

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

**Date of report:** October 13, 2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Dwight Sadler			
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<b>Telephone number:</b> (512) 490-7972			
<b>Date of facility visit:</b> April 6&7, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Giddings State School			
<b>Facility physical address:</b> 2261 James Turman Rd., Giddings, TX 78942			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> Click here to enter text.			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Jorge Gonzalez			
<b>Number of staff assigned to the facility in the last 12 months:</b> 145			
<b>Designed facility capacity:</b> 289			
<b>Current population of facility:</b> 203			
<b>Facility security levels/inmate custody levels:</b> High/Low to High			
<b>Age range of the population:</b> 14-18			
<b>Name of PREA Compliance Manager:</b> Suzie Blansit		<b>Title:</b> Compliance Officer	
<b>Email address:</b> suzie.blansit@tjjd.texas.gov		<b>Telephone number:</b> (979) 542-4538	
<b>Agency Information</b>			
<b>Name of agency:</b> Texas Juvenile Justice Department			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 11209 Metric Blvd., Bldg. H, Suite A, Austin, TX 78758			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> (512) 490-7130			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> David Reilly		<b>Title:</b> Executive Director	
<b>Email address:</b> david.reilly@tjjd.texas.gov		<b>Telephone number:</b> (512) 490-7004	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jerome Williams		<b>Title:</b> PREA Compliance Director	
<b>Email address:</b> Jerome.williams@tjjd.texas.gov		<b>Telephone number:</b> (512) 490-7671	

## AUDIT FINDINGS

### NARRATIVE

The PREA Audit was conducted on April 6-7, 2015, at Giddings State School, a Texas Juvenile Justice Department (TJJD) secure facility. The audit was conducted by certified PREA Auditors Dwight Sadler, Lisa Hale, and Debbie Unruh. The auditors were assisted by Emily Childs and Nicole Prather. Prior to the on-site portion of the audit the Pre-Audit Questionnaire, pertinent agency policies, procedures, and PREA related documentation and forms demonstrating the facility's compliance were reviewed. The facility uploaded policies and supporting documentation into a central file to be reviewed by the audit team prior to the on site visit. Frequent communication was held with the facility PREA Manager and the TJJD PREA Coordinator in preparation for the on-site audit. A review of the Pre-Audit Questionnaire raised several questions that were addressed prior to and during the on-site audit. The notification of the on-site audit was posted in various locations throughout the facility more than six weeks prior to the first date of the audit.

An entrance meeting was held with the facility Superintendent, Assistant Superintendent, PREA Compliance Manager, the Manager of Secure Operations & Support Programs, and the TJJD PREA Coordinator. Following the meeting, interviews with staff and youth were scheduled for the majority of the day. The PREA Compliance Manager provided a comprehensive list of all facility staff by shift and job assignment and residents by housing units. The random selection of residents was inclusive of all housing units as well as the security unit. The random selection of Juvenile Correction Officers (JCO)s was inclusive of all three shifts. The list of residents and staff selected for interviews was provided to the PREA Manager who coordinated the interview process. The agency head, facility superintendent, PREA Coordinator, PREA Compliance Manager, and the contracts administrator were interviewed. Specialized staff were also interviewed and were randomly chosen to include an intermediate and higher level staff, medical and mental health staff, human resources, volunteers, investigators, intake staff, staff who perform screening for risk of victimization and abusiveness, staff who monitor for retaliation, first responders, staff on the incident review team, and staff who supervise residents in isolation.

During the second day a thorough tour of the facility was completed. The audit team was accompanied on the tour by administrative staff. During the tour, auditors viewed camera placements to identify potential blind spots, looked for staff presence and placement, and located zero-tolerance hotline posters on housing units. During the tour, some of the staff and residents were questioned regarding PREA standards and facility practices. Once the facility tour was complete, the remaining documentation was reviewed for compliance.

There is no SAFE or SANE staff at the Giddings State School. Forensic Sexual Assault Medical Exams are conducted at the Smithville Hospital or an Austin or Round Rock area hospital. A short exit meeting was conducted with the facility administration prior to leaving the campus.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Giddings State School is a high restriction facility located in Giddings, Texas, that serves adolescent males between the ages of ten and nineteen. Giddings State School is one of five high restriction facilities under the Texas Juvenile Justice Department. The facility has a capacity of 289 residents and had a population of 203 residents as of March 27, 2015. Entry and exit from the facility is controlled through one secure gatehouse and the perimeter of the facility is enclosed by a single fence. The facility has 21 buildings within the fenced area and 8 outside of the fence. There are 10 housing units and other various buildings including a Security Unit, Infirmary, cafeteria, education, vocational, gymnasium, pool, chapel, training, administration, visitation, and social services. All but one of the housing units are single cell in design, and all dorms except the Security Unit share a community restroom and shower area. The Security Unit has a toilet in each cell and a community shower. The facility is equipped with over one thousand surveillance cameras. Cameras are placed inside and outside of all of the buildings within the fenced area and are monitored on multiple computers throughout the campus. Youth receive medical care on campus at the Infirmary through the University of Texas Medical Branch (UTMB). Criminal and administrative investigations are conducted in house by the Office of Inspector General and the Administrative Investigations Division.

## **SUMMARY OF AUDIT FINDINGS**

The initial report of findings found that Giddings State School did not meet the 6 of the PREA standards. The standards requiring corrective action were systemic and generally related to a lack of notifications being made to the facility, residents and the residents' families following PREA related allegations. The numbers provided on the pre-audit questionnaire for criminal cases were inconsistent with the number of criminal cases identified when reviewing SARB documentation. Meetings held following the on site audit with the TJJD PREA Compliance Administrator, the Chief Inspector General, and the Director and Deputy Director of the Administrative Investigation clarified some of the reporting discrepancies identified during the audit. There were also inconsistencies with the number of Sexual Abuse Review Boards (SARB) that were held and the number of administrative investigation cases provided. Seventeen administrative investigation dispositions should have resulted in SARBs being convened and the audit showed only one SARB was held on an administrative case during the audit period. Youth many times were not notified of the outcomes of criminal investigations, and families and legal guardians were not notified when their child was the victim of an alleged case of sexual abuse.

The initial assessments for youth in the Texas Juvenile Justice Department (TJJD) are completed at the Ron Jackson State Correctional Complex Intake and Orientation Unit in Brownwood, Texas. Safe Housing Assessments and re-assessments are completed at the Giddings State School facility upon transfer and throughout their confinement. TJJD policy prohibits cross-gender searches and the facility reported that they do not have any residents who have formally identified themselves as gay, lesbian, transgender, or intersex.

All TJJD facilities including the Giddings State School still maintain a one to twelve staffing ratio during resident waking hours and a one to sixteen staffing ratio during sleeping hours.

Giddings State School has an extensive camera system (about 1100 cameras) that limits blind spots. There are no cameras in the large maintenance and DVR rooms in each of the resident dorms that had been modified from open bay dorms into single cell units between August of 2012 and October of 2013. Cameras on the outside of these housing units would record someone entering and leaving these maintenance areas. The administrative staff that provided the tour were informed of the blind spots. Cameras were checked on all of the resident housing units, and as required by PREA standards, the cameras do not capture the resident's showers, toilets, or inside their rooms.

Twenty five specialized staff and 18 random staff were interviewed covering all three shifts. A total of 25 residents from 16 housing units and the Security Unit were interviewed. The residents interviewed appeared to be well informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents. Most of the residents interviewed did not have knowledge of outside victim advocates for emotional support services related to sexual abuse. The correctional staff interviewed were knowledgeable on reporting procedures but many could not articulate the agency's protocol for collecting evidence.

The initial report of findings was discussed with the Giddings State School administration and the TJJD PREA Compliance Administrator. A corrective action plan was developed and TJJD and the Giddings State School responded within the 180 period provided to complete the plan. Documentation and evidence provided during the corrective action period led to the determination that the facility achieved compliance with all PREA standards.

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Policy Reviewed: 380.9337(a),(b),(d)

The Giddings State School meets this standard. The Texas Juvenile Justice Department (TJJD) has a zero tolerance policy towards all forms of sexual abuse and sexual harassment. TJJD has a dedicated PREA Coordinator and the Giddings State School has a designated PREA Manager. Both individuals indicated during the interview process that they have the time to fulfill their PREA responsibilities.

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

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

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Policy Reviewed: 380.9337(e)

TJJD requires that any new contract or contract renewal comply with PREA standards. One of the contracted facilities was recently certified PREA compliant and a copy of the final PREA audit report was provided. Copies of existing contracts were reviewed and verified compliance.

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

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

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

Policy Reviewed: 380.9337(e) and 380.9955(d)

Documentation provided for review included multiple safe housing plans for the facility, an email approving the safe housing plan, and a memo from the TJJJ Senior Director of State Programs and facilities explaining the annual budgetary meetings that includes a detailed review of staffing needs to be in compliance with state and federal mandated ratios. The facility had not deviated from their staffing plan at the time of the audit. Documentation logs and snapshot pictures with dates and times showed frequent unannounced rounds being conducted by mid-level or higher level supervisors on the morning and evening shifts. It was noted that there were very few instances (4 total) of unannounced rounds occurring during the late night/overnight shift.

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

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

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

Policy Reviewed: 380.9337 (c),(d),(e) and 380.9709 (c),(d),(f),(g),(i)

Agency policy prohibits cross gender viewing and searches. Staff and residents verified during interviews that this practice does not happen. The staff and residents also verified during interviews that all female staff announce their presence when entering the housing units. TJJJ policy covers this practice and it was observed during the facility tour.

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

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

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

Policy Reviewed: 380.9337(e)

The facility provided documentation identifying numerous staff members who are fluent in Spanish and could provide translation services for residents. A current contract for interpretation services for the deaf was provided. Prior to and during the audit, new resident orientation material regarding PREA was provided in English and Spanish as well as resident acknowledgement forms that are placed in the resident's master file. Emails were also provided detailing agency plans to expand staff training regarding communication with residents with intellectual disabilities.

### **Standard 115.317 Hiring and promotion decisions**

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

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

Policy Reviewed: 380.9337(e), 385.8181(d), PRS 02.07 and 02.08

TJJD policy addresses all elements of this standard. A sample of files were reviewed at the facility for new hires, promotions, volunteers, and contractors for compliance. A sample was reviewed at central office showing that TJJD conducts background checks on all current employees and contractors on a yearly basis, which exceeds the standard requirement of every five years.

### **Standard 115.318 Upgrades to facilities and technologies**

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

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

Policy Reviewed: 380.9337(a)(b)

Giddings State School modified 5 open bay dorms into single cell units with 24 beds in each dorm. The dorm conversions started in August of 2012 and were completed in October of 2013. The facility also added two cameras around the door to the gymnasium to increase surveillance coverage in January of 2015. The facility provided documentation including minutes from numerous meetings with the construction team, drawings of the modifications to the dorms, and emails regarding the addition of the cameras to the gym.

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

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

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

Policy Reviewed: 380.9337(f), 385.8183

TJJD is responsible for conducting both criminal and administrative investigations at the Giddings State School. A uniform evidence protocol is used that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol provided is the "National Protocol for Sexual Assault Medical Forensic Examinations, Second Edition, April 2013". There were no forensic medical examinations conducted during the review period, but any future examinations will be done at either Smithville, Austin, or Round Rock hospitals in Texas. A Memorandum of Understanding with Abigail Arms Cooke County Family Crisis Center was provided for review.

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

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

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

Policy Reviewed: 380.9337(f),(i), and INS 71.01

TJJD policy requires that all allegations of sexual abuse or sexual harassment are reported to the agency Incident Reporting Center (IRC). The allegations are reviewed by the IRC then referred to TJJD's Office of the Inspector General (OIG) or the Administrative Investigation Division (AID). Giddings State School reported on the Pre-Audit Questionnaire that there were a total of 41 allegations of sexual abuse or sexual harassment referred for either criminal or administrative investigation in the past twelve months. Forty of the cases were administrative investigations and 1 was a criminal investigation. It was noticed while reviewing SARBs that the majority of the reviews were held on cases following criminal investigations.

Meetings held with the Chief Inspector General, The PREA Compliance Administrator and the Administrative Investigation Division resulted in the OIG reporting a total of 37 allegations referred for criminal investigations during the audit period. Correct information was provided from the OIG on April 27, 2015. A questionnaire was created by the auditors and provided to the Office of the Inspector General and the Administrative Investigations Division in an attempt to collect more accurate information than what is currently provided on the pre-audit questionnaire completed by facility staff.

Compliance with this standard was not shown until 20 days following the completion of the on site portion of the audit.

### **Standard 115.331 Employee training**

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

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

Policy Reviewed: 380.9337(g)

Agency policy requires Giddings State School to provide PREA related training to all employees who may have contact with residents. Training records and curriculum were provided. Handouts from various PREA related trainings and agendas from town hall meetings where PREA topics were discussed were provided for review. Review of documentation and staff interviews verified that the facility provides the required training for this standard through new hire orientation, annual block training, e-courses, and on the job training. Training sign-in sheets were provided from dorm meetings, new hire orientation classes, annual block training courses, and specialized courses such as conducting unannounced rounds. Discussion with the Compliance Manager led to the determination that the facility exceeds the basic requirements for this standard. In addition to the required training discussed above the Compliance Manager provided crossword puzzles and wordsearch puzzles that she created and handed out to staff members to complete during town hall meetings in an effort to increase their knowledge of PREA terms/definitions.

**Standard 115.332 Volunteer and contractor training**

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

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

Policy Reviewed: 380.9337(g)

Agency policy requires that all volunteers and contractors who have direct access to residents be trained on and understand their responsibilities regarding PREA. Training records for new volunteer orientation classes and volunteer handbooks which include a full chapter on PREA, Harassment, and Trauma were provided for review. The volunteer handbooks are signed and dated by the volunteers and the Volunteer Manager. A phone interview with two volunteers verified compliance with this standard.

**Standard 115.333 Resident education**

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

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Policy Reviewed: 380.9337(g)

During intake, residents are provided a handbook and they are read a script that is available in English and Spanish. The resident's intake date as well as the date the information was provided is documented. Residents sign the PREA Orientation Training and Acknowledgement Form, as well as the staff member who explained the script, and a staff witness. The form is placed in the resident's master file. Documentation provided reflects that this is being completed within the ten day time frame. Resident orientation checklists, which include covering PREA during resident intake, were also provided. During interviews the residents acknowledged receiving this information and stated that it occurred the first day of their arrival. They also acknowledged watching a PREA video which is shown to all of the residents during the intake process. Hotline numbers for reporting incidents of sexual abuse and sexual harassment are displayed throughout the

Giddings facility.

**Standard 115.334 Specialized training: Investigations**

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

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Policy Reviewed: 380.9337(g)

Training records for investigators assigned to Giddings State school were provided by the Office of Inspector General and the Administrative Investigations Division. Documentation provided and interviews with investigators verified that the required training is provided.

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

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

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Policy Reviewed: 380.9337(g)

Medical staff at the Giddings State School do not conduct forensic medical exams. Training certificates were provided reflecting that the required training for this standard is being completed. Documentation and interviews with medical staff verified compliance with this standard.

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

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

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

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

Policy Reviewed: 380.9337(h)

The initial resident intake and screening are completed at the Ron Jackson State Juvenile Correctional Complex Intake and Orientation Unit, a TJJJ facility located in Brownwood, Texas. All required screenings and assessments are completed at the intake unit. Giddings State School utilizes the HLS-100 Initial Health Screening and CCF-036 Safe Housing Re-assessment forms upon the youth entering the facility and periodically throughout their confinement. These forms were provided prior to the on site audit for review. Access to this information is limited to case managers and administrative staff. Chronological entries from case managers were provided on site stating that the CCF-036 Re-Assessments were periodically updated and showed the residents current risk rating.

### **Standard 115.342 Use of screening information**

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

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Policy Reviewed: 380.9337(h),380.9745(i),INS 75.13

Agency policy covers all components of this standard. Policy prohibits the placement of youth in isolation due to the risk of sexual victimization. The facility reported that they do not have any youth who have formally identified themselves as lesbian, gay, bisexual, transgender, or intersex. Emails were provided discussing resident dorm and room placement, safety issues and resident behaviors that occurred resulting in the need to be moved.

### **Standard 115.351 Resident reporting**

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

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Policy Reviewed: 380.9337(i),380.9333(e)

TJJJ policy provides multiple internal ways for residents to privately report allegations. One of the numbers provided is a toll free number for the Office of the Independent Ombudsman, which is a separate state agency. The toll free number for the Office of the Independent Ombudsman was posted in each of the resident dorms during the campus tour. Interviews with residents and staff verified compliance with this standard and staff acknowledged the acceptance of verbal, written, anonymous, and third party reports and proper documentation.

### Standard 115.352 Exhaustion of administrative remedies

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

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Policy Reviewed: 380.9337(a),(b),(d),(i), YRP 05.05(c) and GAP 07.03

Giddings State school does not meet all the requirements for this standard. The Administrative Investigations Division did not demonstrate a policy or practice requiring a final decision being made by the agency on the merits of any portion of a grievance or administrative investigation alleging sexual abuse within 90 days of the initial filing. There is also no policy or practice in place for the agency to claim an extension of time up to 70 days and to respond to and notify the victim in writing of the extension along with a date on which a decision will be made. An email was provided stating that the Administrative Investigations Division revised their operating procedures to include this effective July 15, 2014, but there was no evidence that this is being practiced. The list of PREA cases that were assigned to the Administrative Investigations Division reflects 13 of the 40 cases being open for more than 90 days and documentation could not be provided regarding an extension or notification to the youth informing them of the extension. It is noted that additional steps were recently taken to implement this practice and that recent cases have been closed within the 90 day period.

The agency and facility does utilize a grievance system that is accessible to residents and outside family members and advocates.

Corrective Action Required: Provide evidence that standard 115.352 is fully implemented regarding investigation time frames, extensions, and proper notifications are being made and practiced for a 180 day period at the Giddings facility.

Since the Audit:

Since the time of the Giddings State School audit the Administrative Investigations Division (AID) has provided documentation demonstrating that the PREA related cases assigned to the AID have been closed well within the 90 day limit. A spreadsheet was provided detailing all cases assigned to the AID from 3/1/2015 through 9/1/2015 including the due dates for each case, the date the investigations were completed and the closed dates for each case. The evidence provided demonstrates compliance with subsection (d) of this standard.

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

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

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Policy Reviewed: 380.9337(i)

A Memorandum of Understanding with the Family Crisis Center of Bastrop was provided and states that the information will be distributed to youth after it has been determined that the youth in question is the victim of sexual abuse and has refused the on-site counseling services offered by TJJD. Residents interviewed were not aware and could not provide information on outside support services. Residents interviewed verified that the facility does provide residents with reasonable and confidential access to their attorneys and parents or legal guardians.

### **Standard 115.354 Third-party reporting**

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

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

Policy Reviewed: 380.9337(i)

TJJD has established methods to receive third party reports through the Office of Inspector General and Office of the Independent Ombudsman hot lines. This information is available on the agency website.

### **Standard 115.361 Staff and agency reporting duties**

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

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

Policy Reviewed: 380.9337(j), GAP 07.03

Giddings State School does not meet all of the requirements to pass this standard. TJJD policy requires all staff to immediately report any allegation of sexual abuse, harassment, or retaliation to the Office of the Inspector General. Agency policy prohibits staff from revealing any information related to sexual abuse to anyone other than to the extent necessary. Staff demonstrated their knowledge of their reporting responsibilities during the interview process

Standard 115.361(e) requires that notification be made to the to alleged victim's family or legal guardians upon receiving any allegation of sexual abuse unless the facility has official documentation showing the parents or legal guardian should not be notified. No documentation was provided to demonstrate compliance with standard 115.361(e).

Corrective Action: Provide evidence that notifications to the victim's parents or legal guardians are made when allegations of sexual abuse are received to demonstrate compliance with this standard. Evidence of this practice must be demonstrated for an extended period of time before compliance is demonstrated.

Since the audit:

Giddings State School demonstrated compliance with standard 115.361 subsection(e) by providing copies of notification letters sent to the alleged victim's parents or legal guardians after the facility received allegations of sexual abuse or sexual harassment. The notification letters covered a five month period from February 2015 through June of 2015. The facility also included the corresponding case numbers for verification.

### **Standard 115.362 Agency protection duties**

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

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

Policy Reviewed: 380.9337(j)

Agency policy was reviewed and a memo from the facility Superintendent stating that Giddings State School had no residents subject to a substantial risk of imminent sexual abuse during the audit period. Interviews with random and specialized staff verified compliance with this standard.

### **Standard 115.363 Reporting to other confinement facilities**

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

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

Policy Reviewed: 380.9337(j)(3)

Giddings State School reported one case where a resident alleged that he was sexually abused while confined at another TJJJ facility. The incident report provided of the allegation verified that the Incident Reporting Center was immediately contacted with the details of the allegation. According to the incident report, the Administrative Duty Officer, the Serious Incident Administrator, and the resident's case manager were also notified of the allegation. The incident report also states that written notifications were also made through the Alleged Mistreatment mailbox (LS 051), and a Report of Serious Incident (CCF-352) was completed.

No documentation was provided to demonstrate that the allegation was investigated in accordance with standard 115.363(d).

#### **Corrective Action:**

Provide evidence that the reported case was investigated by the OIG and that notification was made to the facility where the alleged sexual abuse occurred within 72 hours.

#### **Since the Audit:**

A meeting was held with the Chief Inspector general to discuss the current practices in place regarding standard 115.363. It was determined

that while the case reviewed for the PREA audit was reported to OIG and investigated within the timeframe required by the PREA standard and agency policy, no system was in place to notify the Superintendent at the facility where the alleged abuse occurred as required. Following this meeting, the Chief Inspector General created a new policy ensuring that the proper notification would be made to the Superintendent where the alleged abuse took place as required by subsection (a) of this standard. The Chief Inspector General covered the new policy with his leadership team and provided a copy of the new policy for review.

### **Standard 115.364 Staff first responder duties**

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

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

Policy Reviewed: 380.9337(j)

TJJD has established policies regarding first responder duties. Staff designated as first responders were able to articulate their responsibilities during the interview process. The case provided for review in which first responder actions were required involved a situation in which the two residents were already separated and the incident was reported by a third party. There was no physical evidence to collect as the case involved one resident masturbating the other resident. Witness statements and incident reports from this case were provided for review.

### **Standard 115.365 Coordinated response**

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

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

Policy Reviewed: 380.9337(j)

Giddings State School has developed a written institutional plan to coordinate actions taken in response to allegations of sexual abuse. The written plan was provided for review.

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

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

- relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Policy Reviewed: 380.9337(j)

TJJD does not enter into collective bargaining agreements.

### **Standard 115.367 Agency protection against retaliation**

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

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

Policy Reviewed: 380.9337(j)

Giddings State School does not meet the requirements to show compliance with this standard. TJJD has a policy in place that protects all residents and staff members who report sexual abuse or sexual harassment or cooperate with an investigation from retaliation. The Facility Superintendent was designated as the person designated with monitoring for possible retaliation. Two cases of monitoring for retaliation were provided during the on site portion of the audit. One case was initiated by the Superintendent and the second was initiated by the PREA Compliance Officer. A total of 77 allegations of sexual abuse/assault or sexual harassment were made from the Giddings State School during the audit period. Based on interviews with additional staff designated to monitor retaliation it does not appear that a process exists at this time to ensure that all staff and youth are safe from retaliation.

#### **Corrective Action:**

Provide evidence that a process exists and is being practiced to ensure that all residents and staff who report sexual abuse or sexual harassment or cooperate with an investigation are protected from retaliation. This process should include an explanation as to how a decision is made regarding whether or not a resident or staff member should be monitored for protection from retaliation.

#### **Since the Audit:**

Following the audit steps were taken by the agency to ensure that notifications were being made to the facility when any PREA related cases were opened as criminal by the OIG or administrative by the AID. Modifications were made in the notification process in May following several meetings. This allows the Compliance Officer to review cases as they are opened and determine the need for monitoring. Giddings State School provided multiple cases of monitoring for retaliation for review once the process was established. Notifications to supervisors to begin the monitoring process, the monitoring sheets with detailed descriptions of the checks, and notification to end the monitoring once the cases were closed or the determination was made that the monitoring was no longer necessary were all provided for review. After reviewing the cases it was determined that compliance with this standard has been achieved.

### **Standard 115.368 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy Reviewed: 380.9337(j)

Agency policy prohibits the use of segregated housing to protect residents who have alleged sexual abuse. Giddings State School provided a memo from the Superintendent verifying the agency policy.

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

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

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

Policy Reviewed: 380.9337(k)

TJJD policy covers all of the components of this standard. All investigations of sexual abuse and sexual harassment are conducted by the Office of Inspector General or the Administrative Investigation Division. Training records, a sample of cases provided, and interviews with investigators from both offices verified compliance with the requirements of this standard. The OIG provided an example of a case that had been referred for prosecution through the Special Prosecution Unit.

### **Standard 115.372 Evidentiary standard for administrative investigations**

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

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

Policy Reviewed: 380.9337(k)

TJJD policy requires that the investigator's findings must be based on a preponderance of the evidence. The interview with the administrative investigator verified compliance with this policy and standard.

### Standard 115.373 Reporting to residents

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

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

Policy Reviewed: 380.9337(k)(3)

TJJD policy addresses all components of this standard. After reviewing information provided during the course of the audit it was determined that resident notifications are not being made under any section of this standard. No documentation was provided to evidence that resident notifications were made on the 37 cases referred for criminal investigation. Documentation of 1 resident notification was provided for the 40 administrative investigations conducted during the audit period. All investigations, criminal and administrative, are performed by the agency through the Office of Inspector General and the Administrative Investigations Division.

Corrective Action:

Provide evidence that proper notifications are being made to residents over 3 to 4 consecutive months regarding the outcome of sexual abuse and sexual harassment cases. Provide clarification regarding who bears the responsibility for providing resident notification.

Since the Audit:

Giddings State School provided copies of resident notification letters for the months of March – June of 2015. After reviewing the information provided it was determined that that majority of the youth notifications were not made due to system issues with the automated Administrative Investigation Manager. Due to the automated system not functioning properly, the facility was not receiving notifications when administrative investigations were opened by the AID. It appears that after the automated system was repaired and functioning properly, youth notifications are being made in accordance with this standard.

### Standard 115.376 Disciplinary sanctions for staff

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

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

Policy Reviewed: 380.9337(I)

This policy is covered under TJJD policy. Giddings State School reported no disciplinary action during the audit period due to violating agency sexual abuse or sexual harassment policy.

### Standard 115.377 Corrective action for contractors and volunteers

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

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

Policy Reviewed: 380.9337(I)(j)

The Giddings State School reported having no cases of volunteers or contractors prohibited from contact with residents due to PREA allegations/violations and had no cases reported to law enforcement or relevant licensing bodies.

**Standard 115.378 Disciplinary sanctions for residents**

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

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

Policy Reviewed: 380.9337(I), 380.9503(i)

Giddings State School reported one pending administrative case involving resident on resident sexual abuse. The case had not closed so disciplinary action had not been determined at the time of the audit. The pending status of the case was verified during the on site portion of the audit. The facility reported that no residents were placed in isolation as a disciplinary sanction for resident on resident sexual abuse. The Superintendent verified that the disciplinary process would consider a resident's mental disability or mental illness when determining what type of sanction, if any, would be imposed.

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

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

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

Policy Reviewed: 380.9337(m), 115.381(c)

Giddings State School provided two cases to review where it was documented that the youth continued to receive services after disclosure of prior victimization. The two cases provided involved youth who made the disclosure of prior sexual victimization while at the orientation and assessment unit in Brownwood, TX. The documentation provided demonstrated a continuum of care as the youth moved to Giddings after completing orientation and assessment. TJJD is developing a tracking system that would simplify auditing this standard in the future.

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

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

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

Policy Reviewed: 380.9337(m)

TJJD policy and interviews with medical and mental health staff and first responders verified compliance with this standard. Giddings State School reported no cases of sexual assault requiring medical attention to review.

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

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

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

Policy Reviewed: 380.9337(m)

TJJD agency policy covers all components of this standard. No female residents are assigned to the Giddings facility. Interviews conducted with medical and mental health staff verify compliance with this standard.

### **Standard 115.386 Sexual abuse incident reviews**

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

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

Policy Reviewed: 380.9337(n)

TJJD policy addresses all requirements of this standard. The facility reported a total of 18 Sexual Assault Review Boards (SARBs) were held during the audit period. At the time of the audit the Office of Inspector General (OIG) reported there had been one allegation of sexual abuse or sexual harassment referred for criminal investigation and the Administrative Investigations Division (AID) reported 40 allegations resulting in administrative investigations. A review of the SARBs conducted at the Giddings facility revealed that 17 of the boards convened were a result of OIG cases and only 1 SARB was held to review an AID case. Because these numbers did not match the total number of cases reported by the facility, a request was made during the on site audit for AID to provide a list of all administrative investigations with the dispositions that occurred during the review period. A review of the list provided by AID revealed that 17 cases had dispositions other than unfounded. Further inquiry after the on site portion of the audit revealed that the automated notification method by which the Giddings facility was notified of the results of the AID investigations had broken down and therefore no notifications of the results of any AID investigations were made to the Giddings facility during the audit period. The one AID case that was reviewed through a SARB occurred because it also involved an OIG investigation. An additional inquiry was also made with the OIG after determining that there were additional cases reviewed through SARBs that the auditors were not aware of as they were not reported anywhere on the pre-audit questionnaire. After clarification of the definitions of sexual abuse and sexual harassment additional cases were provided for review by the OIG. It does appear that all required SARBs on OIG cases were held as required by the standard and many of the SARBs that were held on OIG cases were not mandatory to meet the requirements of this standard.

Because the Giddings facility was not notified of the results of any of the AID investigations it was determined that the facility does not meet the requirements of this standard. It appears that the SARBs that were held included the proper personnel, and were convened within 30 days of the conclusion of the OIG investigations. Minutes from the SARB meetings showed that contained the information outlined in 115.386(d) as well as action plans to be implemented if deemed necessary by the review board.

**Corrective Action:**

Several meetings have taken place since the completion of the on site portion of the audit. It is requested that the agency provide evidence over a period of 3 to 4 consecutive months that the notification system is operational so the Giddings facility is made aware that an AID case requiring a SARB has concluded so the review can take place within 30 days. It is also recommended that additional training be held so all parties involved in the SARB process from the notification stage to the review board stage have a better understanding of this process. The need for the process to be clarified to all parties was discussed in follow-up meetings. It is requested that a written draft of the OIG and AID notification process be provided to detail each step of the process through the actual scheduling of the SARB.

**Since the Audit:**

TJJD conducted trainings with facility Superintendents, Assistant Superintendents, Compliance Officers, and Administrative Assistants on May 2<sup>nd</sup>, 2015. The training covered the notification process involving the Office of Inspector General and the Administrative Investigations Division to the facilities when PREA related cases are opened and closed. The entire process through the scheduling of the SARB was covered in the training. Training sign-in sheets and a written description of the process was provided for review. Evidence of SARBs being conducted following the audit were also provided for review. After reviewing the provided documentation it was determined the the facility now meets the requirements for compliance with this standard.

**Standard 115.387 Data collection**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviewed: 380.9337(o)

TJJD collects uniform data on all allegations of sexual abuse using a standardized instrument. This allows the agency to submit the annual Department of Justice Survey of Sexual Violence. The latest Survey of Sexual Violence was provided for review as well as screen shots and instructions of the agency's PREA Data Collection System. TJJD's data collection methods was also confirmed through an interview with the agency PREA Coordinator.

**Standard 115.388 Data review for corrective action**

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

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

Policy Reviewed: 380.9337(p)

TJJD policy mandates the review of aggregate sexual abuse data to assess and improve the effectiveness of the agencies policies, practices, and training. Documentation provided by Giddings State School included the agency's 2013 PREA Dashboard Report Action Plan, the 2013 PREA Dashboard Report for the Giddings campus, and the Giddings State School's report on their Sexual Misconduct Preventative Measures dated March 16, 2015. TJJD's annual report is posted on the agency website. The report for 2014 had not been completed at the time of this audit.

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

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

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

Policy Reviewed: 380.9337(o),(p)

TJJD policy ensures that all sexual abuse data is retained securely. Policy reviewed and the interview with the agency PREA Coordinator verified compliance with this standard. Giddings State School provided links to the Office of Inspector General (OIG) page on the TJJD website where annual reports can be viewed back through fiscal year 2008. Quarterly reports for the Incident Reporting Center and the Special Prosecution Unit can also be viewed back through fiscal years 2008 and 2007 from the OIG page. Several reports from this site were viewed to verify that personal identifiers had been removed.

**AUDITOR CERTIFICATION**

I certify that:

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

Dwight Sadler

October 13, 2015

Auditor Signature

Date