend Program on the first of the four consecutive weekends. Orientation will not be repeated for the subsequent weekends unless there have been any modifications to the information provided during the initial weekend. If another orientation is warranted during any of the subsequent weekends, it will also take place within 12 hours from the time of their entry and will contain all the information outlined below.

PROCEDURES:

- A. Each resident will be provided a verbal orientation within 12 hours of admission into the Weekend Program. The verbal orientation will include an explanation of:
1. procedures to access health care and services available;
 2. resident discipline plan, including the guidelines and instructions for informal and formal disciplinary reviews and the resident appeal process;
 3. grievance policies and procedures;
 4. procedures to access mental health care and a description of the available services and
 5. age appropriate information regarding the reporting of suspected abuse, neglect or exploitation of a child in a juvenile justice facility; and
 6. policy that states the resident is ensured the right of confidentiality with regards to grievance procedures, PREA procedures and procedures addressing the reporting of suspected abuse, neglect and exploitation will not face reprisal for participating in these procedures; and
 7. age appropriate information regarding the Center's zero-tolerance policy regarding
 - a. prevention and intervention;
 - b. reporting incidents or suspicions of sexual abuse or harassment; and
 - c. any policies and procedures related to sexual misconduct.
- B. Residents receive education on PREA upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

- C. For residents with disabilities (including, for example, residents who are deaf or hard of hearing, blind, or have low vision, those who have intellectual, psychiatric, or speech disabilities) or not sufficiently fluent in English, arrangements will be made to provide the resident with an orientation that accommodates the disability or is in the resident's primary language within 48 hours after admission. When a literacy problem prevents a resident from understanding written rules, a staff member or translator will assist the resident within 48 hours after admission. Reasonable steps will be taken to ensure the use of interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Resident interpreters, resident readers, or other types of resident assistants will not be relied upon except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety.
- D. The Center provides each resident a written copy of the orientation materials. These will be provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. In addition, key information will be continuously and readily available or visible to residents through posters posted in the housing units and other areas.
- E. Documented verification of every resident's participation in these orientation and education sessions will be maintained.

SECTION: Admission and Orientation**POLICY:** Classification Plan**EFFECTIVE DATE:** January 1, 2010**REVISION DATE:** July 21, 2015**APPLICABLE STANDARDS:** TAC 343.608, 610; 15 CFR § 115.315(e), 341(a), (c)-(e), 342(c)-(f), 381

POLICY STATEMENT:

The Krier Center shall have a written classification plan that attempts to safely house residents based on specified criteria.

PROCEDURES:

- A. The Krier Center classification plan consists of, but is not limited to the following criteria:
1. age;
 2. sex;
 3. offense;
 4. behavior; and
 5. any other special consideration such as potential vulnerabilities for sexual abuse, irreconcilable gang affiliation, referral history, and/or special needs.
- B. No search or physical examination of a transgender or intersex resident will be conducted for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversation with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
- C. Other classification criteria which may be considered when assigning residents to dorms include:
1. level of sophistication;
 2. sibling(s) in population;
 3. co-perpetrator in population;
 4. risk of suicidal behavior;
 5. medical concerns; and
 6. mental health concerns.

- D. Residents assigned to progressive sanctions level 5 and below will be physically segregated from residents assigned to progressive sanctions levels 6 and 7.
- E. Behavioral Screening: Prior to placing a resident into a housing unit, the resident will be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Information about each resident's personal history and behavior will be obtained to reduce the risk of sexual abuse by or upon a resident. At a minimum, the Department will attempt to ascertain information about:
1. Prior sexual victimization or abusiveness;
 2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
 3. Current charges and offense history;
 4. Age;
 5. Level of emotional and cognitive development;
 6. Physical size and stature;
 7. Mental illness or mental disabilities;
 8. Intellectual or developmental disabilities;
 9. Physical disabilities;
 10. The resident's own perception of vulnerability; and
 11. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. This information will be reviewed periodically throughout a resident's confinement. The dissemination of this information within the facility will be limited to medical and mental health practitioners and other staff to ensure that any sensitive information is not exploited to the resident's detriment.

- F. Resident assignment by age would be as follows:

1. Charlie Unit: males generally 14 to 16 years of age
2. Echo Unit: males generally 10 to 14 years of age

Other factors may require that the resident's age not be the primary factor for assignment.

- G. Delta Unit classification: The primary criteria for classification to the Delta Unit are males determined to have chronic substance abuse issues and/or with history of substance abuse.

- H. Fox Unit classification: The primary criterion for classification to the Fox Unit is gender. Females residents are assigned to the Fox Unit.
- I. In the event that circumstances change that would affect a resident's classification, supervisors and/or assistant supervisors shall review these circumstances to determine if a change in classification is deemed necessary.
- J. Any resident who has been identified through the behavioral health screening as exhibiting sexually assaultive behavior shall be assessed and counseled by mental health or qualified professional within 14 day of the screening, and this behavior shall be considered when establishing the resident's initial classification, program plan, living unit and room assignments.
- K. Any resident who has a history of being sexually victimized shall be identified as being at risk for sexual victimization, assessed, and counseled by a mental health or qualified professional within 14 days of the screening, and this prior sexual victimization shall be considered when establishing the resident's initial classification, program plan, and living unit and room assignments.
- L. 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 agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- M. Decisions on whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, shall be made on a case-by-case basis considering whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- N. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

SECTION: Admission and Orientation

POLICY: Classification Plan

EFFECTIVE DATE: July 18, 2012**REVISION DATE:** January 12, 2016**APPLICABLE STANDARDS:** TAC 343.608, 610; CFR 115.315e, 341(a)-(e), 342 (a), (c)-(g); 381

POLICY STATEMENT:

The Mission Road Center - Weekend Program shall have a classification plan that groups residents by specified criteria. The process of evaluating the appropriateness of referral to the Weekend Program should ensure that participating youth may be safely grouped together. However, subgrouping may be implemented if necessary, utilizing the below described procedures to determine need for subgrouping. All information, including that obtained from the Behavior Screening Inventory as well as available collateral information, should be taken into consideration to inform housing, bed, work education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

PROCEDURES:

A. The Weekend Program classification plan consists of, but is not limited to the following criteria:

1. age;
2. sex;
3. offense;
4. behavior; and
5. any other special considerations including a resident's potential vulnerabilities to become a victim of physically or sexually aggressive behavior, or potential for physically or sexually victimizing others which may be discovered during the administration of the Behavior Screening Inventory (BSI or PREA risk assessment).

B. No search or physical examination of a transgender or intersex resident will be conducted for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversation with the resident, by reviewing medical records, or, if necessary, by learning that information is part of a broader medical examination conducted in private by a medical practitioner.

C. Other classification criteria which may be considered when assigning residents to dorms include:

1. gang affiliation;
2. level of sophistication;
3. sibling(s) in population;
4. co-perpetrator in population;
5. risk of suicidal behavior;
6. medical concerns; and
7. mental health concerns.

D. Residents assigned to progressive sanctions level 5 and below will be physically segregated from residents assigned to progressive sanctions levels 6 and 7.

E. Behavior Screening Inventory (BSI): Within 72 hours and periodically throughout a resident's confinement, this objective screening measure shall be used to obtain and use information about each resident's personal history and behavior with the goal of reducing the risk of sexual abuse by or upon a resident.

At a minimum, the Department will attempt to ascertain information about:

1. Prior sexual victimization or abusiveness;
2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
3. Current charges and offense history;
4. Age;
5. Level of emotional and cognitive development;
6. Physical size and stature;
7. Mental illness or mental disabilities;
8. Intellectual or developmental disabilities;
9. Physical disabilities;
10. The resident's own perception of vulnerability; and
11. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Based on all the information taken together, a determination will be made of residents' potential risk of being sexually victimized or potential risk of sexually abusing others. This determination is communicated directly to the supervising officers in order to alert them to their special supervision needs.

Any information related to sexual victimization or abusiveness occurring in an institutional setting, revealed through the administration of the BSI or during the Follow Up Meeting with a mental health practitioner (described below), 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.

- F. In the event that circumstances change that would affect a resident's classification (e.g., new information emerges from collateral sources or behavioral incident/observation), the supervisory staff on duty shall review these circumstances to determine if a change in classification is deemed necessary.
- G. If during the intake process and the administration of the BSI, a resident appears to have a history of previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the resident will be referred to a mental health practitioner for a Follow Up Meeting within 14 days to determine any immediate mental health needs, safety/security concerns, and to make recommendations for any treatment needs while in the facility or following release.
- H. If during the intake process and the administration of the BSI, a resident is discovered to have a history of prior sexual victimization, whether it occurred in an institutional setting or in the community, the resident will be referred to a mental health practitioner who will conduct a Follow Up Meeting within 14 days to determine any immediate mental health needs, safety/security concerns, and to make recommendations for any treatment needs while in the facility or following release.
- I. 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 agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- J. Decisions on whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, shall be made on a case-by-case basis considering whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- K. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

- L. In any case, transgender and intersex residents shall be given the opportunity to shower separately from other residents.

POLICY NUMBER	622
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SECTION: Supervision
POLICY: Resident Supervision

EFFECTIVE DATE: January 1, 2010

REVISION DATE: July 21, 2015

APPLICABLE STANDARDS: TAC 343.622, 624, 626, 628, 629, 638, 640;
28 CFR § 115.313

POLICY STATEMENT:

Juvenile supervision officers must meet requirements set by the Texas Juvenile Justice Department in order to provide supervision of residents. The Bexar County Juvenile Probation Department (BCJPD) develops, implements and documents a staffing plan that provides for adequate levels of staffing. The BCJPD utilizes video monitoring to provide a secondary means of observation of operations as well as providing protection for residents and staff members.

PROCEDURES:

A. To provide resident supervision, a juvenile supervision officer must:

1. be currently certified with the Texas Juvenile Justice Department as a juvenile supervision officer; or
2. has been employed by the Department less than 180 calendar days and has completed pre-service training requirements which shall include a minimum of 40 hours of training in Texas Juvenile Justice Department mandatory topics as well as certification in cardiopulmonary resuscitation, first aid, a personal restraint technique approved by the Texas Juvenile Justice Department, reporting allegations of abuse, neglect and exploitation, the Center's suicide prevention plan and the Center's fire emergency plan.

B. Juvenile supervision officers of both genders are on duty and available to the residents for every shift. Juvenile supervision officers are prohibited from supervising and visually observing a resident of the opposite gender during:

1. showers;
2. strip searches;
3. disrobing of residents;
4. when personal hygiene practice requires the presence of a juvenile supervision officer of the same gender.

C. Juvenile supervision officers of one gender will be the sole supervisors of resident of the same gender during:

1. showers;
 2. strip searches;
 3. pat downs;
 4. disrobing of suicidal residents; or
 5. during other times which personal hygiene practices or needs would require the presence of a juvenile supervision officer of the same gender.
- D. When one officer is transporting one resident within the facility, the officer and resident will be of the same gender. Transport of one resident by an officer of the opposite gender is prohibited unless exigent circumstances require immediate transport due to safety and/or security concerns. These exigent circumstances must be documented in an incident report. A Code One, duress alarm, Code Blue, Code Green and Code Red are examples of exigent emergencies. Response and transport in these cases are not limited to gender-specific transport. A response to a 10-50 radio code indicates a potential transport to a security status and could possibly result in an emergency situation. If feasible, a transport resulting from a 10-50 radio code should be conducted by an officer of the same gender as the resident but the on-duty supervisor will need to consider the deployment of officers responding to the situation. If and when cross-gender transport is required, the supervisor or assistant supervisor will need to authorize the transport prior to transport or, if the cross-gender transport was immediately required due to safety/security reasons, review the incident afterwards to review the need. Transports due to a 10-30 radio code are emergency transports and must be conducted by an officer of the same gender.
- E. When a group of residents of one gender is being transported, one of the officers transporting the group must be of the same gender as the residents being transported. If two residents are being transported – one male and one female, one officer may conduct the transport as long as the resident of the same gender of the officer is present during the entire transport of the resident of the opposite gender.
- F. The facility-wide juvenile supervision officer-to-resident will not be less than:
1. one juvenile supervision officer to every eight residents during program hours; and
 2. one juvenile supervision officer to every 20 residents during non-program hours.
- For a juvenile supervision officer to count in the facility-wide ratio, the officer shall be present on the facility premises at all times.
- G. A resident will be in the constant physical presence of a juvenile supervision officer with the exception of the following:

1. No more than three residents may be supervised by professional when the professional is working with the residents in a capacity that relates to the professional's licensure, certification, professional training, or education.
 2. A juvenile supervision officer shall provide constant visual supervision of any therapeutic group between four and twelve residents when those residents are working with a qualified mental health professional or a mental health provider.
 3. Private visitation between one resident and an attorney, authorized visitor, or clergy does not require the constant physical presence of a juvenile supervision officer.
- H. When residents are participating in any programming or activity on the facility premises but not inside a single-occupancy housing unit or multiple occupancy housing unit residents are in the constant physical presence of a juvenile supervision officer and there is at least one juvenile supervision officer for every twelve residents participating in the program or activity.
- I. A juvenile supervision officer stationed in and assigned to the Center Main Control Room is not count toward meeting any required ratio. Juvenile supervision officers assigned to a secondary control room may be counted in the facility-wide ratio and in the supervision ratio in a single-occupancy housing unit or multiple occupancy housing unit during non-program hours. A staff member assigned to the primary control room is not required to be a certified juvenile supervision officer.
- J. In calculating staffing levels and determining the need for video monitoring, the following criteria are considered:
1. generally accepted correctional/secure residential practices;
 2. any judicial findings of inadequacy;
 3. any findings of inadequacy from Federal investigative agencies;
 4. any findings of inadequacy from internal and external oversight bodies;
 5. all components of the facility's physical plant (including blind spots or areas where staff or residents may be isolated);
 6. the composition of the resident population
 7. the number and placement of supervisory staff;
 8. Institution programs occurring on a particular shift;
 9. any applicable State or local laws, regulations, or standards;
 10. the prevalence of substantiated and unsubstantiated incidents of sexual abuse;
and
 11. any other relevant factors.
- K. The facilities will comply with its respective staffing plan except during limited and discrete exigent circumstances and fully document deviations from the plan during such circumstances. The PREA Coordinator, the Deputy Chief – Institutions and the facility administrator will conduct a review at least once a year to assess,

determine and document whether adjustments are needed to:

1. the staffing plan;
 2. prevailing staffing patterns;
 3. the facility's deployment of video monitoring systems and other monitoring technologies; and
 4. the resources the facility has available to commit to ensure adherence to the staffing plan.
- L. Assistant supervisors and shift supervisors shall conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds will be conducted on a regular unscheduled basis, during both program and non-program hours, at the Juvenile Detention Center, Mission Road Center and the Krier Center. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

POLICY NUMBER	700-ANE
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SECTION: Identifying, Reporting and Investigating Abuse, Neglect, Exploitation, Death and Serious Incidents
POLICY: Internal Investigations

EFFECTIVE DATE: September 1, 2009 **REVISION DATE:** December 8, 2015
APPLICABLE STANDARDS: TAC 358.700, 720, 740, 28 CFR § 115.322, 334, 371, 372, 373, 386

POLICY STATEMENT:

An internal investigation shall be conducted by a person qualified by experience and/or training to conduct a comprehensive investigation in cases in which abuse, neglect exploitation or death is alleged to have occurred. The Bexar County Juvenile Probation Department does not conduct criminal investigations. Allegations of sexual abuse or sexual harassment are reported to the Bexar County Sheriff's Department.

PROCEDURES:

- A. An internal investigation shall be initiated by the Standards Compliance Manager or his/her designee upon gaining knowledge of any allegation of abuse, neglect, exploitation or death. Should a resident provide information (or should this information become available through another source) indicating that he or she has been sexually abused or sexually harassed by another resident, a staff member, a contractor or volunteer, the supervisor on duty will immediately contact the Bexar County Sheriff's Office dispatch and request a deputy to take an offense report. The supervisor on duty will take steps to preserve evidence, where possible, that may be relevant to an investigation.

- B. In cases in which sexual abuse is alleged to have occurred an internal investigation will be conducted by a person qualified by specialized training to include the following:
 - 1. techniques for interviewing juvenile sexual abuse victims;
 - 2. proper use of Miranda and Garrity warnings;
 - 3. preservation of sexual abuse evidence in confinement settings; and
 - 4. the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Documentation that Department investigators have completed the required specialized training in conducting sexual abuse investigations will be maintained.

- C. An internal investigation may be initiated by the facility administrator or his/her designee in response to any incident in which further information is requested or required.

- D. The initiation of an internal investigation shall be postponed if:
1. directed by law enforcement;
 2. requested by the Texas Juvenile Justice Department;
 3. initiating the internal investigation compromises the integrity of a potential crime scene.
- E. The internal investigation shall be completed within 30 business days of the initial report to the Texas Juvenile Justice Department.
- F. Upon gaining knowledge of alleged abuse, neglect or exploitation and until the finding of the internal investigation is determined, the facility administrator shall immediately reassign any person identified as an alleged perpetrator to a position having no contact with the alleged victim, relatives of the alleged victim or other juveniles. The facility administrator may allow the alleged perpetrator to utilize his/her leave time. In the event that the allegation involves serious physical abuse, sexual abuse or if the facility administrator determines it is in the best interest of residents and staff, the alleged perpetrator shall be placed on administrative leave immediately and shall not be allowed to return to the facility until further notice.
- G. If during the internal investigation the person(s) alleged to have abused, neglected or exploited a juvenile resigns or is terminated from employment, the Texas Juvenile Justice Department shall be notified no later than the second business day after the employee's resignation or termination.
- H. The departure of an alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation.
- I. If an individual under investigation for abuse, neglect or exploitation in another jurisdiction obtains employment with the Department, he/she shall not be placed in a position having any contact with any juveniles until the disposition of the internal investigation is finalized in the county of previous employment.
- J. Diligent efforts shall be made to obtain written oral statements or electronically recorded oral statements from all persons with direct knowledge of the alleged incident.
- K. Internal investigations into allegations of sexual abuse and sexual harassment, shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Such investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse.

- L. No standard higher than a preponderance of the evidence shall be imposed when determining whether allegations of sexual abuse or sexual harassment are substantiated. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff.
- M. A resident who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- N. Following an investigation into a resident's allegation of sexual abuse suffered in a Department facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the investigation was conducted externally, relevant information shall be requested from the investigating agency in order to inform the resident.
- O. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Department shall subsequently inform the resident (unless the Department has determined that the allegation is unfounded) whenever:
1. The staff member is no longer posted within the resident's unit;
 2. The staff member is no longer employed at the facility;
 3. The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 4. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- P. Following a resident's allegation that he or she has been sexually abused by another resident, the Department shall subsequently inform the alleged victim whenever:
1. The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 2. The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- Q. All such notifications or attempted notifications shall be documented. The Department's obligation to report under this standard shall terminate if the resident is released from the Department's custody.
- R. The Department shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
1. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
 2. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

3. The review team shall:
 - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - d. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - e. Assess the adequacy of staffing levels in that area during different shifts;
 - f. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - g. Prepare a report of its findings and any recommendations for improvement and submit such report to the PREA Compliance Manager.
4. The Department shall implement the recommendations for improvement, or shall document its reasons for not doing so.