

Program Facility Background: A Fresh Start Treatment Center

Monitors' Visit to A Fresh Start Treatment Center / ID #849130

Facility Description:

Located at 7809 Winship Street in Houston, Texas, A Fresh Start Treatment Center (Fresh Start or the facility) is comprised of two independent structures- the Orville House and Winship, located on the same grounds as a church. It only serves males between the ages of six and seventeen, and is licensed to serve thirty youth.

Facility Standards Compliance and Abuse/Neglect Findings (May 1, 2018 to May 1, 2020):

A review of A Fresh Start's compliance with standards from May 1, 2018 to May 1, 2020 revealed that out of a total of 199 standards reviewed, the State issued sixty-eight citations and provided technical assistance (TA) in forty-nine instances. Some of the more concerning citations and TA included:

- nine citations associated with inappropriate restraints of children with ten instances of related TA;
- seven citations for inappropriate discipline of children with seven instances of related TA;
- five citations for neglectful supervision of children with four instances of related TA.

RTB Findings for Abuse or Neglect

There has been one Reason to Believe finding in a recent Abuse and Neglect case, described below.

Site Visit Background

Awake-Night Unannounced Visit

The monitoring team conducted a three-day, on-site visit to A Fresh Start facility in mid-February 2020. The monitoring team arrived unannounced the first day at approximately 11:45 p.m. to conduct an awake-night verification and stayed until approximately 1:30 a.m.. Upon arrival, the facility staff promptly provided the monitoring team access to the lower level of the Winship structure. The monitoring team divided into two groups, one was directed to the Orville structure and the second group was escorted to the second floor of Winship.

Winship awake-night staff immediately greeted the monitoring team upon arrival to the second floor. The facility assigned two A Fresh Start staff to Winship to monitor twenty boys—one staff member stationed in the bedroom hallway and the other supervised the day area. After staff provided Team B a quick tour of the second floor of Winship and observing the youth's rooms, Team B interviewed the two staff members. The staff described the facility policy requiring staff to conduct fifteen-minute checks on each resident throughout the night and contemporaneously

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fill out a progress note on each resident's fifteen-minute check log.¹ The monitoring team reviewed the third-shift (which begins at 9:00 pm) progress notes at 1:00 a.m. and found no entries.

Upon arrival to Orville House, Monitor Mr. Ryan and the monitoring team knocked on the door several times, peered through the window (the home appeared dark), and waited approximately fifteen minutes before a staff member answered the door. The staff who answered the door appeared drowsy and was the only staff member in the home assigned to monitor ten residents. The monitoring team immediately heard a continuous, intermittent high-pitched chirping sound and learned that it was attributable to two or three fire alarms or carbon monoxide detectors with a low battery. The staff member indicated that the alarms had been chirping for several days and that he had "tuned them out." He also indicated that he was not aware of the requirement to conduct fifteen-minute checks on the residents and acknowledged that he only checks on them every two to three hours. He stated he was unaware that night shift had to complete any required documentation of night checks.

Daytime Tour

Winship is a two-floor complex. The first floor houses the administrative offices, a dining hall, kitchen area, and restrooms. The second level houses up to twenty youth. This floor contains five shared bedrooms, a kitchen, two living areas, three shared restrooms, and a laundry room. Each bedroom sleeps two to five boys. Each bed consists of an institutional mattress, a pillow, a blanket, and sheets. The walls of the bedrooms are bare and windowless, and there are no bedroom doors. The furniture in the facility was mostly in poor condition. One of the couches requires a board under one of the cushions to maintain its structure. The washing machine appeared broken. The bathrooms were clean, except for noticeable mold. A basketball court is outside the complex, but staff members' cars obstructed its use during the monitoring team's visit.



Orville House is a single-story house located across the street from Winship. Ten youth reside in the home. The house contains three shared bedrooms, two shared bathrooms, a kitchen, and two living areas. Each bedroom sleeps two to four boys. Beds consist of an institutional mattress, a pillow, a blanket, and sheets. The walls of the bedrooms are bare and windowless. One of the bedrooms had a hole in the wall. The main living room has a large window, and the blinds were in disrepair. The bathrooms were clean, except for visible mold stains. The three fire alarms or carbon monoxide detectors that were chirping during the awake-night walk through were still



¹ <https://texasappleseed.app.box.com/file/602196178244> pg 4.

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chirping during the day-time walk-through. The monitoring team checked them before leaving the facility at the end of the visit, and they were still chirping, though the monitoring team made sure the administrator was aware of the problem.

The facility posted the only notice explaining how to report abuse and neglect or how to contact the Foster Care Ombudsman's office on an 8.5"x11" piece of paper taped about six feet high, on the wall in the main living area.

All youth at A Fresh Start attend public school off campus. Youth who are sent home from school for behavioral issues are placed in the Winship kitchen where they watch television for the remainder of the school day.

Interviews and File Reviews

During the visit, the monitoring team reviewed:

- twenty-two child files, and
- twenty employee files.

On site, the monitoring team conducted interviews with:

- three awake-night staff,
- fourteen PMC children,
- nine employees, and
- two administrators.

Of the fourteen children interviewed, most reported feeling safe at A Fresh Start. Four (29%) reported that they did not feel safe, and the same number reported that there was someone on campus who made them feel unsafe. Ten youth reported there were physical fights between children on campus and nine reported that fights took place in their dorm. While six youth reported that they liked living at A Fresh Start, three reported that they did not like it and five indicated that it was "okay." Twelve children (86%) reported having been restrained since being at A Fresh Start.

The file reviews and interviews revealed the following patterns or trends:

1. Staff Sleeping: Youth reported staff often sleep at night. They reported hearing the staff snore or observing the staff sleeping when they got up to go to the restroom at night.
2. Facility Maintenance Related to Safety: Youth reported that the chirping noise from the alarms prevented them from falling asleep and that the alarms had been chirping for several days.
3. Sexually Acting Out: Youth reported that sexual activity occurs during the overnight hours.
4. Restraints:
 - i. Several youth expressed staff restrain them as a form of punishment.

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- ii. Several youth demonstrated the same type of restraint, arms crossed and raised over their heads or twisted behind their backs, which caused pain and difficulty breathing.
 - iii. Youth identified the same three staff who administer the restraints.
5. Physical Abuse: Several children stated that staff hit them or slapped them on their head, which is consistent with allegations the monitoring team found in past State investigations of Prairie Harbor.
 6. Staff Neglect: Youth reported that numerous fights occur between youth at Orville House, and staff do not always intervene to break up the fights.
 7. Phone Access: Youth indicated that they are only allowed to use the phone after 6:00 pm, which interferes with their ability to contact their caseworkers and call SWI.
 8. Religious Freedom: One youth complained about being forced to attend the co-located church on Sundays because staff members who work on Sunday also work at the church.

Complaints Called in to SWI by Monitors and Outcomes

Upon concluding the on-site visit, the monitoring team made five reports to SWI. Monitor Deborah Fowler attempted to make one report to SWI as she was leaving the facility, but had to hang up after holding for 25 minutes.² Ms. Fowler attempted the call again upon arriving home that night and was able to make the report.

Reports made were based on the following allegations reported to the monitoring team during child interviews:

- A child reported being restrained twice for stealing money from the offering plate of the on-site church, once by the church pastor (who also works as staff at the facility) and the second time by the facility administrator. Child reported being lifted off ground with arms behind him. Also, described being punished by being required to stand at attention for up to two hours and being required to clean until midnight on school nights.
- A child alleged child-on-child sexual contact occurred at night in the room he shared with several other children.
- A child reported being restrained twice with his arms crossed over his head, and said he can not breathe when they restrain like him like this, and that he almost passed out. He also reported being thrown against wall during one restraint.

² See Section III of this report for a fuller discussion of SWI. As a result of the hold time, on February 21, 2020, the Court ordered the State to provide the monitors with information related to SWI calls on a regular basis.

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- A child reported that staff restrained him and twisted his arm behind his back, twisting his wrist, and it felt like it almost broke his arm. He also said a staff person punched him.
- A child reported being hit multiple times by staff, once on the back of the head. The child reported that at a different time, a staff person hit his face, cutting the child's lip and causing it to bleed. The same child reported that he has asthma and his inhaler was not provided.

None of the State investigations of these allegations resulted in Reason to Believe findings. RCCL did issue three citations for violation of minimum standards. The citations include:

- Two citations for Corporal Punishment – for hitting children on the back of the head and requiring them to stand for long periods of time as punishment; and
- One citation for inappropriate restraint – obstructing child's airway or impairing child's breathing.

One of the reports the Monitors made to SWI was based on allegations from an interview with a youth who became visibly upset during the interview and expressed that he did not want staff to know he told the monitoring team anything because he did not want to get in trouble; however, the youth then reported "the staff hit them and beat on them every day for no reason." He also said "a staff person hit him in the face causing him to have a busted lip."

When RCCI arrived to interview the youth in response to the call to SWI made by the monitoring team, the RCCI investigator noticed the youth was wearing broken glasses and his right temple and cheek appeared to be red and discolored. When the investigator asked what happened, the child reported that the night before, a staff member slapped the right side of his face multiple times during a restraint, breaking his glasses. The investigator required the facility to take the child to receive medical care immediately. RCCI Ruled Out any abuse in the investigation of the report made by the monitoring team (which involved a different perpetrator). DFPS subsequently found Reason to Believe against the alleged perpetrator for this case involving the facial injury and broken glasses. That perpetrator was also named as a perpetrator in some of the other cases called into SWI by the Monitors.

Alleged Perpetrator Trends

The monitoring team reviewed the history of the alleged perpetrators identified by the children in the cases the Monitors called into SWI and were able to identify trends. For example:

- Staff 1: This is the same staff person discussed above, reported by the Monitors to SWI for "slapping a child," and for whom there was a RTB related to the investigation resulting from RCCI's observation of another child's injuries. This was the seventh time since 2016 Staff 1 was reported for slapping or punching a child. Two of these incidents resulted in HHSC citing the facility for Corporal Punishment. There were also twelve previous reports of inappropriate restraints involving Staff 1, with two related facility citations over the past four years. In total, there are 24 investigations of this person, all but one of which was for abuse or neglect. One investigation of this perpetrator's

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conduct at another operation dating back to 2003, involved a report he picked a child up off a chair, threw him to the floor, and placed him in a “neck hold” until the child turned blue in the face. This investigation resulted in a UTD finding; a citation was issued but because of the age of the case, CLASS does not document the reason for the citation. A second UTD resulted from a 2016 investigation of this perpetrator, involving a child whose arm was broken. The child reported that it was broken during a restraint, but the perpetrator reported the child lies and asks to be restrained.

- Staff 2. Reported by the Monitors for allegedly slapping a child, this staff person has been named as an alleged perpetrator in eight abuse and neglect investigations, three of which included an allegation of slapping a child, one dating back to 2014.
- Staff 3. Reported by the Monitors for alleged inappropriate discipline of a child, resulting in the facility being cited for corporal punishment. Staff 3 has been investigated as an alleged perpetrator in ten previous investigations; this was the seventh time since 2017 Staff 3 has been investigated for inappropriate discipline, resulting in two citations.

A review of the histories of all three staff members, who have worked at A Fresh Start for more than ten years, revealed a total of thirty-one reports³ in which they are identified as alleged perpetrators. Of those thirty-one reports, the facility received twenty standards violation citations⁴, including:

- nine citations related to restraints;
- one citation for failure to report (at a different facility);
- two citations for not maintaining current, accurate and complete records (failing to document an incident);
- seven citations for inappropriate discipline, including:
 - use/threat of corporal punishment;
 - threatening harm to a child;
 - prohibited punishments, yelling at children/pinching; and
- one citation for violating a safety plan by placing himself alone with a child and performing a restraint, though the safety plan required the staff person to have no contact with children pending the completion of an investigation.

The similarities between the allegations in these investigations from different children, spanning a period of ten to fifteen years, is deeply disturbing and suggests that the kind of physical abuse reported by children to the monitoring team during our visit may be systemic and ongoing.

³ Multiple perpetrators may be named in one report.

⁴ One report may result in multiple standards citations.