

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    May 21, 2018

### Auditor Information

Name: Barbara A. King	Email: Barbannkam@aol.com
Company Name: consultant through American Correctional Association	
Mailing Address: 1145 Eastland Ave	City, State, Zip: Akron, Ohio 44305
Telephone: 330-618-7456	Date of Facility Visit: April 18-20, 2018

### Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Texas Department of Criminal Justice		State of Texas	
Physical Address: 861-B 1-45 North		City, State, Zip: Huntsville, Texas 77320	
Mailing Address: P.O. Box 99		City, State, Zip: Huntsville, Texas 77342	
Telephone: 936-295-6371		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.			
Agency Website with PREA Information: PREA Ombudsman <a href="http://tdcj.texas.gov/tdcj_prea.html">http://tdcj.texas.gov/tdcj_prea.html</a>			

### Agency Chief Executive Officer

Name: Bryan Collier	Title: Executive Director
Email: Bryan.Collier@tdcj.texas.gov	Telephone: 936-437-2101

### Agency-Wide PREA Coordinator

Name: Lorie.Davis@tdcj.texas.gov	Title: Director, Correctional Institutions Division
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<b>Email:</b> Lorie.Davis@tdcj.texas.gov	<b>Telephone:</b> 936-437-2170
<b>PREA Coordinator Reports to:</b> Bryan Collier, Executive Director	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 91

### Facility Information

<b>Name of Facility:</b> James V. Allred Unit	
<b>Physical Address:</b> 2101 F.M 369 N., Iowa Park, Texas 76367	
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.	
<b>Telephone Number:</b> 940-855-7477	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison

**Facility Mission:** The mission of the James V. Allred Unit is to provide safe and appropriate confinement and supervision of adult felons; effectively manage or administrator the facility based on constitutional and statutory standards; and to assign each offender a job in such a manner to ensure that the safety, security, treatment, and rehabilitative needs of all offenders are being met and security of staff and the institution are maintained.

**Facility Website with PREA Information:** PREA Ombudsman [http://tdcj.texas.gov/tdcj\\_prea.html](http://tdcj.texas.gov/tdcj_prea.html)

### Warden/Superintendent

<b>Name:</b> Kendall Richerson	<b>Title:</b> Senior Warden
<b>Email:</b> Kendall.Richerson@tdcj.texas.gov	<b>Telephone:</b> 940-855-7477 ext. 2100

### Facility PREA Compliance Manager

<b>Name:</b> Lisa James	<b>Title:</b> Unit Safe Prisons PREA Manager
<b>Email:</b> Lisa.James@tdcj.texas.gov	<b>Telephone:</b> 940-855-7477 ext. 2188/2189

### Facility Health Service Administrator

<b>Name:</b> Tommy Norwood	<b>Title:</b> Healthcare Administrator
<b>Email:</b> Tommy.Norwood@ttuhsc.edu	<b>Telephone:</b> 940-855-7477

### Facility Characteristics

<b>Designated Facility Capacity:</b> 3,722	<b>Current Population of Facility:</b> 3,694
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Number of inmates admitted to facility during the past 12 months		1,801	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1,599	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1,786	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		774	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-80	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		9 years 0 mths	
Facility security level/inmate custody levels:		G1-G5, Adm Seg, Safe Keeping	
Number of staff currently employed by the facility who may have contact with inmates:		798	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		227	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1	
<b>Physical Plant</b>			
Number of Buildings: 38		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		6	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary):		714	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The facility is monitored by exterior and interior cameras. There currently are 947 (758 interior and 189 exterior) digital cameras in place which are monitored through the central control, Majors' offices, and the Warden's Office. Recording are maintained on hard drives until they are overwritten.</p>			
<b>Medical</b>			
Type of Medical Facility:		<p>Ambulatory, medical, dental, and mental health services. Medical and mental health are available 24 hours a day, seven days a week. Fully staffed 13 bed infirmary, including two mental health crisis management beds and hospice area. Telemedicine services available. All services on a single level, including assisted disability services (ADS) showers, chronic care clinic, and APAP accommodating housing. Medical and Mental health are contracted</p>	

	through Texas Tech University Health Sciences Center. The Medical Director and nurse manager are on call.
Forensic sexual assault medical exams are conducted at:	At the nearest hospital emergency department
<b>Other</b>	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	Volunteers 23,228 agency 134 unit Contractors 98
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	OIG: 137 OIG on Unit: 4 Unit Admin: 94

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the James V. Allred Unit under the operation of the Texas Department of Criminal Justice (TDCJ) was conducted on April 18-20, 2018 by Lead Auditor Barbara King and team member Joe Rion as consultants through the American Correctional Association. ACA notified the auditor of the assignment on February 2, 2018. The audit process began with communication between the facility staff and the lead auditor on February 7, 2018. The logistics of the audit was discussed with the lead auditor explaining the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with offenders and staff. The Warden indicated this was the complex's second PREA audit.

The Audit Posting was sent to the facility by the American Correctional Association (ACA). The facility acknowledged receiving the audit posting from ACA and the postings were placed throughout the facility. The PREA Manager confirmed prior to the audit that postings were available for viewing by the offender population throughout the complex.

About a month prior to the audit, the auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency. The thumb drive contained three parts: a master folder of supporting policy and procedures and documentation for all 43 PREA standards; folder with additional supporting documentation; and the Pre-Audit Questionnaire. The master folder contained separate files for each standard that included relevant policies and procedures and supporting documentation to demonstrate compliance. After the review of the Pre-Audit Questionnaire and documentation, on April 4, 2018 the auditor emailed the agency and facility requesting further documentation for clarification and review on various standards. The requested documentation was provided on the first day of the audit. The lead auditor reviewed the previous PREA Audit Report, the Safe Prisons – PREA Program Annual Report 2016 and the PREA information on the Texas Department of Criminal Justice and the PREA Ombudsman websites prior to the audit. The lead auditor reviewed the interviews of the Agency Head Designee, PREA Coordinator, and the Contract Administrator prior to the audit that was completed previously by the lead auditor. The lead auditor also reviewed the Texas Department of Criminal Justice (TDCJ) and State of Texas PREA Ombudsman Office websites prior to the audit. A tentative time schedule was set with the Warden for the on-site audit.

Also on April 4, 2018, the auditor requested the following information be provided the evening prior to the first day of the audit: daily population report, staff Roster to include all departments (include title, shift, and card off days), offender roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of offenders with a PREA classification, list of LGBTI offenders, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of offenders that reported sexual abuse, list of disabled and limited

English proficient offenders, list of the first responders from the reported allegations, and list of how the allegations were reported (i.e. verbal to staff, OIG, grievance...). This information will be utilized to establish offender and staff interviews schedules during the on-site audit. The facility provided the requested information the night prior to the audit to be used by the audit team for the random selection of offenders and staff to be interviewed (random and specific category). The information provided included an alpha and housing listing of all offenders housed at the facility, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, list of staff who perform risk assessments, and a list of volunteers on site during the audit. Additional information in the packet included the additional requested documentation.

Before the start of the audit, the auditor met with the Senior Warden, Assistant Wardens, Majors, Agency's Regional Safe Prisons /PREA Manager, Unit Safe Prisons/PREA Manager, and the Regional Director. A detailed schedule for the audit was discussed including the facility tour, interviews schedules, review of audit documentation. It was established that the audit team would meet with the Warden and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. The facility was informed one correspondence was received from an offender. This offender would be interviewed as part of the audit process. Key facility staff during the audit included the Senior Warden, Assistant Wardens, Major, PREA Compliance Manager, Agency's Regional Safe Prisons /PREA Manager, and the Regional Director.

The audit team utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

The team auditor began the audit process with offender interviews at the facility while the lead auditor and facility staff were in the process of completing the American Correctional Association (ACA) Accreditation audit. The unit was toured in the afternoon with key staff. The housing units were divided for touring between the auditors. The program, service, food service, and medical areas of the Allred Unit were toured by the lead auditor on a separate day. During the tour, the auditors made visual observations of the program areas and housing units including bathrooms, officers post sight lines, and camera locations. The auditors spoke to random staff and offenders regarding PREA education and facility practices. Review of the housing unit log books was conducted to verify immediate/ higher level staff rounds.

During the tour, the auditors identified sight line concerns in the following areas: laundry behind the washers, commissary warehouse, pots and pans area in food service, urinals in the dorms, and the toilet in each of the administrative segregation dayrooms. The audit team also identified a sight concern or procedure concern in the food service area regarding the thaw vault cooler. The offenders working in the butcher shop are able to enter the thaw vault that does not visibility by staff. While on site, the Warden initiated a new procedure for the thaw vault cooler which required the cooler to be locked at all times and opened under the direct supervision of staff. This will resolve the concern of more than one offender entering the thaw vault cooler at once

without staff supervision. Mirrors were installed during the audit in the laundry area, commissary warehouse, and pots and pan area. The privacy shield for the dorm urinals did not provide full coverage. The facility installed a waist high privacy curtain that could be drawn from the privacy shield to the wall to provide full coverage of the urinals. This was completed during the audit. The toilet in the administrative dayroom sits in the open space of the dayroom. The facility had privacy curtains attached to the range bars that provided privacy from the officer in the control post, however, it did not provide privacy from staff entering the range. The facility attached additional privacy curtains on the bars that provides privacy from the control center and viewing upon entering the range. This was also accomplished during the audit. All sight line and privacy issues were resolved prior to the audit team completing the on-site audit.

All required facility staff and offender interviews were conducted on-site during the three (3) day audit. The audit team began the interview process with offender interviews at the complex. The formal offender interviews were held in offices that afforded privacy for the interviews. The PREA Auditor Handbook table for offender interviews indicated for offender population size of 2,501+ offenders; a requirement of 50 offender interviews with at least 25 from the target groups and 25 random interviews. Seventy-nine (79) formal offender interviews were conducted and two-hundred seven (207) offenders were informally interviewed during the facility tours, (7.7% of the 3,694 offender population). The random interviewees were selected by the auditor from the housing rosters and designated lists of offenders provided by the facility. Random offender interviews from different housing units (51), Disabled and Limited English Speaking Ability (4), LGBTI (12), Offender Who Reported Sexual Abuse (6), and Who Disclosed Sexual Victimization (6) were interviewed. Interviews were not conducted for youthful offenders and offenders placed in segregation housing for risk. The complex is an adult male facility only and does not house youthful offenders. There were no offenders placed or housed in segregation housing for risk during the audit period. The offenders interviewed acknowledged they had been screened during the intake process, education was provided which began at intake, and they knew how to report. Offenders also indicated they felt safe at the facility, acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting. The formal interviews were held in administrative offices which allowed privacy for the interviews.

A total of seventy-four (74) staff was formally interviewed and additional seventy-six (76) informal staff interviews were also conducted during the facility tours (18.8% of 798 staff). Staff was randomly selected from each of the two (2) shift rosters and different departments within the facility (25). Additionally, specialized staff were interviewed including the Warden (1), PREA Manager (1), Intermediate-Higher Level Staff (7), Medical and Mental Health (5), Human Resources (1), SAFE/SANE (1), Volunteers/Contractors (8), Investigators (2), Cross Gender Strip Searches (2), Staff Who Perform Screening (2), Staff Who Supervise Segregated Housing (2), Incident Review Team (5), Staff Who Monitor Retaliation (2), First Responders (5), and Intake staff (2). The interviews of the PREA Coordinator (1), Contract Administrator (1), and Agency Head Designee (1) were reviewed from previous interviews conducted by the lead auditor. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect,

report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responded to all allegations.

There were fifty-one (51) allegations reported during the audit period. There were twenty-eight (28) offender on offender allegations and twenty-three (23) staff on offender allegations. Of the offender on offender allegations, twenty (20) were allegations of sexual abuse and eight (8) were fondling. The administrative findings of the twenty (20) sexual abuse allegations were sixteen (16) unsubstantiated, three (3) unfounded, and one (1) substantiated. The administrative findings of the eight (8) fondling allegations were six (6) unsubstantiated and two (2) unfounded. Office of Inspector General (OIG) opened fourteen (14) cases on the offender on offender sexual abuse allegations. There were no charges on nine (9) of the cases and five (5) are still open. Of the twenty-three (23) staff on offender allegations, seventeen (17) were allegations of sexual abuse, two (2) of sexual harassment, and four (4) voyeurism. The administrative findings of the seventeen (17) sexual abuse allegations were two (2) unsubstantiated and fifteen (15) unfounded. The administrative findings of the two (2) sexual harassment allegations were one (1) unsubstantiated and one (1) unfounded. The administrative findings of the four (4) voyeurism allegations were one (1) unsubstantiated and three (3) unfounded. Office of Inspector General (OIG) opened no cases on the staff on offender allegations. A review of ten (10) administrative investigations was conducted by the audit team. The actual OIG investigation files were not available for review.

The audit team received one offender letter prior to the audit. During the audit process, the offender was interviewed regarding his concerns. The offender's written complaint of February 9, 2018, was the facility was not in compliance with PREA since he submitted an I-60 to the Warden's Office requesting to file a complaint against an officer who was sexually harassing him and received no response. When interviewing the offender, he indicated he was seen by the Shift Supervisor. That he was called to the Shift Supervisors office and was interviewed. The offender indicated that an officer was calling him names since he was gay. He stated the Shift Supervisor told him it would be investigated and to let the supervisor know if there were any more issues with the officer. The investigation was completed on March 7, 2018 and found unsubstantiated. The offender indicated he had no further problems and was content on how the situation was handled. He stated he felt safe at the facility. No further action was taken.

An exit meeting was conducted by the auditors at the completion of the on-site audit. While the auditors could not give the facility a final finding, the auditor did provide a preliminary status of their findings. The audit team shared with the Warden and the facility's administration feedback from the offender population; the offenders stated during their interviews that there has been a positive change within the agency and facility with the establishment of the safe prisons program, they felt safe at the facility, and felt staff would be responsive if an allegation was made. Staff shared the positive impact the Safe Prisons Office has on the facility and the availability and responsiveness of the Safe Prisons/PREA Manager. The audit team thanked Texas Department of Criminal Justice, Warden Richerson, the Allred Unit staff for their hard work and commitment to the Prison Rape Elimination Act.

## Facility Characteristics

The Mission of the Texas Department of Criminal Justice (TDCJ) is to “provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.” The mission of the James V. Allred Unit is to provide safe and appropriate confinement and supervision of adult felons; effectively manage or administrator the facility based on constitutional and statutory standards; and to assign each offender a job in such a manner to ensure that the safety, security, treatment, and rehabilitative needs of all offenders are being met and security of staff and the institution are maintained.

The Allred Unit is a Texas Department of Criminal Justice (TDCJ) prison that house adult male offenders. The facility is located on a 320-acre rural setting approximately 4 miles northwest of Wichita Falls, Texas. The Unit’s rated capacity is 3,722. The custody levels of the general population offenders housed includes G1, G2, G3, G4, and G5 as well as safekeeping P2, P3, and P4. The facility also houses Administrative Segregation offender’s levels 1, 2, and 3. The offender population was 3,694 on the first day of the audit. The average daily population for the audit period was 3,634. The average length of stay at the Unit is nine years. The age range of the population is 19-80 years of age.

Two chain link fences with razor wire provide a secure perimeter for the seven-acre compound. There is a roving patrol to service the perimeter on all shifts. The Allred Unit has thirty-eight (38) buildings with twenty-three (23) buildings within the secure compound that provides spaces for administration, visiting, food service, education, offender housing, medical, commissary, maintenance, laundry, recreation, central control, and Chapel. There are three perimeter sally ports, one at the front entrance for pedestrians, one at the rear for vehicles, and one for the Expansion Cellblock. What inmate movement is required through the compound, is accommodated through open-air corridors, and is monitored by roving correctional officers and by control desks located at the entrance to the various buildings.

The general population housing comprises of four general population buildings (3, 4, 7, and 8). They are four identical, tri-level housing units that provide 216 double occupancy cells each. Each building houses 432 offenders. Each general housing building is divided into three wings containing 72 double occupancy cells. Each 72-bed wing is divided into three sub-sections. Each housing building contains a clothing exchange point, medical station, barber shop, outdoor recreation yard, and nine (9) dayrooms. The building design with smaller housing wings allows better control and security.

The Administrative Segregation unit (building 12) consists of six (6) sections, each housing 84 inmates in six (6) sub-sections containing fourteen (14) offenders for a total of 504 offenders. Each section is served by six (6) dayrooms and two (2) outdoor recreation yards. A shower is located on each cell run for access to the inmate population. The building also contains medical stations and a kitchen. Staff assigned to this housing unit wear body alarms and thrust vests. The High Security Expansion Cellblock also holds administrative segregation offenders. This

housing building contains 448 single occupancy cells and 402 double occupancy cells. This building contains all the program and service needs of the offender population including medical, commissary, food service, recreation, and programming. The offenders do not move within the Unit compound all the services are provided within the building for this offender population.

Building 11 is divided into two (2) wings and has two (2) floors per wing. The building has 51 cells utilized to offenders in transient and safekeeping. The transient housing cells are utilized when an offender needs safe housing or when a sexual abuse investigation is initiated. Offenders are placed in transient housing up to 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. The alleged abuser would be housed in administrative segregation during the investigation.

There are two dormitory buildings (buildings 18 and 19) that are divided into four pods with single cubicles that provide 300 beds each. Each dormitory is divided into four (4) housing sections with a clothing exchange point, medical stations, barbershop, inside recreation gym, and outside recreation yard.

The Unit has an educational program sponsored by Windham School District who affords academic and vocational opportunities to eligible offenders. Other program and services provided at the unit include: Peer Education, reentry planning, chaplaincy services, mentoring, substance abuse education, and religious/faith-based studies. A kennel and farm shop are located outside the secure perimeter.

The Unit has 939 total employee positions as listed on the agency website. There are 733 security positions, 127 non-security positions, 13 education staff positions, 58 medical positions, and 8 mental health positions. The Pre-Audit Questionnaire indicated that 798 of the staff have contact with offenders.

The facility is monitored by exterior and interior cameras. There currently are 947 (758 interior and 189 exterior) digital cameras in place which are monitored through the central control, Majors' offices, and the Warden's Office. Recording are maintained on hard drives until they are overwritten. The comprehensive video surveillance system was completed in the fall of 2015. During the last PREA audit in May 2015, the project was 70% completed and expected to be completed by late summer 2015.

The Unit Complex is managed by a Senior Warden and two Assistant Wardens.

## Summary of Audit Findings

The PREA Audit of the Allred Unit found forty-five (45) standards in compliance with seven (7) of those standards exceeding the requirement of the standard. These standards are: 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; 115.17 Hiring and Promotional Decisions; 115.31 Employee Training; 115.32 Volunteer and Contractor Training, 115.33 Inmate Education; 115.67 Agency Protection Against Retaliation, and 115.71 Criminal and Administrative Agency Investigations. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in this report.

**Number of Standards Exceeded:** 7

115.11; 115.17; 115.31; 115.32, 115.33, 115.67, 115.71

**Number of Standards Met:** 38

115.12, 115.13, 115.14, 115.15, 115.16, 115.18, 115.21, 115.22, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.52, 115.66, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

All corrective action was completed during the on-site audit. During the tour, the auditors identified sight line concerns in the following areas: laundry behind the washers, commissary warehouse, pots and pans area in food service, urinals in the dorms, and the toilet in each of the administrative segregation dayrooms. The audit team also identified a sight concern or procedure concern in the food service area regarding the thaw vault cooler. The offenders working in the butcher shop are able to enter the thaw vault that does not visibility by staff. While on site, the Warden initiated a new procedure for the thaw vault cooler which required the cooler to be locked at all times and opened under the direct supervision of staff. This will resolve the concern of more than one offender entering the thaw vault cooler at once without staff supervision. Mirrors were installed during the audit in the laundry area, commissary warehouse, and pots and pan area. The privacy shield for the dorm urinals did not provide full coverage. The facility installed a waist high privacy curtain that could be drawn from the privacy shield to

the wall to provide full coverage of the urinals. This was completed during the audit. The toilet in the administrative dayroom sits in the open space of the dayroom. The facility had privacy curtains attached to the range bars that provided privacy from the officer in the control post, however, it did not provide privacy from staff entering the range. The facility attached additional privacy curtains on the bars that provides privacy from the control center and viewing upon entering the range. This was also accomplished during the audit. All sight line and privacy issues were resolved prior to the audit team completing the on-site audit.

During the offender interviews, offenders indicated that female staff were not consistent in announcing when entering the housing areas. The Warden addressed this during the on-site audit by refresher training during the shift turnouts. Shift supervisors discussed the Knock and Announce requirement when entering a housing area. A shift turnout was observed by an auditor when the refresher training was conducted. The Lieutenant explained the purpose of the Knock and Announce and stated that when entering the housing area that anyone of the opposite sex must announce that they are in the area. Documentation of the read at all shit turnouts where provided to the audit team.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Texas Department of Criminal Justice (TDCJ) has a written policy Executive Directive 03.03 Safe Prisons/PREA Program and the Safe Prisons/PREA Plan, mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The agency also established a Safe Prisons/PREA Plan in August 2014 that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. The plan is a forty (40) page document that outlines the agency's zero tolerance and the implementation of the safe prisons plan through the following sections: administration and designated staff; offender management and services; offender screening and assessment; reporting allegations; investigations; training and education; data collection; and administrative considerations. The Safe Prisons/PREA Program policy and Safe Prisons/PREA Plan is also supplemented by other agency policies, Executive Directives, Security Memorandums, and post orders. Through observation of bulletin boards, posters, educational handouts and materials, review of offender and staff handbooks, and interviews with staff and offenders it was apparent that TDCJ and the Allred Unit are committed to zero tolerance of sexual abuse and sexual harassment. Each staff member and contractor also carry an informational card that outlines the first responder requirements and general PREA information.

Ms. Lorie Davis is the Director of Correctional Institution Division (CID) and is the agency's PREA Coordinator. The PREA Coordinator has direct access to the Executive Director and has the authority to manage the agency's Safe Prisons/PREA Program. The daily functions of the Safe Prisons/PREA Program for the agency is managed through the agency's SAFE Prisons/PREA Manager. The manager reports to the Deputy Director of Management Operations who in turns reports to the PREA Coordinator. The Safe Prisons/PREA Program is managed through six (6) regional Safe Prisons/PREA managers and ninety-one (91) institution Safe Prisons/PREA

managers with five (5) with co-facilitated facilities. Monthly meeting, memos, and policy reviews are provided for direction through the office. Further training and guidance is provided as needed. Agency updates and changes are forwarded from this office to the units. The agency's Regional Safe Prisons/PREA Manager was present during the audit. As the Agency's Safe Prisons/PREA Manager, she works with the facility's Safe Prisons /PREA Compliance Manager at the facility.

Each facility within the agency is to identify a facility compliance manager that will ensure that effective practices and procedures are in place at the facility to ensure compliance with standards. This position reports directly to the Warden. The complex has designated a Sergeant as the PREA Compliance Manager, who also supervises the Safe Prisons Office which operates with three (3) correctional officers. The Safe Prisons/PREA Manager indicated the office's responsibilities include PREA policy compliance, investigations, incoming offender assessments, cell searches, offender interviews (about 20 a day from I-60 submitted), and the audit process. The Safe Prisons/PREA Office staff starts the offender education upon arrival at the facility. During the offender intake interviews, staff explain the Safe Prisons Office's responsibilities and availability to the offenders. The Safe Prisons/PREA staff are required to makes rounds in the housing areas to ensure the office's services are available to the offender population. The Safe Prisons/PREA Office staff provides PREA educational information to staff and offenders. The Safe Prisons/PREA Manager stated the office coordinates the unit's efforts for PREA Compliance through talking to offenders at intake to the unit, ensure posting are up in the unit, show the PREA video monthly to the offender population, and conduct turnout training with staff. Offenders were able to identify the Safe Prisons staff by name during the interview process which demonstrates the active role and accessibility the Safe Prisons staff has created at the Allred Unit. Numerous offenders stated during their interviews that there has been a positive change at the complex and within the agency with the development of the Safe Prisons Office. Staff and offenders both shared the positive impact the Safe Prisons Office has had on the facility and the availability and responsiveness of the Safe Prisons Office staff. The Safe Prisons/PREA Manager was knowledgeable of the agency's PREA policies and procedures, the responsibilities for intake screening and education, and the general responsibilities as the PREA Compliance Manager.

The agency exceeds the standard through the structure created to manage the PREA responsibilities of the agency and facilities. A Safe Prison/PREA office is under the direction of the PREA Coordinator with staff to coordinate and oversee the agency compliance within the facilities. This is expanded by the six Regional Safe Prison/PREA Managers that work with the facilities in their regions. And then a PREA Manager at the unit to oversee the coordinated efforts at the facility level for compliance with PREA.

## Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Texas Department of Criminal Justice (TDCJ) has renewed eleven (11) contracts for the confinement of offenders. The contract language states, "The Contractor shall comply with the Prison Rape Elimination Act (PREA) Standards for Adult Prisons and Jails and report any offender sexual abuse or sexual harassment to the TDCJ-PFCMOD in accordance with Department Policy." PREA Audits have been completed on all the facilities under contract for the confinement of offenders. All have completed final reports. The contract facilities are required by contract to provide a copy of the final report to the agency.

The final reports have been posted to the agency's website, <http://www.tdcj.texas.gov/divisions/arm/armrevstanprea.html>.

The contracts include language that states the department designated contract monitor will monitor the facility to ensure the contractor is compliant with the PREA standards for Adult Prisons and Jails. The contract monitor is on-site at the facility. The monitor oversees all the

operational practices, contract practices including PREA compliance, and the day to day operations of the facility. Any concern that would be determined imminent risk would have immediate actions taken for correction. All other concerns would be identified for correction and monitoring would occur until corrected. The PREA Compliance is accomplished and documented through a monitoring checklist that will be completed every six months. A copy of the contract language and checklist was provided previously by the Safe Prisons/PREA Program Manager and Manager II of Review and Standards.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No

- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Allred Unit has developed a staffing plan that is based on the eleven (11) criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including “blind spots” or areas where staff or offenders may be isolated); the composition of offender population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. This process is outlined in Administrative Directive 11.52 Security Staffing, the Safe Prisons/PREA Plan, and Security Operations Procedure Manual (SOPM) 07.02. Based on the review of the staffing plan and interview with the Warden, the staffing plan was developed by the leadership of the Allred Unit with input from the PREA Manager, unit staff, regional staff, TDCJ Correctional Institutions Division (CID) Security Operations Office and in coordination with the PREA Coordinator. The Warden stated that the staffing plan is formally reviewed annually with Huntsville, regional staff and the PREA Coordinator. Additional requests can be made during the year if a need arises. The Warden indicated in the interview that the staffing plan is reviewed daily to ensure the safety and security of staff and offenders by the Assistant Wardens and Majors with the review of the staffing rosters of the previous day. The Warden, Assistant Wardens, and Majors met daily to discuss. The daily review is to ensure adequate staff coverage and all priority one positions are filled. Copies of the staffing plan are maintained by human resources, assistant wardens, majors, regional office, agency headquarters, and the Warden’s Office. The plan was based on the complex’s population capacity of 3,722. The average daily population for the last twelve months was 3,634.

The facility makes its best efforts to comply with the plan. When deviations occur, the position deviated is documented on the staff turnout shift roster with the employee’s name, post reassignment, and the reason for the deviation. The Warden is also notified of the deviation. To ensure compliance with the staffing plan, the Warden indicated that overtime, post collapses, and staff reassignments may occur and if needed offender programs and activities may be

cancelled or rescheduled to ensure staff coverage. Administrative Directive Security Staffing 11.52 and SOPM 8.01 Turnout Roster Management outlines the requirement of the daily review of the facility's turnout reports. The Warden indicated during the interview that he reviews the deviation reports daily. The Assistant Wardens and Majors review the staffing rosters and deviation reports daily for the priority one and priority two plan compliance. The staffing plan deviations are also reviewed daily by the Human Resources Office to ensure compliance with the staff priority one plan. All priority one position deviations must be approved by the Regional Director. If a deviation is expected to be long term, a Position Deviation Form must be submitted to the Security Operations Office for review and action. The most common reasons for deviations listed in the pre-audit questionnaire were staff shortage, semi-annual lockdowns, constant direct observation, hospital security, off-unit transports, and major projects.

The Security Operations Procedure Manual Section, Annual Security Staffing Review 8.06, and Administrative Directive Security Staffing 11.52 outlines that the CID Security Systems Office conducts an annual staffing review. The 2017 annual review occurred on June 29, 2017 for the unit. Previous annual reviews were completed on May 3, 2016 and June 3, 2015. In 2015, the Allred staffing change approved was adding a clerk II, which was not PREA related. It also directed that the non-shift rosters be separated for the building and expansion cellblock. All other reviews, as a result of the meeting and review of the security staff allocations along with statistics presented by the PREA Coordinator, it was determined that no changes were necessary to the staffing plan or shift turnout rosters; additional or enhanced video surveillance equipment was not required; and the unit is utilizing all resources available (e.g. overtime, recruiting efforts) to ensure the adequate security staff is available to meet the requirements of the staffing plan.

Intermediate and higher-level staff conduct unannounced rounds. The rounds are documented on the shift turnout reports and in the housing unit logbooks. Through reviews of housing area logs and interviews with staff and offenders, it was confirmed that unannounced rounds are done randomly throughout the facility by supervisors. The supervision staff indicated during the interviews that unannounced rounds are accomplished by staggering the round times on a daily basis, conducting rounds in different areas on different days, and using different routes and not utilizing a routine pattern. The staff indicated that the rounds are documented in the logbooks in buildings, segregation cards, visitor logbooks, and back of the shift roster. The agency's policy Safe Prisons/PREA Plan, PD22 General Rules of Conduct and Disciplinary Action Guidelines for Employees, and post orders prohibits staff from alerting other staff members that supervisory staff rounds are occurring. The action would be classified as misconduct, a violation Level 4, which states "alerting other staff members when supervision rounds are being conducted, unless otherwise instructed." This is also addressed during turnout as a training refresher. Supervisors also indicated in the interviews that if a staff member was alerting other staff, progressive discipline action would be started on the employee. Interviews with offenders indicated that supervisory staff make rounds on all shifts and are also available during main line to discuss any concerns.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Allred Unit does not house youthful offenders. The complex houses only adult males. Youthful offenders are housed at Clemens Unit (males) and Hilltop Unit (females). The Safe Prisons/PREA Plan covers the standard of separating youthful offenders from adult offenders and ensuring youthful offenders have access to programs and work opportunities.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No  NA

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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?  Yes  No

### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Through the review of Administrative Directive 3.22 Offender Searches, SPPOM 2.05 Cross Gender Searches and Logs, Lesson Plan Contraband and Shakedown, and the Safe Prisons/PREA Plan, governing offender searches and cross gender searches, it confirms the policies and procedures address the policy requirements of the standard. Interviews with staff and offenders, plus observation of actual searches conducted during the audit, the Allred Unit does not conduct cross gender strip searches. The policy does allow cross gender strip searches only in extraordinary circumstances and when approved by the Warden. When a cross gender strip search occurs, it will be documented on the Cross-Gender Search Log, SPPOM 02.05 Attachment D. All body cavity searches are completed only by medically trained professionals. The policy also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. Interviews with staff confirmed these practices, as well as the review of the training lesson plans that reinforce these policies in the annual training, Lesson Plan Contraband and Shakedown.

The facility conducted twenty-six (26) cross-gender strip searches in 2015. This was part of the On the Job Training program and supported by the training curriculum. The Cross-Gender Search Log was completed for these searches. The training curriculum was changed in 2015 eliminating the strip searches as part of the OJT. Since the change in the training curriculum and policy, the facility has not conducted any cross-gender searches or cross gender visual body cavity searches of offenders.

The officers interviewed indicated they have been trained on conducting cross gender and transgender pat down searches. They indicated they would use the back of their hand around the breast area.

The Safe Prisons/PREA Plan and facility's practice allows all offenders the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. The Safe Prisons/PREA Plan, officer post orders, and supervisory staff post orders require that staff of the opposite gender announce their presence when entering offender housing areas; this was observed during the audit. Female staff "knock and announce," they knock on the door/wall when entering the area and loudly announce female on the run or female on the floor. The facility also has notices posted on the doors entering the housing areas indicating: "You are now entering a cross gender viewing area. The opposite gender should announce their presence upon entry." Staff are also provided training on unannounced rounds to help assure compliance with the standard that limits cross gender viewing. During the facility tour, announcements were made announcing female staff in the area by staff when entering the housing areas. This practice was confirmed by interviews with staff also.

During the offender interviews, offenders indicated that female staff were not consistent in announcing when entering the housing areas. The Warden addressed this during the on-site audit by refresher training during the shift turnouts. Shift supervisors discussed the Knock and Announce requirement when entering a housing area. A shift turnout was observed by an auditor when the refresher training was conducted. The Lieutenant explained the purpose of the Knock and Announce and stated that when entering the housing area that anyone of the opposite sex must announce that they are in the area. Documentation of the read at all shift turnouts were provided to the audit team.

The policy, AD 3.22 Offender Searches, also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. All body cavity searches are completed only by medically trained professionals. During interviews with staff, they were aware of the policy and indicated only medical could conduct such search. No searches have occurred in the audit period.

All staff received training in conducting pat down searches, cross gender pat down searches, searches of transgender and intersex offenders in a professional and respectful manner. Other than annual training, this training is also part of the initial pre-service training and during daily turnout briefings. This is supported by policy AD 3.22 Offender Searches and the Pre-Service Training Curriculum Contraband and Shakedown. Interviews with staff confirmed these practices and were able to explain how a search was to occur. When staff were randomly asked how a

transgender pat down search would be completed, they indicated by using the back or blade of their hand around the chest area.

## Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies 115.16 Intake Procedures, SM 5.50 Qualified Spanish Interpreters Guidelines, CMHC G51.5 Certified American Sign Language Interpreter Services, CMHC G51.1 Offenders with Special Needs, Administrative Directive 4.25 Language Assistance Services to Offenders Identified as Monolingual Spanish, AD 6.25 Qualified Interpreter Services, CMHC E37.5 Interpreter Services, SPPOM 3.01 Offender Assessment Screening, and the Safe Prisons/PREA Plan has established procedures to provide disabled offenders equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and

respond to sexual abuse and sexual harassment. The policies and directives address interpreter services, American Sign Language services, and offenders with special needs.

The Allred Unit employs qualified interpreters who are designated staff who have demonstrated a satisfactory level of competency in both Spanish and English languages through a Language Assessments Scale Spanish oral proficiency test. The complex has sixteen (16) certified qualified interpreters on various shifts and positions within the facility. The agency maintains a list of staff who speak other languages than English and Spanish by Region and facility including the name of the staff member and the language spoken. At the Allred Unit, there are ten (10) staff that speak seven (7) additional languages (Italian, Punjabi/Hindi, French, German, Vietnamese, Pidgin English, and Tagalog). There are forty (40) staff members in Region V who speak twenty-four (24) other languages than English and Spanish. PREA handouts and the offender handbook are available both in English and Spanish. The PREA posters are posted in English and Spanish throughout the complex.

During the audit, four (4) interviews were conducted with disabled and limited English proficient offenders. The two (2) limited English proficient offender interviews were conducted with the assistance of staff interpreters. These offenders indicated they received PREA education through the video in Spanish, handbook in Spanish, and written materials in their language. They know how to report and stated staff was able to assist when requested. They indicated that signs on the bulletin boards and the offender handbook are provided in Spanish. In most cases, they would go to a correctional officer for assistance if needed. Two (2) offenders were interviewed that were hearing impaired. These offenders all indicated they received education in a manner they could understand including the handbook, script of the video, and posters. Those offenders, as well as other offenders with limited English proficiently interviewed during the facility tour, all indicated they have received the PREA information and knew how to report if needed.

The agency policy, 115.16 Administrative Directive 4.25 Language Assistance, prohibits the use of offender interpreters or other types of offender assistants except in limited circumstances where there may be delay in obtaining an effective interpreter. There were no instances where an offender interpreter was utilized. If an offender interpreter was used in a limited circumstance it would be documented. The utilization of a staff interpreter must be documented. The facility's certified qualified interpreters are available on various shifts and would assist. During the staff interviews, staff were aware of the policy and indicated that an offender interpreter would not be used, only qualified staff interpreters from the certified staff interpreter list would be used.

## **Standard 115.17: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who 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)?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who 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?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who 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)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who 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?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: 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?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- Does the agency 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? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Through a review of policies and executive directives, PD71 Selection Systems Procedure, PD73 Selection Criteria for Correctional Officer Applicants, PD75 Applicants with Pending Criminal Charges or Prior Criminal Convictions, PD27 Employment Status Pending Resolution

of Criminal Charges or Protective Order, PERS 282 TDCJ Employment Applicant System Supplement, and the Safe Prisons/PREA Plan, it was determined that the agency has established a system of conducting criminal background checks for new employees and contractors who have contact with offenders to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. The application forms, PERS 282 Employment Application Supplement and PERS 598 Employment Supplement for Agency Applicants, require the employee to answer questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. These forms are utilized for new hires and promotions. There were two hundred twenty-seven (227) criminal background checks for the complex completed during this audit timeframe for new hires and one (1) for contract of services. A new hire list is provided by the agency of the containing the new employee name, background check date, and the hire date.

The background check process is conducted electronically by entering the employee information into the Criminal Justice Information System (CJIS). A State Identification Number (SID) is created by the employee/ contractor fingerprint and information. The system checks daily to ensure all SIDs are entered in the system. This system provides warrant checks every six (6) months on employees and contractors generated the month of their birth date and six (6) months after their birth date. The system also provides an automatic electronic notification to the agency when any criminal charges are brought against an employee or contractor. The monthly reports are saved for one (1) month for viewing and six (6) months for recall. The process of warrant checks twice a year and daily monitoring exceeds the standard requiring background checks at least every five (5) years.

Employees and contractors annually complete the Employee Acknowledgement Form that affirms they understand their obligations to disclose current and past sexual abuse and misconduct. The employee must also confirm the statements of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. This requirement is also stated and available to employees in the Safe Prisons/PREA Plan.

The policy PD 73 Selection Criteria for CO Applicants states an applicant who provides false or inaccurate information or documentation in the application process shall be disqualified from consideration for any TDCJ position for a minimum period of one year from the date of the applicant's PERS 283, State of Texas Application for Employment. A current employee who

provides false or inaccurate information or documentation may be subject to disciplinary action in accordance with PD-22, General Rules of Conduct and Disciplinary Action Guidelines for Employees.

The agency only provides copies of confidential documents contained in an active or former employee's file when a release of information is provided. The release of information authorization must be signed and dated by the active or former employee within sixty (60) calendar days prior to the request. The request will be handled by the Employee Service Section – Records Human Resources Division. This is outlined in policy PD56 Request and Release of Employment Information or Documents.

Personnel files were reviewed with the Human Resource Manager, a detailed review of ten (10) files was conducted. All contained the annual Employee Acknowledgement Form. The background process is conducted and maintained by the Human Resources Division in Huntsville. Also, through interviews with the Human Resource Manager and Warden, it was determined that the agency's policy and PREA requirements were being followed for hiring, promotional decisions, and background checks.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Allred Unit has not made any substantial expansions or modifications of the existing units. The Warden confirmed during the interview that no expansions or modifications occurred since 2012. The facility is monitored by exterior and interior cameras. There currently are 947 (758 interior and 189 exterior) digital cameras in place which are monitored through the central control, Majors' offices, and the Warden's Office. Recording are maintained on hard drives until they are overwritten. The comprehensive video surveillance system was completed in the fall of 2015. During the last PREA audit in May 2015, the project was 70% completed and expected to be completed by late summer 2015. PREA considerations and staffing was considered during the video monitoring system planning. The staffing plan of June 17, 2014 was changed to add a new video surveillance sergeant.

The Security Operations Procedures Manual 7.02 Deletion, New Installation or Relocation of Video Surveillance Equipment and 01.14 Operating and Monitoring Video Surveillance Systems directs the Surveillance Systems Coordinator to collaborate with the facility's Warden and Safe Prisons/PREA Compliance Manager prior to the deleting, installing, or relocating video surveillance equipment.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Texas Department of Criminal Justice is responsible for administrative investigations and the Office of the Inspector General (OIG) conducts all criminal investigations. Both investigations start immediately following an allegation. The policy and procedures, 16.03 Evidence Handling, G57.1 Sexual Assault/Sexual Abuse, OIG 04.05 Offender Sexual Assault Investigations, 5.01 Sexual Abuse Response and Investigations, and the Safe Prisons/PREA Operations Manual outline evidence protocols for administrative proceeding and criminal prosecutions; and requirements for forensic exams through the use of the Sexual Abuse Checklist operating memorandum. The protocols were reviewed and found to be in line with the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2<sup>nd</sup> Edition. Interviews were conducted with the unit investigator (Safe Prisons Sergeant/PREA Manager) who conducts offender on offender administrative investigations and the OIG Investigator. Administrative investigations on staff on offender are conducted by a Captain or above per policy. The interviews confirmed the practices for PREA investigations and all investigators were knowledgeable of the investigation process, the uniformed evidence protocol, and the use of the Sexual Abuse Checklist.

The agency's policy G 57.1 Sexual Assault / Sexual Abuse states: "If requested by TDCJ Office of Inspector General (OIG) and if the offender/victim consents to a sexual assault examination, then the collection of evidence must follow local criminal justice guidelines. If it is determined that the assault took place more than 96 hours prior to the examination, use of the sexual assault evidence collection kit should be jointly discussed between the health care staff assigned to perform the sexual assault examination and the OIG investigator. However, the final decision as to whether or not to conduct the sexual assault exam rests with the OIG investigator. If a sexual assault kit is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner (provider, Sexual Assault Nurse Examiner, or Sexual Assault Forensic Examiner) exactly according to instructions provided in the standard rape kit. In the event a "qualified medical practitioner" is not available at the facility where the offender is assigned, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of the location of the exam, the kit with collected evidence must be claimed by a TDCJ Office of the Inspector General investigator for processing." State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require that the SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized. The interview conducted with Investigators confirmed the practices for sexual abuse investigations and was very knowledgeable of the Sexual Abuse Response Plan steps.

Through the medical staff and SANE interview, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. There were five (5) alleged victims of sexual assault who required forensic exam. These exams were conducted at the local hospital by a SANE. The review of the medical records documented the forensic exams were conducted at a local hospital by a SANE staff member.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However, at this time, an agreement has not been established. The agency continues to solicit community rape crisis organizations across the state which may be willing to establish a partnership with the agency. The effort to obtain an agreement is documented in various letters to rape crisis center agencies with the last solicitation letters dated April 3, 2018 (previous ones dated January 2014, August 2015, August 2016, and January 2017). The agency's Safe Prisons/PREA Program Manager is overseeing this process.

The facility does provide a list of Rape Advocacy Centers in the law library and available through the Safe Prisons Office. The auditor verified the directory, The Texas Association Against Sexual Abuse (TAASA) Sexual Assault Service Directory 2016-2017, within the law library. The directory is readily accessible to the offender population on a shelf. There are also postings in the housing areas that notify the offender of the availability of the directory in the law library. The offenders are also provided this information in the offender handbook.

Policy 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The Allred Unit has five (5) designated staff as offender victim representatives (OVR): case manager (3), chaplain (1), and chief of classification (1). The offender victim representatives are trained as victim advocates who can provide victim support to staff or offenders who have been sexually abused. Anytime an offender is the victim of a sexual assault, and if OIG requests a forensic examination, an Offender Victim Representative must be offered to the offender to be present during the examination. They are also available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided.

An interview with an offender victim representative stated that victim services are offered to the offender and the offender can decline or accept the services and it will be documented. The staff shared that she had provided victim services to an offender. She went to the hospital to support an offender during a forensic exam and explained the process to the offender, his rights, and gave the victim support materials. Referrals were made for counseling. The offender victim representative also indicated that the SANE nurses are good to work with. One offender interviewed who reported sexual abuse indicated that staff offender victim representative was offered. The staff offender victim representative provided services and referred the offender for counseling.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency policies, AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, AD 16.20 Reporting Incidents/Crimes to OIG, SPPOM 5.01 Sexual Abuse Response and Investigation, Board Policy 01.07 Inspector General Policy Statement, PD29 Sexual Misconduct with Offenders, SPPOM 5.05 Completing the Offender Protection Investigation, OIG 4.05 Offender Sexual Assault Investigations, and the Safe Prisons/PREA Plan directs that all allegations of sexual abuse and sexual harassment be referred for investigation. The facility completes the administrative investigation and OIG completes the criminal investigation. The agency's policy describes the responsibilities of the agency and OIG. The allegations are investigated and reported with findings. Documentation of the administrative investigations is maintained in the Safe Prisons Office and the Warden's Administrative office. Documentation of the OIG investigation is maintained in their central office and outcomes are shared with the agency and facility administration. Interviews were conducted with the facility investigator (Safe Prisons Sergeant/PREA Manager) who conducts the offender on offender administrative investigations and the OIG Investigator. Staff on offender administrative investigations are conducted by Captains or above. All investigators demonstrated the knowledge of facility's investigation responsibilities and the responsibilities of the OIG

Investigator. The roles and responsibilities of each agency was clearly defined and understood. The Warden indicated that an investigation is initiated immediately when reported or information received. The offender on offender allegations are started by a shift supervisor. The Warden indicated that staff on offender administrative investigations are conducted by a unit investigator of a Captain or above in rank. The agency's policy is available on the agency's website <http://www.tdcj.state.tx.us/tbcj/prea.html>.

There were fifty-one (51) allegations reported during the audit period. There were twenty-eight (28) offender on offender allegations and twenty-three (23) staff on offender allegations. Of the offender on offender allegations, twenty (20) were allegations of sexual abuse and eight (8) were fondling. The administrative findings of the twenty (20) sexual abuse allegations were sixteen (16) unsubstantiated, three (3) unfounded, and one (1) substantiated. The administrative findings of the eight (8) fondling allegations were six (6) unsubstantiated and two (2) unfounded. Office of Inspector General (OIG) opened fourteen (14) cases on the offender on offender sexual abuse allegations. There were no charges on nine (9) of the cases and five (5) are still open. Of the twenty-three (23) staff on offender allegations, seventeen (17) were allegations of sexual abuse, two (2) of sexual harassment, and four (4) voyeurism. The administrative findings of the seventeen (17) sexual abuse allegations were two (2) unsubstantiated and fifteen (15) unfounded. The administrative findings of the two (2) sexual harassment allegations were one (1) unsubstantiated and one (1) unfounded. The administrative findings of the four (4) voyeurism allegations were one (1) unsubstantiated and three (3) unfounded. Office of Inspector General (OIG) opened no cases on the staff on offender allegations. A review of ten (10) administrative investigations was conducted by the audit team. The actual OIG investigation files were not available for review.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Texas Department of Criminal Justice (TDCJ) has been training staff on sexual abuse and sexual harassment prior to the PREA requirement. The agency's policies, PD97 Training and Staff Development, PD29 Sexual Misconduct with Offenders, SPPOM 6.01 Unit Safe Prisons PREA Program Awareness Training, CTSP Pre-Service Training Block Safe Prisons/PREA Sexual Abuse-Assault, and SM2.25 On Job Training (OJT) Program address all the PREA requirements and outline the training requirements. Training records, staff interviews, and training curriculum review indicated the training included the zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training also includes a video with Safe Prisons/PREA staff and agency leadership staff discussing the PREA information and requirements.

The initial training occurs at pre-service through the training curriculum CTSP Pre-Service Training Block Safe Prisons/PREA Sexual Abuse-Assault. Each staff member attends pre-service prior to being assigned to the unit. The training is also provided annually through the annual in-service training for all staff. Each employee is required to attend in-service each fiscal year and generally scheduled for the same month each year. If an employee cannot attend in-service at the scheduled time, they are rescheduled in the first available class upon return to work. Additional training occurs during staff turnout briefing with different topics daily/weekly based on PREA updates and general information refreshers. An auditor attended a staff turnout and observed the refresher training for knock and announce and reporting methods. The facility's Safe Prisons/PREA Manager also provides monthly training with a different topic selected for each month for staff. Staff during interviews acknowledged the numerous methods they received training including pre-Service, annual in-service, and during turnouts. The Pre-Audit Questionnaire indicated not all staff members had not completed training, only 98.2%. After interviews with the Safe Prisons/PREA Manager, the Warden, and the Human Resources Manager, it was determined all facility staff had received training except one. That staff member was deployed and would receive training prior to returning to a work assignment. The Warden and human resources indicated that when staff return from leave, training will occur prior to assignment. The audit team reviewed ten (10) staff training files. The All files documented the

staff had received PREA training as required. All had completed the pre-service training and annual in-service.

TDCJ policy, AD 12.20 In-Service Training Program requires staff to complete the training annually as part of in-service as a refresher instead of every two years as required by the standard; this exceeds the requirement. New employees receive the training as part of the pre-service training within sixty (60) days of employment. Training is documented through the signature of the employee on the Employee Acknowledgement Form. Gender specific information is provided through the lesson plan Gender Specific Training- Safe Prisons Initiative. Staff complete the gender specific training at pre-service, annual in-service, and when a staff member is transferred from one facility to another. All training is maintained in the Department's Training Database for each employee. Documentation of training is directed through department policies ED12.10 TDCJ Training Database and PD97 Training and Staff Development.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member is very knowledgeable on how to perform their responsibilities in detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of Safe Prisons/PREA policies and procedures by staff confirm the continuous training that occurs through staff turnout and monthly training. A pocket informational card is provided to each employee that outlines the agency's zero tolerance policy, who to report any violation to, the role of the Safe Prisons Program/Office, steps to take if a sexual assault occurs, sexual abuse/assault red flags, sexual abuse definition, and summary of the Prison Rape Elimination Act.

The agency exceeds the standard with employee training annually as part of in-service as a refresher instead of every two years as required by the standard, the constant updates and refreshers through turnout, and the pocket informational card provided to each employee.

## Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

All contractors and volunteers who have contact with offenders in the TDCJ and the Allred Unit receive PREA training prior to assuming their responsibilities. The agency has 23,288 volunteers and 98 contractors agency-wide. The facility has 134 volunteers. The ninety-eight (98) contractors are comprised of seventy-nine (79) medical, fifteen (15) video surveillance, two (2) vending machine, and two (2) copy machine employees. The volunteers and contractors must complete the required training prior to being approved for services. Approved volunteers and contractors are not limited to specific facilities; they are approved to serve at all TDCJ facilities to include secured facilities and parole. The agency's policies, AD 2.46 Entities Contracting with the TDCJ, AD 7.35 Administration of Volunteer Services, PD29 Sexual Misconduct with Offenders, Volunteer Service Plan, Volunteer Services Training Video, Handbook for Volunteer, Letter of Orientation for Special Volunteers, and the Safe Prisons/PREA Plan covers the PREA training requirements of volunteers and contractors. This training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, and response. The agency also has a PREA training video, Volunteer Services Training Video, to help educate volunteers on PREA information. Volunteers are provided a handbook which is also available on the public website that covers PREA.

The medical and mental health staff contractors have monthly and annual training through the Texas Tech University Health Sciences Center. The annual training is conducted with the TDCJ PREA training materials and curriculum. These also indicated that they watch the PREA video monthly and monthly training through the Safe Prisons/PREA office. Training records were reviewed and verified the training. This is documented on the PREA Training form through Texas Tech University Health Sciences Center. Also, each medical and health care staff member acknowledge, and sign the Supplemental Safe Prisons/PREA Training Employee Acknowledgement Form.

Training records were reviewed, and the files demonstrated the contractors and volunteers received training and documented they understood the training through a signature on the Acknowledgement of Volunteer Training/Orientation Form. The form is filed in the volunteer's

central file maintained at the TDCJ Volunteer Services in Huntsville, Texas. The electronic file is the source to which the facility identifies the approval status of a volunteer. The electronic file is updated by the TDCJ volunteer services staff. Volunteers and contractors are required to attend the classroom training every two years to maintain their approval process. The alternate year a refresher course is provided on-line. The agency and facility also provide updated information as needed to the volunteers and contractors. Volunteers and contractors are also provided the pocket informational card which is provided to each employee that outlines the agency's zero tolerance policy, who to report any violation to, the role of the Safe Prisons Program/Office, steps to take if a sexual assault occurs, sexual abuse/assault red flags, sexual abuse definition, and summary of the Prison Rape Elimination Act.

Interviews were conducted with one (1) volunteer and seven (7) contractors. All the contractors indicated they had received training. They were knowledgeable on PREA, their responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. They indicated they would report to the highest-ranking security supervisor, the Warden, and the Safe Prisons/PREA Manager immediately. The volunteer stated he had not received training. He did indicate he knew how to report and would keep the offender safe and take the offender to a staff member of authority. The auditor requested to review the volunteers training record, the volunteer had completed the required training with the initial classroom training occurring on April 7, 2016. The training roster with his signature was provided for documentation.

The agency exceeds the standard by providing training annually with the requirement of training every two years and the on-line refresher course. Also; the monthly training provided to the contractors through the Safe Prisons/PREA office and the updates as needed.

## **Standard 115.33: Inmate education**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### **115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Texas Department of Criminal Justice and the Allred Unit provides a comprehensive offender PREA education to the offender population beginning at reception into the agency. The agency policies, UCPM 5.00 Orientation Procedures, Unit Orientation, IPM 1.10 Initial Orientation, and SPPOM 6.02 Offender Sexual Abuse Awareness Training, address the PREA education for offenders at intake. At intake into the facility, the Safe Prisons Office staff provide offenders information through a PREA pamphlet and offender handbook (both available in English and Spanish) that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. An auditor observed this education during the intake process. During this audit period, the 1,801 offenders that were received at the facility were given educational information. The random offenders interviewed acknowledged receiving education on the same day as intake into the facility and most indicated within hours of arrival. The offenders also indicated that they received the information at the intake facility. The PREA information is provided again to the offender by staff during the risk assessment process. During facility orientation, within a week of arriving, offenders receive Offender Sexual Abuse Awareness Education through a video titled Offender Safe Prisons Orientation Video and classroom information which expands on previous information provided in the handbook and pamphlet. The training is documented through a signature of each offender on Attachment Q Sign-in Roster of policy SPPOM 6.02 Offender Sexual Abuse Training.

The Pre-Audit Questionnaire indicated that 4.2% (68 offenders out of 1,599) of the offenders at Allred Unit whose length of stay in thirty days are longer received comprehensive education. The facility indicated that all offenders watch the PREA video within thirty (30) days of arrival to the facility. Offenders are offered comprehensive education if the offender has not received the education or Peer Education at another facility within two years. The staff review the ITP screen to determine if the offender has completed the comprehensive training, if not, the offender is scheduled for the comprehensive education at the facility. If the training was completed over two years ago, the offender is scheduled to complete the training again. The computer review process was demonstrated to the auditor with showing the ITP screen and the notation of training completed.

The facility also offers training through Peer Education Sexual Assault Awareness Class which is part of the Peer to Peer Training. This is a training developed through the agency's Safe Prisons Office. Peer to Peer Class is a four-day, four-hour training taught by offenders. These offenders are trained to provide the education and are very passionate and knowledgeable in the material and education process. The training provides open discussion and interactive

activities. Offenders interviewed regarding the class indicated the class is well received and educational. They indicated the interaction, role playing skits, and receiving information from their peers is a positive method of sharing and reinforcing PREA information. The offenders that had taken the course, indicated the positive environment and responses that offenders demonstrate during the course. The offenders indicated the PEER instructors are transparent with sharing their own experiences and make it comfortable to ask questions. They also give confidence and encouragement during the class. The Safe Prisons Office works with the offenders on updates and any issues.

The facility provides offender education in formats accessible to all offenders. This is accomplished through written handbooks, pamphlets, and posters; verbally through video; and staff interaction. Information is provided in English and Spanish, American Sign Language, and other languages are available through the Qualified Interpreter Services. Policies AD 6.25 Qualified Interpreter Services - American Sign Language, G-51.1 Offenders with Special Needs, SM 5.50 Qualified Spanish Interpreter Services, G-51.5 and Certified American Sign Language (ASL) Interpreter Services outlines this process and accessibility of services.

The facility's practice is to play the video twice weekly, usually Tuesday and Thursday, in the housing units. The offenders interviewed confirmed that the PREA video is played weekly in the housing units and the audit team observed the viewing of the video. The offenders also view the video once a year and sign off acknowledging the viewing. The offenders also indicated that PREA information is posted throughout the institution. The numerous postings throughout the complex were observed by the audit team.

Through random offender interviews and discussions with offenders on the facility tour, offenders acknowledged they have received PREA information upon arrival at the facility, reinforced daily through staff interaction, offender handbook, and through information posted in the housing areas. The offenders also indicated The Echo, the Texas prison paper for Texas offenders also provides PREA education for offenders. Informational PREA Posters were posted in the housing areas, dayrooms, programs, and work areas. Offenders were able to explain how to report an incident and were aware of the zero-tolerance policy. The intake process was observed demonstrating the sharing of the PREA information with incoming offenders. The Classification Committee also reviews PREA information with the offender during the interview including how to report, who to report to, and maintaining appropriate professional relationships with staff and other offenders. A classification committee was observed during the audit.

The agency exceeds the standard with the numerous methods of education provided to the offender including Peer Education, constant viewing of the PREA video, handbook, PREA brochure, and the informational posting throughout the facility.

## Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies, Board Policy 01.07 Inspector General Policy Statement, OIG 2.15 Training Procedures, AD 16.03 Evidence Handling, OIG LP3201 Sexual Assault Investigation Topics, OIG LP2029 Interviewing and Interrogation Lesson Plan, PD97 Training and Staff Development, and OIG 4.05 Offender Sexual Assault Investigations reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialized training curriculums Safe Prisons/PREA Investigations Conducting a Thorough Investigation, OIG Sexual Assault Investigation Topics, and OIG Interview and Interrogation includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The agency's one hundred thirty-eight (138) OIG and ninety-seven (97) Allred Unit investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the investigator interviews and review of the training records.

## Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The seventy-nine (79) medical and mental health staff of Allred Unit are contractors through the Texas Tech University Health Sciences Center (TTUHSC). The Correctional Managed Health Care policies G57.1 Sexual Abuse/Sexual Assault, C19.1 Continuing Education/Staff Development, CMHCPM C25.1 Orientation Training for Healthcare Services Staff, PD97 Training and Staff Development, and the Medical and Mental Health PREA Training direct specialized PREA training and continuing education for all medical and mental health staff. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. All staff have completed their required training. During the on-site audit, the health care department provided verification that

training was completed by all staff. An employee training form was submitted for documentation that verified training through the signatures of healthcare staff. This is documented on the PREA Training form through Texas Tech University Health Sciences Center. Also, each medical and health care staff member acknowledges and sign the Supplemental Safe Prisons/PREA Training Employee Acknowledgement Form.

These also indicated that they watch the PREA video monthly and monthly training through the Safe Prisons/PREA office. Interviews with the healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment.

The facility's staff are not trained on conducting forensic exams. All offenders requiring a forensic exam are transported to a local hospital. The agency's policy CMHCPM G57.1 Sexual Assault / Sexual Abuse states: "If a sexual assault kit is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner (provider, Sexual Assault Nurse Examiner, or Sexual Assault Forensic Examiner) exactly according to instructions provided in the standard rape kit (available through the medical warehouse.) In the event a "qualified medical practitioner" is not available at the facility where the offender is assigned, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of the location of the exam, the kit with collected evidence must be claimed by a TDCJ Office of the Inspector General investigator for processing." State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require that the SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized.

The facility noted on the Pre-Audit Questionnaire 115.35(c) that they were non-applicable for maintaining documentation showing that medical and mental health practitioners have completed the required training. The facility is in compliance with the requirement. The health care department maintains training records for the medical and mental health staff demonstrating that specialized and general PREA training was conducted. These records are also maintained by the Texas Tech University Health Sciences Center. All training conducted by the unit is maintained by the unit and the health care department; including annual in-service, refresher courses, and any training conducted by the Safe Prisons Office. This practice is verified through the training records maintained by the healthcare department and the Safe Prisons Office.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No  N/A

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The screening process for the risk of victimization and abusiveness are outlined in the Safe Prisons/PREA Operational Manual (SPPOM) 3.01 Offender Assessment Screening, Correctional Managed Health Care Policy Manual (CMHCPM) E35.1 Mental Health Appraisal for Incoming Offenders, SPPOM 5.06 Intake Procedures, and the Safe Prisons/PREA Plan. The policies, manuals, and Offender Assessment Screening Form were reviewed. An assessment is conducted with offenders during receiving at the facility by the Safe Prisons/PREA office staff. This assessment assists with determining an offender's vulnerability or tendencies of acting out with sexually aggressive behavior. Offenders identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored.

The auditor had the Safe Prisons Office staff who complete the intake and screening to explain the assessment process from the receiving of the offender at the facility to the completion of the risk screening process. At the arrival to the facility, the intake staff completes the Offender Assessment Screening Form. This process conforms to the PREA standards. The screening

forms include questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. The forms are usually completed on the day of arrival at the facility. The policy requires the screening should occur within 24 hours but no longer than 72 hours of arrival. The process conforms to the PREA standards. The facility on the PRE-Audit Questionnaire indicated 1,786 offenders were screened within 72 hours of their intake; which was 100% of the offenders entering the complex admitted to the facility in the past twelve (12) months whose length of stay was for 72 hours or more. The complex has eight (8) staff members trained who can perform the risk assessments. The four (4) primary staff that complete the intake are staff from the Safe Prisons Office, three (3) officers and the Safe Prisons Sergeant/PREA Manager. The four (4) staff that are alternatives for intake are within the Security Threat Group Office consisting of two (2) sergeants and two (2) officers. Staff interviewed indicated that if an emergency chain arrives after normal hours, the ranking supervisor would conduct the risk screening and intake staff would follow-up. During the offender interviews, most offenders indicated they remember being asked these questions on the day of their arrival and usually immediately upon arriving and others indicated by the next day. An auditor observed the intake process including a risk screening of a new intake.

Prior to December 20, 2017 risk assessments were not being completed on all transient offenders (including medical) transferred from another facility. The agency policy #03.01 Offender Assessment Screening was revised in December 2017 to ensure all offenders receive an assessment upon intake or transfer to another facility. This policy was disseminated agency wide on December 20, 2017 for all staff to utilize during assessments of offenders. The policy states "The USPPM or designated alternative shall conduct the offender assessment-screening interview and complete Attachment E or E-1 no later than 24 hours of arrival at the unit for all newly assigned offenders at intake and upon transfer at a unit for permanent assignment or for temporary assignments." The Offender Assessment Screening (Attachment E) is to be completed for intake or assignment to a facility. The Offender Assessment Screening (Attachment E-1) is to be completed for an offender transferred from one unit to another for a temporary assignment. If the temporary assignment exceeds thirty (30) days from when the offender departed the unit, the Attachment E screening will be completed. The facility staff reviews the offender information within the agency database from the initial screening to determine if there are any PREA classifications or flags prior to the intake. Upon receiving at the facility, the trained staff utilize the Offender Assessment Screening to ask the offender: age; height; weight; prior to incarceration have you ever experienced sexual victimization as a child or adult; since your last unit of assignment have you experienced sexual victimization by staff or offender; do you feel at risk from sexual assault, sexual harassment, or other victimization by staff or offender; do you wish to identify yourself as lesbian, gay, bisexual, or heterosexual; and do you wish to identify yourself as transgender or intersex. There are follow-up questions and

referral made based on affirmative answers to certain questions. Any affirmative answers to questions must be reported to a supervisor and the Safe Prisons/PREA Coordinator. The facility provided examples of Attachment E for transfers offender for assignment to the unit and Attachment E-1 for offenders on temporary assignment for review and documentation.

The classification committee reassesses the offender's risks of victimization and abusiveness. The agency's Safe Prisons/PREA Plan policy addresses the reassessment of offender's risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization. Staff interviewed that perform screening for risk of victimization and abusiveness indicated that potential victims for sexual abuse are reassessed within fifteen days. The reassessment is to be completed within 30 days of the offender's intake into the facility. The Pre-Audit Questionnaire indicated that 1,599 offenders were reassessed. During the audit, staff indicated that reassessments began in 2018 with the policy change. An updated number was provided for reassessments by the facility. During the months of January through March of 2018, 361 offenders were reassessed for risk of victimization or abusiveness, 23% of the offenders whose length of stay was 30 days or more. These reassessments were completed within 30 days of the offender's intake into the facility.

Through policy review of SPPOM 3.01 Offender Assessment Screening and the Safe Prisons/PREA Plan and confirmed through staff interviews, offenders may not be disciplined for refusing to answer or disclosing information during the risk assessment process. Staff indicated in the interviews that they encourage the offender to answer the questions and explain to the offender this is to help assess for their safety. The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other offenders. The screening tools are maintained in the offender's institutional file in the Record Department. The interviews with the Safe Prisons Sergeant/PREA Manager and the staff who perform risk screening indicated other than the record office staff, the only other staff with access is the Warden, Assistant Wardens, intake staff, Captains, Majors, Safe Prisons Office staff, and the Unit Classification Committee (UCC). Information is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals. The protection of information is outlined in policies SPPOM 3.01 Offender Screening Assessment, Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual (CMHCPM) A09.01 Privacy of Care, and CMHCPM H61.1 Confidentiality and Release of Protected Health Information.

Texas Department of Criminal Justice does not house offenders detained solely for civil immigration purposes.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  
 Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies IPM 4.01 Intake Procedures, SPPOM 3.01 Offender Assessment Screening, AD 4.17 Offender Housing Assignment Criteria and Procedures, AD 4.18 Offender Job Assignments, Special Population Review, SPPOM 3.02 Special Population Review, CMHC G51.11 Treatment of Offenders with Intersex Condition or Gender Dysphoria, and UCPM 4.00 Offender Housing Assignments, and the Safe Prisons/PREA Plan address the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. If an inmate screens for high risk of sexual victimization or high risk of being sexually abusive an immediate referral will be made to the classification committee and a shift commander to determine housing assignment. The count office is notified, and the housing assignments are made; and the victim identification tag is marked red and the potential predator is tagged purple. This allows the count office to ensure that safe decisions are made and verification by visually observing the colors on the board that no potential victim and predator are housed together. During the site visit, an auditor observed the classification committee completing the risk assessment process with an offender during receiving. The housing and program assignments are made on a case by case basis. Through offender and staff interviews, it was determined that the facility addresses the needs of the offender consistent with the security and safety of the individual offender through the classification committee review. Also, staff interviewed that perform screening for risk of victimization and abusiveness indicated that potential victims for sexual abuse are reassessed within fifteen days.

The agency's policy CMHC G51.1 Treatment of Offenders with Intersex Condition or Gender Dysphoria and the Safe Prisons/PREA Plan indicate that the facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. The auditors interviewed nine (9) of the sixty-nine (69) transgender identified offenders at the facility. All indicated that staff at the Unit Classification Committee (UCC) asked them questions regarding their safety concerns for housing and programming. The Safe Prisons/PREA Manager stated I the interview that housing assignments are determined based on safety concerns and a housing area with single showers.

By policy SPPOM 3.02 Special Population Review and the Safe Prisons/PREA Plan, transgender and intersex offenders shall be reassessed at least twice each year to review any threats of safety experienced by the offender if the complex housed a transgender offender. The Safe Prisons/PREA Manager confirmed during the interview that a special population review would be conducted with each transgender offender at least twice a year, every six months. The special population review would be conducted as a classification meeting with the classification committee including the Chief of Classification and a Safe Prisons Staff member. The transgender offenders interviewed indicated that they meet with the UCC every six (6) months for review. They are asked again about their safety and any other concerns they may have. The auditor reviewed three (3) of the offender files and found the information from the classification committee was asked and documented.

The Safe Prisons/PREA Plan states offenders identified as transgender or intersex shall be given the opportunity to shower separately from other offenders in accordance with Correctional Managed Health Care (CMHC) policies. The transgender offenders indicated they are provided the opportunity to shower separately from other offenders. The offenders are housed in housing areas that have individual shower stalls. The showers stalls have curtains to provide privacy.

The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. Interviews were held with nine (9) transgender, one (1) bisexual, and two (2) gay offenders who indicated they were not housed in dedicated housing. This was verified by the auditor's review of the housing assignments of the transgender and special coded offenders showing they were housed in various housing areas within the facility. The offenders assigned to the safekeeping housing area indicated they were housed in this area for other reasons than being transgender.

## Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's Administrative Segregation Plan, I-169 Administrative Segregation Initial Placement and Notification Form, Safe Prisons/PREA Plan, Guidelines for Administrative Segregation, Protective Safekeeping Plan, and the SPPOM 5.05 Offender Protective Investigation Form Report prohibits the placement of offenders at high risk for sexual victimization in the involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available

alternative means of separation from likely abusers. The Safe Prisons/PREA Plan and Administrative Segregation Plan direct that if an offender is placed in segregation housing for protective custody, the offender would have access to programs, privileges, educations, and work opportunities to the extent possible. The security supervisors interviewed indicated that program staff will visit the offender in the housing area including the education principal, medical, chaplain, and grievance staff. The offender would receive the same privileges as general population for recreation time, law library, shower, visiting, and phone calls. Any restrictions will be documented on the Administrative Segregation Hearing Record Form. If a restriction occurs, it will be reviewed every twenty-four (24) hours.

The unit has not placed an offender in involuntary segregated housing. If an offender would be placed in involuntary segregation housing (special housing), the offender would have a review conducted every seven (7) days for the first sixty (60) days then at least every thirty (30) days thereafter per policy Administrative Segregation Plan, Guidelines for Administrative Segregations, and the Safe Prisons/PREA Plan. The Warden indicated offenders would not be placed in involuntary segregation; the offender would be placed in transient housing with all the benefits of a general population offender. The placement may be up to 72 hours until another housing decision can be made for the safety of the offender. That all other alternatives would be considered including housing changes and unit transfers.

Offenders may be placed in transient housing located in a single cell in the restricted housing unit during a pending investigation. Offenders are placed in transient housing for seventy-two (72) hours pending investigation; it may be extended for another seventy-two (72) hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. This timeframe was verified through the review of investigation files. From the interviews with staff and offenders and review of housing placements, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender.

## REPORTING

### Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No  N/A

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Texas Department of Criminal Justice established procedures allowing for multiple internal and external ways for offenders to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with offenders at intake, during orientation, in the PREA brochure, offender handbook, and on posters throughout the facility. Offenders can report verbally and in writing to staff, write the Safe Prisons Office, report through the grievance system,

utilize third party reporting, or send an anonymous note. Offenders may also report allegations in writing to the Office of the Inspector General (OIG) and PREA Ombudsman as an outside agency, policy ED 02.10 Prison Rape Elimination Act Complaints and Inquires. Reports to the PREA Ombudsman may be made confidentially and remain anonymous upon request. Per policy BP-03.91 Uniform Offender Correspondence Rules, the offender may send correspondence to a special correspondent which includes the PREA Ombudsman, any member of the Texas Board of Criminal Justice, and Executive Director, sealed and uninspected. The PREA Ombudsman and OIG offices immediately forward any reports of sexual abuse and sexual harassment to facility officials for investigation. The offices forward to the facility information regarding the allegation and the victim's name unless the victim has requested to stay anonymous. There were six (6) allegations during this audit period reported outside of the unit to the PREA Ombudsman. These reporting systems were demonstrated through review of policies and procedures, offender handbook, posters throughout the facility, investigations, and interviews with offenders and staff.

During the formal offender interviews and informal offender interviews during the tour, most offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to a staff member. They also were able to identify other options available to them for reporting including telling a staff member, writing a grievance, writing the PREA Ombudsman, and/or contacting their family or friend. Upon reviewing the reporting methods of the fifty-one (51) allegations reported within the facility; seventeen (17) were verbally reported to a staff member, ten (10) reported through an I-60, six (6) through the PREA Ombudsman, fourteen (14) through grievances, three (3) written to staff, and one (1) through a third-party report (mother called). Also, during the informal interviews with offenders while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to the housing unit officer, Safe Prisons Officer, Major, or a supervisor.

Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders. Staff were also knowledgeable on the ways offenders could report to staff and their responsibility in the process. Staff acknowledged through interviews that they would report immediately any allegation and document it through an inter-office communication form. They were aware they could privately report an incident to the OIG or Ombudsman Offices. They identified the PREA Ombudsman Office and OIG as outside offices they could contact by phone or in writing. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

The agency does not house offenders solely for immigration purposes.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, 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.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency 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? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies AD 03.82 Management of Offender Grievances, BP 03.77 Offender Grievances, Safe Prisons/PREA Plan and OGOM 1.04 PREA Allegations addresses administrative procedure for offender grievances regarding sexual abuse and the agency's policies and procedures for filing emergency grievances when an offender is subject to a substantial risk of imminent sexual abuse. The Department does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse or requires an offender to use an informal grievance process or otherwise to attempt to resolve with staff. The offender handbook, the Safe Prisons/PREA Plan, and the Safe Prisons/PREA Operational Manual also outlines this process. Grievances are submitted to the Unit Grievance Investigator's Office.

Grievances alleging sexual abuse are handled as emergency grievances. They are coordinated immediately with the Warden, Major, Chief of Unit Classification, Unit Safe Prisons/PREA Manager, OIG, and the PREA Ombudsman as outlined in the Safe Prisons/PREA Plan. When the emergency grievance alleges the substantial risk of imminent sexual abuse, it is forwarded to a management level for review for immediate corrective action. An initial response is provided within forty-eight (48) hours of receipt. The agency's policy requires that within five (5) calendar days of notification of a grievance, a staff member must respond with the action taken. At the Allred Unit, the majors are responsible for the initial response within five days. Documentation is maintained by the majors of their initial response to the Grievance Officer, as well as, the grievance file. The Safe Prisons/PREA Manger indicated that an investigation is assigned and must be completed within 72 hours and then reviewed by the committee within two (2) days. The agency's policy, OGOM 4.00 Grievance Timelines, also requires that a decision on the merits of any grievance alleging sexual abuse be made within forty (40) days. Policy does not allow extensions on emergency grievances which all sexual abuse allegations are considered.

There were fourteen (14) grievances that alleged sexual abuse. The allegations through grievances were: one (1) voyeurism, two (2) allegation of sexual abuse by another offender, one (1) allegation of sexual contact by another offender, two (2) allegation of sexual assault by staff, and eight (8) allegations of sexual contact by staff. Of these grievances, were handled in the proper timeframes. There was no action required on three (3) of the grievances and eleven (11) were referred to OIG. The Pre-Audit Questionnaire indicated that there were fourteen (14) grievances alleged substantial risk of imminent sexual abuse. After discussion with the Safe Prisons/PREA Manager and Grievance Officer and review of the grievances, none were for substantial risk of imminent sexual abuse. All the allegations received through the offender grievance system were post alleged incident. The final decisions were made within the appropriate time frame as indicated by policy.

During the random interview process, offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They indicated they could report through the grievance process also. Also, during the informal interviews with offenders while touring the facility, they indicated they knew the reporting methods: telling a staff member, writing a grievance, writing the PREA Ombudsman, and/or contacting their family or friend. The offenders interviewed stated they felt comfortable reporting to the housing unit officer, Safe Prisons Officer, Major, or a supervisor.

The Department policies AD 03.82 Management of Offender Grievances, BP 3.77 Offender Grievances, OGOM 9.00 Third Party Grievances, and the Safe Prisons/PREA Plan address third party assistance in filing requests for administrative remedies of sexual abuse and permit to file such requests on behalf of offenders. A third-party grievance received will be processed as an emergency grievance. The alleged offender will be given an opportunity to agree or disagree with the allegation and to have the request processed on the offender's behalf. The offender's decision will be documented on the Third Party Preliminary Investigation Form. There were no third-party grievances filed.

The Safe Prisons/PREA Plan and OGOM 1.01 Step I Grievances states an offender may be disciplined for filing a grievance related to sexual abuse only when the investigation determines the offender filed the grievance in bad faith. The Allred Unit had no disciplinary actions against an offender for having filed a grievance in bad faith.

## **Standard 115.53: Inmate access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No  N/A
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

- Does the facility inform inmates, 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?  Yes  No

#### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policy SPPOM 02.02 Offender Victim Representative, BP 03.91 Uniform Offender Correspondence, PREA Brochure, Offender Orientation Handbook, ED 2.10 PREA Complaints and Inquires, and the Safe Prisons/PREA Plan indicates that offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by access to victim offender representatives, giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available, and the extent to which communications will be monitored. There is a list of outside confidential support services available to the offender population through the law library, in the Unit Orientation Handbook, and posted on the housing bulletin boards. Offenders can write the PREA Ombudsman, which is confidential, and the PREA Ombudsman Office will fax the letter to the addressed Rape Advocacy Agency.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However, at this time, an agreement has not been established. The agency continues to solicit community rape crisis organizations across the state which may be willing to establish a partnership with the agency. The effort to obtain an agreement is documented in various letters to rape crisis center agencies with the last solicitation letters dated April 3, 2018 (previous ones dated January 2014, August 2015, August 2016, and January 2017). The agency's Safe Prisons/PREA Program Manager is overseeing this process.

The facility does provide a list of Rape Advocacy Centers in the law library and available through the Safe Prisons Office. The auditor verified the directory, The Texas Association Against Sexual Abuse (TAASA) Sexual Assault Service Directory 2016-2017, within the law library. The directory is readily accessible to the offender population on a shelf. There are also postings in the housing areas that notify the offender of the availability of the directory in the law library. The offenders are also provided this information in the offender handbook.

Policy 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The Allred Unit has five (5) designated staff as offender victim representatives (OVR): case manager (3), chaplain (1), and chief of classification (1). The offender victim representatives are trained as victim advocates who can provide victim support to staff or offenders who have been sexually abused. Anytime an offender is the victim of a sexual assault, and if OIG requests a forensic examination, an Offender Victim Representative must be offered to the offender to be present during the examination. They are also available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided. One offender interviewed who reported sexual abuse indicated that staff offender victim representative was offered. The staff offender victim representative provided services and referred the offender for counseling.

The majority of offenders interviewed indicated they were unaware of the availability of the outside support services. However, the complex provides this information in multiple ways to the offenders: during the education process, in the PREA brochure, directory on the housing bulletin boards, and on posters within the facility. This information is also available through the law library and Safe Prisons Office.

## **Standard 115.54: Third-party reporting**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies Executive Directive 02.03 Ombudsman Program, ED 02.10 Prison Rape Elimination Act Complaints and Inquires, Offender Orientation Handbook, and SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency establishes guidelines and procedures for responding to complaints or inquires both through the Ombudsman Office and agency staff. The Department's website provides a link to the PREA Ombudsman as a method for third party reporting of sexual abuse and sexual harassment. The link encourages family members and the general public to report allegations of sexual assault to the PREA Ombudsman Office, the agency's Ombudsman Coordinator, and/or the CID Ombudsman Office. Third party reporting can also be accomplished through contacting the Office of the Inspector General. Third party reporting information is shared through the agency's website, brochures, pamphlets, and handouts including the General Information for Families of Offenders Brochure.

General public complaints and inquires received by the Ombudsman Office, either in writing or verbally, must be responded to within ten (10) days. However, the sexual assault allegations are forwarded immediately to the PREA Ombudsman, Facility Administrator, and OIG for investigation. The investigators indicated that third party reporting would be handled like any other investigation.

During the formal offender interviews and informal offender interviews during the tour, offenders were able to identify the PREA Ombudsman, OIG, another offender, and contacting family as methods for third party reporting. Staff were also able to identify these reporting methods during their interviews. These reporting systems were outlined through review of policies and procedures, offender handbook, and posters throughout the facility. Upon reviewing the reporting methods of the fifty-one (51) allegations, there were seven through third-party reporting: six (6) through the PREA Ombudsman and one (1) through a family member (mother called).

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies AD 16.20 Reporting Incidents/Crimes to the Office of Office of Inspector General, PD29 Sexual Misconduct with Offenders, and the Safe Prisons/PREA Plan requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy SPPOM 05.01 Sexual Abuse Response and Allegation states that staff are not to reveal any information related to a sexual abuse report to anyone other than extent necessary. This is covered in the annual in-service training, pre-service training, and turnout briefings for all staff. The Safe Prisons/PREA Plan and the Employee General Rules of Conduct also outlines these requirements. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Staff acknowledged through interviews that they would report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a supervisor and document it through an inter-office communication form.

Policy CMHC G57.01 Sexual Assault/Sexual Abuse addresses the medical and mental health staff reporting requirements for sexual abuse. Medical and mental health staff must report incidents that occurred in a correctional setting without consent only in the interest of treatment, security, and management issues. If the sexual assault/abuse occurred in the community setting previously, the staff may only report to OIG if the offender provides consent. With the interviews with the medical and mental health staff, they confirmed they would receive consent prior to reporting prior sexual victimization that did not occur in an institutional setting. If allegation occurred within the confinement setting, they would report immediately to the Safe Prisons/PREA Manger, OIG, and Warden.

The facility does not house juveniles. However, the agency policy directs that if the offender is under the age of 18, the staff must report the incident to OIG and the offender consent is not required. The Child Protective Services Agency would also be contacted by the facility's administration. The PREA Coordinator stated all allegations by youthful offenders are handled in accordance with COURAGE and YOP program mandates. In the event an incident occurs which meets the definition of abuse, exploitation, or neglect outlined in COURAGE/YOP manual, the program director is responsible for notifying Department of Family Protective Services. The established notifications for agency personnel and OIG are done as well through the program director. An investigation will be initiated. The Warden indicated that if an allegation was made by a vulnerable adult, the agency protocol would be followed to report to an outside agency.

All allegations are reported to designated investigators, policy AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General, CMHC G57.1 Sexual Assault/Sexual Abuse and Safe Prisons/PREA Plan. The Warden stated all allegations are assigned for investigation. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders including third-party and anonymous reports. Staff acknowledged through interviews that they would report immediately any allegations and document them through an inter-office communication form. They were aware they could privately report an incident to the OIG or the PREA Ombudsman Office. They identified the OIG, security supervisors, and Safe Prisons Office as the investigators they could contact by phone or in writing. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies SPPOM 05.01 Sexual Abuse Response and Investigation, 02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, SPPOM 05.03 Time Frames Associated with Offenders Protection Investigations, and the Safe Prisons/PREA Plan requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The Safe Prisons/PREA Operational Manual outlines the immediate action that is to be taken to protect offenders who are in substantial risk of sexual abuse by removing the offender immediately from the area to a safe location. All staff interviewed knew the steps to take to protect an offender at risk for sexual abuse; to immediately separate the offender from the area to keep the offender safe and contact the supervisor. Line and supervisory staff work simultaneous to take protective measures as information is reported.

The five (5) first responders interviewed outlined the process taken to ensure the safety of the offender. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

In the audit period, the Pre-Audit Questionnaire reported there were thirty (30) offenders who were subject to substantial risk of imminent sexual abuse. During the Warden's interview, it was outlined the steps that would be taken to ensure the safety of the offender determined to be at substantial risk of imminent sexual abuse by removing the offender from the area and placing the offenders in safe housing during the investigation process. The classification committee would review the offender's housing and classification plan. The Agency Head designee stated the agency takes immediate action in order to protect the offender. This can be done by placement into an investigative status and removing the offender from general housing into transient housing during the investigation. Policy and practice ensures that investigations are timely and thorough. A committee reviews housing, job changes, unit transfers, and placement in safekeeping housing as several of the intervention strategies designed to separate the victim from the predator. Through the investigation process and committee review; responsible parties, if known, are held accountable for their action. The agency system has a process in place to ensure information follows the offender through all facility moves. The policies and procedures ensure that appropriate notifications have been made to all parties responsible for investigations, i.e., administrative and criminal. The agency ensures corrective action is taken whenever required and appropriate.

## **Standard 115.63: Reporting to other confinement facilities**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.63 (a)**

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### **115.63 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### **115.63 (c)**

- Does the agency document that it has provided such notification?  Yes  No

#### **115.63 (d)**

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency, SPPOM 04.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies, BP-02.09 PREA Ombudsman Policy Statement, SPPOM 5.05 Completing the Offender Protection Investigation, AD-16.02 Reporting Incidents to the Office of Inspector General, BP 1.07 Inspector General Policy Statement, and the Safe Prisons/PREA Plan requires upon receiving an allegation that an offender was sexually abused while confined at another facility, that the Warden of the facility that received the offender must immediately notify the facility where the sexual abuse is alleged to have occurred, and start the investigation process. This process is outlined in the Safe Prisons/PREA Operating Manual and Safe Prisons/PREA Plan. The facility must document and report as soon as possible but no later than seventy-two (72) hours the offender's allegation by submitting a priority email via the Department's mainframe followed by a phone call to alert of the allegation and impending email. The facility will print and retain a copy of the email in the appropriate PREA compliance folder. The reporting facility must also notify the Safe Prisons/PREA Manager. The facility staff is also responsible for notifying the head of the facility or appropriate office of the agency where the alleged incident occurred as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. A letter in writing is prepared and faxed within seventy-two (72) hours, usually within twenty-four (24) hours from the time the facility becomes aware of the incident. This process was confirmed through the interviews with the Warden, Safe Prisons/PREA Manager, Investigator, and the Agency Head. The Warden indicated the allegation would be investigated thoroughly and provide the information to the other facility. The investigation would be a cooperative effort between the two facilities to complete and provide the outcome of the investigation to the offender. The Agency Head designee stated the agency facility that receives the allegation from an outside source is responsible for forwarding the complaint to the OIG and the Office of the PREA Ombudsman for investigation and response to the inquiry. If one of our facilities received information that an offender was sexually abused while assigned in an outside agency or facility, the unit notifies the Safe Prisons/PREA Managers Office (SPPMO), and that office is responsible for notification to the outside agency/facility within 72 hours. Any assistance that can be provided for investigation is completed and forwarded, i.e. offender written statement. Notifications are provided to OIG as well. If the case warranted reporting to other agencies, such as Department of Family and Protective Services (DFPS), SPPMO would coordinate that notification as well. SPPMO is responsible for follow up to the investigation with that agency / facility.

In the audit period, there were five (5) allegations reported at the facility that an offender was abused while confined at another facility. The proper notifications were made, and the allegations referred for investigation. Three (3) allegations were found unsubstantiated and two (2) unfounded. There were four (4) allegations received from another facility where it was reported. All the allegations were investigated and found unsubstantiated.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies 5.01 Sexual Abuse Response and Investigation, OIG 4.05 Offender Sexual Assault Investigations, AD 16.03 Evidence Handling, and the Safe Prisons/PREA Plan requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse. The policies also clearly specify the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence. Policy also outlines that staff are to notify the immediate supervisor or shift supervisor. The Shift Supervisor will make further notifications to the Warden, medical, mental health, Safe Prisons Office, and OIG.

The first responder responsibilities to separate the alleged victim and abuser, instruct not to take any actions that could destroy physical evidence, and ensure the crime scene is secure is covered in the PREA pre-service training, annual in-service training, and during turnout briefings. Each staff member is provided an informational card identifying the steps to take as a first responder and the reporting requirements.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps as a first responder: to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence, and contact supervisor. The five (5) first responders interviewed outlined the process that was taken to ensure the safety of the offender including separating the alleged victim from the abuser, place the offenders in safe secure area, secure the area as a crime scene, preserve the evidence, notify shift supervisor, notify medical, and document the allegation. In the audit period, there were fifty-one (51) allegations reported within the facility that an offender was sexually abused in the facility. A security staff member was the first responder for thirty (30) of the allegations. Seven (7) allegations were within a time frame that still allowed for the collection of physical evidence.

The offenders interviewed that reported sexual abuse indicated that once reported they were separated and placed in transient housing during the investigation. That staff took immediate action to protect and start the investigation.

## Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policy SPPOM 05.01 Sexual Abuse Response and Investigation and the Safe Prisons/PREA Plan outlines the coordinated effort between security staff, Office of the Inspector General (OIG), medical and mental health services, and victim advocate/offender victim representative. The procedures provide a systemic notification and response following a reported sexual abuse incident. A checklist, Sexual Abuse Investigation Checklist, is provided to assist with the documentation of the completion of each part of the notification and response process. The Allred Unit has a written institutional plan, Unit Specific Sexual Abuse Incident Plan, coordinating actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, OIG, and facility leadership. This written plan mirrors the agency's plan outlined in the Safe Prisons Plan. The Sexual Abuse Investigation checklist is utilized to ensure all process steps are completed and notifications are made. During staff interviews, each department detailed their responsibilities in their coordinated efforts during an incident. Interviews with the Warden and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response. The Warden indicated the supervisors utilize the checklist for the investigation process to ensure all departments and activities are coordinated and documentation of each step of the process. He also shared that the staff have a wonderful working relationship. At the team meeting held every Monday they review any incident and the process. The Warden indicated that the coordinated response actions are reviewed as part of the administrative incident review. The coordinated response was also documented on the Sexual Abuse Investigation Checklist located in each of the investigation files reviewed.

## Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No  N/A

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Texas Department of Criminal Justice reported there has been no collective bargaining agreement entered into or renewed since August 2012. Texas is an "at will employer" and does not have collective bargaining. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation. The agency head designee confirmed that the agency has not entered any collective bargaining or other agreements since August 2012.

## Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No

- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Department's policies SPPOM 05.08 90-Day Monitoring for Retaliation, PD29 Sexual Misconduct with Offenders, PD22 General Rules of Conduct and Disciplinary Action Guidelines for Employees, PD13 Sexual Harassment and Discourteous Conduct of a Sexual Nature, SPPOM 2.04 Intervention Practices, PD31 Discrimination in the Workplace and the Safe Prisons/PREA Plan outlines protection of all offenders and staff who report sexual abuse or sexual harassment, cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or offenders. The policy designates the Warden or the Safe Prisons/PREA Compliance Managers as the staff member to monitor retaliation.

The Safe Prisons/PREA Manager monitors the offenders for retaliation. The Safe Prisons/PREA Manager completes at a minimum thirty (30) day reviews for retaliation; a number of the reviews occurred more frequently. A notebook with a documentation form for each inmate that is being monitored is maintained in the Safe Prisons Office with a documentation form, Offender 90 Day Monitoring Form, for each offender that is being monitored. As part of the monitoring, a review of the offender files for changes that may reflect retaliation concerns including housing changes, program changes, job assignment changes, disciplinary findings, and information from staff. The Safe Prisons/PREA Manager is very knowledgeable of the responsibilities and the documentation was outstanding. Inmates being monitored for retaliation indicated during their

interviews they were comfortable contacting the Safe Prisons Office with issues and felt they would respond appropriately to their concerns. The documentation included detailed information including notes on all changes, including why a housing, job or program change was made. This provided the documentation to ensure the changes were not made for retaliation. Further contact is made with the offender while making housing unit rounds. The Safe Prisons/PREA Manager and Safe Prisons Office staff are knowledgeable of the monitoring responsibilities. There is a ninety (90) day monitoring time-period for retaliation review, however the time frame can be extended if warranted. The Safe Prisons/PREA Manager and/or Safe Prisons Office staff monitor all the offenders that were alleged victims. There were no monitoring cases extended beyond the 90 days for this audit period. The auditors reviewed the monitoring forms for the audit period.

At the Allred Unit, the Warden monitor the staff sexual abuse retaliation. During this audit time period, there were no staff monitored for instances of retaliation. The process is to complete monitoring reviews at a minimum every thirty (30) days for retaliation. A file is maintained with a documentation form, Staff 90 Day Monitoring Form, for each staff that is being monitored. As part of the review, performance reviews, reassignments of staff, discipline, and staff information are reviewed to determine if retaliation is occurring. The monitoring includes periodic in-person status checks every thirty (30) days. There is a ninety (90) day monitoring time-period for retaliation review, however the time frame can be extended if warranted. When evidence suggests the staff member is experiencing or expresses fear of retaliation for reporting and cooperating with sexual abuse and/or harassment investigations, the Warden will promptly remedy the situation and advise the staff member of the availability of emotional support services. Different measures to protect the staff may include different job position, shift, and/or work hours while the investigation of retaliation is in progress. During the interview with the Warden, the process was outlined to be taken that matched the policy and procedures.

If a staff member or offender who reported sexual abuse or cooperated with an investigation expresses a fear of retaliation, the facility and agency will take appropriate measures to protect that individual against retaliation. Protection can be through housing change, program changes, staff assignment changes, and unit transfers. The Safe Prisons/PREA Manager indicated that most allegations are against gangs, and in those cases, they usually like to transfer a victim for their safety. The Warden indicated a review of job assignments, disciplinary records, evaluations, and shift assignments would be a method to review for retaliation for staff. Also, he would notify OIG to assist and initiate an investigation if retaliation is occurring. The monitoring would then be extended during the investigation process. Staff could be disciplined for retaliation.

Once the monitoring is completed, the Completed Monitoring Form is maintained in the Warden's office for staff and in the Safe Prisons/PREA Manager's office for offenders. The retaliation monitoring process was confirmed through interviews with the Warden and Safe Prisons/PREA Manager and through reviews of the monitoring forms. There were no reported incidents of retaliation at the facility.

## Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies AD 04.63 Transient Status Offenders, Administrative Segregation Plan, Protective Safe Keeping Plan, and the Safe Prisons/PREA Plan prohibits the placement of offenders who alleged to have suffered sexual abuse in involuntary segregated housing (special housing) unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Allred Unit utilizes the single cells in restricted housing as transient housing cells to separate offenders as needed during the investigation process. Offenders are placed in transient status in special housing for seventy-two (72) hours pending investigation; it may be extended for another seventy-two (72) hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. The alleged abuser would be housed in segregation during the investigation.

There were no offenders who suffered sexual abuse held in involuntary segregation housing in the audit period. From the interviews with staff and offenders, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender. The Safe Prisons/PREA Plan and Administrative Segregation Plan direct that if an offender is placed in segregation housing for protective custody, the offender would have access to programs, privileges, educations, and work opportunities to the extent possible. The offender would receive the same privileges as general population for recreation time, programming, law library, shower, visiting, and phone calls. Any restrictions will be documented on the Administrative Segregation Hearing Record Form. If a restriction occurs, it will be reviewed every twenty-four (24) hours.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

The PREA standard is met through the agency's policies AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General, AD 02.15 Operations of Emergency Action Center, OIG 4.05 Offender Assault Investigations, OIG 5.10 Property and Evidence Control, AD 16.03 Evidence Handling, SPPOM 5.05 Completing the Offender Protection Investigation Worksheet, SPPOM 5.11 Completing the Staff on Offender Sexual Abuse Investigative Worksheet, BP 1.07 Inspector General Policy Statement, SPPOM 5.11 Completing the Staff on Offender Sexual Abuse Investigation Worksheet, CTSD Safe Prison PREA Training, and the Safe Prisons/PREA Plan. These policies address conducting the sexual abuse and sexual harassment investigations including third-party and anonymous reports.

The agency follows a uniform evidence protocol to investigate sexual abuse and sexual harassment. The sexual investigations will be conducted promptly, thoroughly, and objectively including third party and anonymous reports, by investigators who have been specially trained in sexual abuse investigations. Through the review of investigation reports, the investigations were initiated immediately and notification to OIG was immediate. OIG starts their investigation immediately upon notification. This was also confirmed through the interviews with the unit investigators who conducts the administrative investigations and the OIG investigator. If the incident occurs after hours, the shift supervisor will begin the investigation process and notify the Safe Prisons/PREA Manager and the OIG investigator. Once on site, OIG will take over the investigation and evidence collection and the unit investigator will continue the administrative investigation on the offender on offender investigations. Investigations of staff on offenders are conducted by supervisors of Captain or above in rank. Once an offender protective investigation is initiated, notifications are made through email to the Chief of Classification, Warden, Assistant Wardens, count room, Majors, and supervisors as needed.

In the review of the training records, all investigators have received special training in sexual abuse investigations. The specialized training curriculums, Safe Prisons Training: Conducting a Thorough Investigation and OIG Sexual Assault Investigations are utilized for the specialized training of investigators. The agency's 137 OIG and the complex's ninety-seven (97) investigators have completed the general PREA training and the required specialized training for investigators. The Allred Unit has four (4) OIG investigators assigned at the unit. The specialty training was verified through the investigator interviews and review of the training records. The positive partnership between the facility staff and the OIG investigator was demonstrated through the daily working relationship. The Warden during the interview commented on the good working relationship between the unit and OIG including the assistance by OIG with the criminal and administrative investigations.

Based on the review of the investigations, the agency's policies, and interviews with facility staff, investigators, and offenders it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly and objectively for all allegations. When

an allegation is reported, the facility's investigator begins an administrative investigation immediately. It is also referred to the Office of Inspector General immediately to begin a criminal investigation. The investigators and the Warden acknowledged the outstanding cooperation and working relationship between the facility and OIG during the investigation process. The Warden indicated that OIG keeps the Warden and Assistant Warden informed of the investigation process. The OIG investigator shares information that can be shared with consideration to the integrity of the case. The Warden and the OIG investigator both noted during their interviews the positive communication and information sharing regarding updates and outcomes of the case.

If OIG determines a crime has been committed, the case is referred for prosecution. It is discussed with the special prosecution unit to determine if additional information or items are needed for support. Office of Inspector General (OIG) opened fourteen (14) cases on the staff on offender sexual abuse allegations. There were no charges on nine (9) of the cases and five (5) are still open. There were no cases opened on any of the offender on offender allegations. There was three (3) cases referred to prosecution since the last audit. The OIG investigator stated there are no identified trends in the allegations. Most outcomes are unsubstantiated for lack of evidence, especially the ones reported months later. Also, cases remain open when waiting on the forensic evidence which takes about eighteen (18) months to receive.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Neither the agency nor OIG require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Offenders interviewed that reported sexual abuse indicated they were not required to submit to a polygraph examination. All administrative and criminal investigations will be completed on all allegations even if the alleged abuser or victim transfers or departs employment with the agency.

The investigators complete a written report with investigation findings. The report format contains the persons involved; a thorough summary of the incident including the physical, testimonial, and documentary evidence; notifications made with timeline; what action or inaction was taken; attachments from the investigation; administrative review and summary; and the Warden's comments. The investigation report is part of the Investigation Folder which also contains the EAC incident report, victim offender travel card, alleged abuser travel card, offenders' photographs after allegation, medical and mental health clinical notes including the referrals completed retaliation monitoring forms, and the Sexual Abuse Investigation Checklist completed. The Investigation Folder is maintained in the Warden's area. Ten (10) administrative investigation cases were reviewed. All contained the required information. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings.

The criminal and administrative investigation reports involving any sexual abuse assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the Texas Department of Criminal Justice, plus five years. The Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently electronically which exceeds the

standard requirement. This process is supported by Department policies OIG OPM 3.72 Record Retention-PREA and the records retention Schedule.

There were fifty-one (51) allegations reported during the audit period. There were twenty-eight (28) offender on offender allegations and twenty-three (23) staff on offender allegations. Of the offender on offender allegations, twenty (20) were allegations of sexual abuse and eight (8) were fondling. The administrative findings of the twenty (20) sexual abuse allegations were sixteen (16) unsubstantiated, three (3) unfounded, and one (1) substantiated. The administrative findings of the eight (8) fondling allegations were six (6) unsubstantiated and two (2) unfounded. Office of Inspector General (OIG) opened fourteen (14) cases on the offender on offender sexual abuse allegations. There were no charges on nine (9) of the cases and five (5) are still open. Of the twenty-three (23) staff on offender allegations, seventeen (17) were allegations of sexual abuse, two (2) of sexual harassment, and four (4) voyeurism. The administrative findings of the seventeen (17) sexual abuse allegations were two (2) unsubstantiated and fifteen (15) unfounded. The administrative findings of the two (2) sexual harassment allegations were one (1) unsubstantiated and one (1) unfounded. The administrative findings of the four (4) voyeurism allegations were one (1) unsubstantiated and three (3) unfounded. Office of Inspector General (OIG) opened no cases on the staff on offender allegations. A review of ten (10) administrative investigations was conducted by the audit team. The actual OIG investigation files were not available for review.

The auditor determined the facility exceeds this standard through the partnership OIG and the facility demonstrates in the investigation process and communication. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings. The close partnership between OIG and the facility was demonstrated through the interviews, investigations files, and the open communication observed during the audit. The OIG investigator during the interview stated that OIG teaches one hour of the OJT training. And the Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently electronically, beyond the five-year requirement of the standard.

## **Standard 115.72: Evidentiary standard for administrative investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.72 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### **Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Department's policy SPPOM 5.05 Completing the Offender Protection Investigation and the Safe Prisons/PREA Plan imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. This is also documented through the Specialized Investigation Training lesson plan. The interviews with the unit and OIG investigators confirm compliance with the policy and standard.

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's Safe Prisons/PREA Plan and UCC Notification of Offender Protective Investigation requires that all offenders who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. The procedures for reporting investigation outcomes to offenders are documented on the SPPOM 5.05 Attachment J: Offender Protection Investigation Form. The process directs the Unit Classification Committee (UCC) and the Safe Prisons/PREA Manager to notify the offender in person the outcome when it is determined to be substantiated, unsubstantiated, and unfounded. The process outlines that the offender will be notified verbally and in writing by the UCC Chairperson, and the offender signs acknowledging the notification on the Offender Protection

Investigation Form Attachment J, along with the UCC Chairperson's signature for documentation of the process completion. If an offender is transferred prior to the Unit Classification Committee meeting, the offender is notified in writing. This process was confirmed during interviews with staff and reviews of the notifications in the case files. Of the six (6) offenders interviewed that reported sexual abuse, two (2) indicated they were not provided the outcome of the investigation. The auditor reviewed the cases and found the offender did receive the notification of outcome and signed acknowledging receiving the outcome at the unit classification committee.

OIG provides monthly updates to the facility on the criminal investigations. This was supported through interviews with the OIG investigator and the Warden. The offender is informed of the progress of the investigation, per policy SPPOM 05.10 Reporting Sexual Abuse Criminal Case Status to Offenders and the Safe Prisons/PREA Plan. The investigation updates to offenders of prosecution cases are made through written format by the agency's Safe Prisons/PREA Program Manager. Examples of the notifications provided through the agency's Safe Prisons Office was provided

If the allegation of sexual abuse was by a staff member, the policy requires the Warden to inform the offender of the status of the staff member to include whether the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency's learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. This notification is documented on the SPPOM 5.11 Attachment F: Staff on Offender Abuse Investigation. If the allegation was sexual abuse by another offender, the policy requires the Safe Prisons/PREA Manager to inform the offender whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. This is documented on the SPPOM 5.05 UCC Notification of OPI Outcome Attachment M. The investigation files reviewed all contained the offender notifications documented on the Offender Protection Investigation Form.

The Pre-Audit Questionnaire indicated that forty-six (46) outcome notifications were made on all fifty-one (51) allegations. All the notifications have been made. The five notifications not reported were cases still open at the time of the submission of the Pre-Audit Questionnaire. The notifications of outcome were documented in the investigation case files. The offenders interviewed that reported sexual abuse indicated they were informed of the outcome by the Unit Classification Committee.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies PD29 Sexual Misconduct with Offenders, PD13 Sexual Harassment and Discourteous Conduct of a Sexual Nature, WBP 7.15 Sexual Misconduct with Offenders, WBP

7.44 Professional Standards of Conduct and Disciplinary Guidelines, and PD22 General Rules of Conduct and Disciplinary Action Guidelines for Employees state that staff are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. Sexual misconduct with offenders and harassing and retaliating against an offender or another individual for participating in an official investigation is a level 1 violation where dismissal is recommended. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose a less severe disciplinary action. The policies also provide disciplinary sanctions for violations of the agency's policies relating to sexual abuse or sexual harassment commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Policy AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General directs that all incidents or allegations of serious employee misconduct shall be reported to the OIG for determination regarding the OIG action to be taken in response to the reported incident.

There were no employees that violated the agency sexual abuse or sexual harassment policies. There were no employees terminated or resigned prior to termination. When a staff member resigns during an investigation, the facility places the discipline process in a pending status. If the staff member returns to employment at any time, the disciplinary process would continue at that time. The staff member is coded not to rehire.

## **Standard 115.77: Corrective action for contractors and volunteers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### **115.77 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Department's policies PD29 Sexual Misconduct with Offenders, 13.03 Chaplaincy Manual, the Volunteer Service Plan, Volunteer Training Facilitators Guide, and the Safe Prisons/PREA Plan prohibit contractors or volunteers who engaged in sexual abuse to have contact with offenders and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The contractor/volunteer will also be prohibited from further contact with offenders. This was supported by the volunteer and contractor training and orientation including the PREA training video. Interviews with eight (8) contractors and volunteers confirmed they were aware of the policies and the remedial measures that could occur for engaging in sexual abuse or sexual harassment of offenders. The Warden stated during the interview that the volunteer/contractor would be suspended from entering the facility during the investigation and OIG would be notified for criminal investigation. Also, that any licensing body would be notified upon completion of the investigation. If the sexual abuse case is substantiated, the volunteer/contractor would be prohibited from entering an agency facility and may be turned over for prosecution if warranted. The facility would take appropriate remedial measures for any violation of agency sexual abuse or sexual harassment policies and would consider whether to prohibit further contact with offenders.

In the audit period, there have been no contractors or volunteers who have violated the agency sexual abuse or sexual harassment policies.

## Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

**115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

**115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

**115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

**115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

**115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

**115.78 (g)**

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies Disciplinary Rules and Procedures for Offenders and the Safe Prisons/PREA Plan outline disciplinary sanctions for offenders for sexual abuse and sexual harassment. The offenders are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. The Warden indicated in the interview that disciplinary sanctions would be in line with the progressive disciplinary. It could include loss of good time, reduction in status, recommendation of administrative segregation, property restriction, commissary restriction, criminal sanction, and coded as sexual predator. The policy and the Warden stated the sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories; and consider whether an offender's mental disabilities or mental illness contributed to his behavior. The offender disciplinary policy outlines major and minor offenses, all with different levels, clearly indicating a formal disciplinary process resulting in administrative findings. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed, if any; policy Disciplinary Rules and Procedures for Offenders and Safe Prisons/PREA Plan. The Warden indicated if the offender is coded mental health, the offender must be cleared by mental health before the disciplinary hearing.

The agency's policy, SOPT 01.01 Overview of the Sex Offender Treatment Program, outlines the program to address the needs of sex offenders including providing need specific rehabilitative interventions designed to limit an offender's risk to reoffend. An offender can be referred to programming based on the mental health assessment of the offender abuser. The facility/agency's Safe Prisons/PREA Plan states consideration shall be made to determine if participation should be a requirement for access to programming or other benefits. During the interviews with medical and mental health staff, they indicated that an offender's participation is not required as a condition of access to programming or other benefits. This supports the answer provided by the facility on the Pre-Audit Questionnaire.

The policy indicates an offender may be disciplined for sexual conduct with staff only upon finding that the staff did not consent to such contact. The policy states an offender reporting a sexual abuse in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation for purposes of disciplinary action. The agency's policy prohibits all sexual activity between offenders to include consensual and will process discipline on offender-on-offenders sexual activity; but will not consider it sexual abuse.

There were eighteen (18) administrative findings of offender-offender sexual abuse. There was no criminal finding of guilty for offender-on-offender sexual abuse.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies G57.1 Sexual Assault/Sexual Abuse, Offender Assessment Screening Attachment E, E35.2 Mental Health Evaluation, CMHC 35.1 Mental Health Appraisal for Incoming Offenders, and the Safe Prisons/PREA Plan requires medical and mental health follow-up within ten (10) business days for those offenders who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. At intake screening, if the offender has disclosed prior sexual victimization and/or previously perpetrated sexual abuse the offender is referred for medical and mental health services. If deemed as an emergency or a serious nature, the offender is seen immediately by medical and mental health. All other follow-ups from referrals will be seen by medical and mental health within ten (10) days. During interviews with medical and mental health staff, they outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. Six (6) offenders were interviewed that disclosed victimization during the screening process. Four (4) of the offenders interviewed acknowledged they were offered medical and mental health services the same day as screening. The other offenders indicated services were not offered. The auditors requested to review the files of the two offenders that stated no referrals. Upon review of the medical and mental health files for the offenders interviewed, the file included the Referral to Medical/Mental Health Form that showed the offenders were referred and seen with the medical/mental health response to the referral. The offenders' case notes documented being seen by mental health and documented the reason for the referral.

Information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as required; policies SPPOM 5.05 Completing the Offender Protection Investigation, A09.1 Privacy of Care, H61.1 Confidentiality and Release of Protected Health Information, and the Safe Prisons/PREA Plan. Information is shared with appropriate staff including the Warden, Assistant Wardens, Majors, Captains, Classification, and the Safe Prisons/PREA Managers as needed to make housing, bed, work, education, and program assignments. The medical and mental health staff obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, policies CMHCPM G57.1 Sexual Assault/Sexual Abuse, CMHCPM I70.1 Informed Consent, CPOM 2.05 Requirement to Contact Department of Family Protective Services and Safe Prisons/PREA Plan. This process was confirmed through interviews with medical and mental health staff, the Warden, and the Safe Prisons/PREA Managers.

## Standard 115.82: Access to emergency medical and mental health services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

- Are inmate victims of sexual abuse 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?  Yes  No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Department's policies G57.1 Sexual Assault/Sexual Abuse, A01.1 Access to Care, 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Plan indicate that offenders who are victims of sexual abuse shall be afforded access to forensic medical

examinations at an outside facility without financial cost where evidentiary or medically appropriate. The policies also indicate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical attention is provided through the facility's medical department. Medical and mental health are available 24 hours a day, seven days a week. Fully staffed 13 bed infirmary, including two mental health crisis management beds and hospice area. Telemedicine services available. All services on a single level, including assisted disability services (ADS) showers, chronic care clinic, and APAP accommodating housing. Medical and Mental health are contracted through Texas Tech University Health Sciences Center. Medical and mental health staff are also on call as needed for emergencies.

The agency's policy indicates that all victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized. Through the medical staff and SANE interview, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. There were five (5) alleged victims of sexual assault who required forensic exam. These exams were conducted at the local hospital by a SANE. The review of the medical records documented the forensic exams were conducted at a local hospital by a SANE staff member.

Interviews with staff first responders confirmed they understood the role of the first responder including taking actions to protect the victim and then notifying the shift supervisor. Upon an allegation of sexual abuse, the Shift Supervisor begins the notifications which include medical and mental health services as outlined in the Safe Prisons/PREA Plan and SPPOM 5.01 Sexual Abuse Response and Investigation. This process was verified through incident reviews, the Sexual Abuse Investigation Checklist within the investigation files, and interviews with staff and medical and mental health practitioners.

The offenders also receive timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, policy G57.1 Sexual Assault/Sexual Abuse. These services are offered through the CID nurse immediately. Medical staff interviews indicated that when an incident is deemed as a true exposure, a baseline labs will be drawn, HIV meds started, as well as, Hepatitis B and C immediately. Follow-up treatments will occur at six (6) weeks, twelve (12) weeks, six (6) months, and one (1) year. Additional education and follow-up treatment, and testing are provided as needed by the CID nurse. The interviews with medical staff confirmed this process. Treatment services are provided to every victim without any financial costs policy G57.1 Sexual Assault/Sexual Abuse. Offenders that reported sexual abuse indicated they were taken to medical immediately for services and were not charged for services.

## Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### 115.83 (b)

- Does the evaluation and treatment of such victims 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 from custody?  Yes  No

### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies G57.1 Sexual Assault/Sexual Abuse, 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Plan outline medical and mental treatment including evaluations, on-going care, and treatment to all offenders that have been victims and abusers. The services and treatment are at no cost to the offenders and are consistent with the community level of care, per policies E32.1 Receiving, Transferring, and Continuity of Care Screening, G57.1 Sexual Assault/Sexual Abuse, and E44.1 Continuity of Care. The healthcare staff during their interviews indicated that the healthcare services are consistent with the community level of care and in most cases better than the community since services are provided immediately. Prophylactic treatment of venereal diseases is offered to victims of sexual abuse and the offender is scheduled for testing and education. These services are offered through the CID nurse immediately. Medical staff interviews indicated that when an incident is deemed as a true exposure, baseline labs will be drawn, HIV meds started, as well as, Hepatitis B and C immediately. Follow-up treatments will occur at six (6) weeks, twelve (12) weeks, six (6) months, and one (1) year. Additional education, follow-up treatment, and testing are provided as needed by the CID nurse. Treatment services associated with sexual assault/sexual abuse or alleged sexual assault/sexual abuse will not result in the application of the health services fee to the victim. Allred Unit is a male facility; however, the agency policy states victim(s) of penile-vaginal sexual abuse shall be offered pregnancy tests. If negative, victim(s) shall sign a consent and be offered an emergency contraception pill (ECP). If positive, victim shall receive access to all lawful pregnancy-related medical services. Interviews with medical and medical health staff, offenders, and file reviews verified and documented the process. Offenders that reported sexual abuse indicated they were taken to medical immediately for services and were not charged for services.

The Safe Prisons/PREA Plan and policy 57.1 Sexual Assault/Sexual Abuse states if an incident occurs within the ninety-six (96) hours of reporting, the offender will be seen by a mental health professional immediately after medical exams are completed. If reported after ninety-six (96) hours, the offender will be referred to and will be seen by a mental health professional within ten (10) business days. This applies to the victim and the offender-on-offender abuser. A mental health evaluation of all known offender-on-offender abusers shall be attempted within sixty (60) days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies. Mental health staff interviewed stated, in most cases, the

offender is seen for an evaluation the day of the referral. Treatment will be offered based on the outcome of the mental health evaluation. There was one confirmed offender on offender abuser in the twelve-month period. The auditor reviewed the mental health file to confirm that the abuser was seen by mental health. The offender was seen by mental health however the case notes did not document the offender was seen for abusive behavior and indicated no further services were needed.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility 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?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency's policies AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, SPPOM 08.01 Monthly Safe Prisons/PREA Plan, and the Safe Prisons/PREA Plan direct that the Warden and the Incident Review Team complete an administrative review for all alleged sexual abuse and staff sexual harassment incidents. The Administrative Incident Review must be forwarded to the Regional Director no later than 10 working days following the notification to Emergency Action Center (EAC). The facility's Warden obtains input from security supervisors, investigators, and medical and/or mental health practitioners when completing the review. The review shall be conducted in accordance with AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. The review team includes the Warden, Assistant Wardens, Majors, Captain, Safe Prisons/PREA Manager, Medical, Mental Health, and as needed input from department heads, line supervisors, and investigators. The review includes: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an

assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments; a review of whether lesser alternative means of managing the situation were available; an identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs; a determination of whether substandard employee conduct was a factor in the incident; and corrective actions taken. The facility will implement recommendations that result from the review; or document the reasons for not doing so. The Regional Director reviews the Administrative Incident Review Report and documents any comments in the final portion of the Administrative Review Section and forwards to EAC no later than twenty (20) working days following the initial notification to EAC. All Administrative Incident Reviews containing recommendations or corrective action require a written ninety (90) day follow-up report prepared by the Regional or department head. The follow-up report shall be completed and submitted to the Deputy Director for Prison and Jail Operations or designee within ninety (90) days of the notification to EAC.

There is a monthly Safe Prisons/PREA report as outlined in the Safe Prisons/PREA Operational Manual, which involves the Warden and PREA Compliance Manager review of findings and the implement recommendations or improvements. The review is documented through meeting minutes. The Warden indicated that the review team includes the Warden, Assistant Wardens, Majors, 1<sup>st</sup> shift Captain, Administrative Captain, Classification, Safe Prisons/PREA Manager, Medical, Mental Health, and as needed input from department heads, line supervisors, and investigators.

The Pre-Audit Questionnaire indicated that sexual abuse incident reviews were completed on twenty-two (22) cases determined unsubstantiated and substantiated. After discussion with the staff, incident reviews were completed on all twenty-seven (27) cases determined unsubstantiated and substantiated. The five (5) cases not reported were still open when the on the Pre-Audit Questionnaire was submitted. The administrative incident review team reports were included in the investigation files for review. The interviews with the Incident Review Team indicated they review all five elements including offender rosters, offender movements, blind spots, review the incident area, building schedule, training records of the staff in area of incident, lighting appropriate in the area, was staff rotating, and whether cameras would supplement supervision in the area. The Warden indicated the review also includes whether protocol was followed, was the response appropriate, monitor staff compliance with rounds, staffing, whether priority I positions were manned, identifying unit vulnerabilities, are cameras in good positions or need adjustments, and what proactive actions can be taken to better the system. The Warden, as well as, the Safe Prisons/PREA Manager is responsible for monitoring for compliance. The review of the files and interviews with the Warden, Incident Review Team members, and Safe Prisons/PREA Manager demonstrates compliance with the standard.

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data 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?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency collects accurate information and data regarding every allegation of sexual abuse at the facilities under its control through a case management database. The PREA Ombudsman oversees the reporting of sexual abuse and sexual harassment information for the Texas Department of Criminal Justice. One of the responsibilities of the PREA Ombudsman is to collect statistics regarding allegations of sexual abuse from each correctional facility in accordance with national PREA standards. Daily a list of all alleged sexual abuse incidents that occurred the previous day is reported to the PREA Ombudsman and Safe Prisons/PREA personnel. The information is collected using a uniform data standardized instrument, Survey of Sexual Violence. The Safe Prisons/PREA Operational Manual directs the data collection for the facility on a monthly basis, per policy SPPOM 8.01 Monthly Safe Prisons PREA Report. The agency and the PREA Ombudsman aggregates this incident based sexual abuse data at least annually. The 2016 Safe Prisons/PREA Annual Report is available for review on the agency's website, as well as 2014 and 2015. The agency provided the Department of Justice with data from the previous calendar year. This information also was incorporated into the 2016 Safe Prisons/PREA Annual Report. The annual report was reviewed as part of the audit process.

Department policies that outline the data collection process include: AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; BP 2.09 PREA Ombudsman Statement; OIG 4.05 Offender Sexual Assault Investigations; and 01.01 Safe Prisons/PREA Management Office.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Department's policy BP 2.09 PREA Ombudsman Statement outlines the PREA Ombudsman's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility; preparing monthly and semiannual activity reports for distribution to the Texas Board of Criminal Justice (TBCJ) chairman, TBCJ members, and TDCJ executive management; and ensuring the TBCJ chairman and TDCJ executive management are informed of any problematic, systemic trends.

The Ombudsman office, along with TDCJ and the OIG, coordinate to produce the annual report. The report provides data evaluation, policies and program changes, camera improvements, training, and statistical information for yearly comparisons. The PREA Coordinator stated the PREA Ombudsman, Safe Prisons/PREA Office, and the Office of the Inspector General collaborate to compile an Annual Report. The data collected through the Emergency action center reporting process and independent reports submitted directly to the OIG is sent monthly / annually as well. All the data is integrated and reviewed for usefulness. It is reviewed by agency leadership and Safe Prisons/PREA Managers office. The agency and facility utilize the monthly and annual reports to improve the effectiveness of its sexual abuse prevention, detection, and training, including identifying problem areas and taking corrective action on an ongoing basis. The agency head designee stated data is used to determine appropriate interventions. The

PREA Coordinator stated when corrective actions are indicated; the indicators are reviewed and addressed to ensure compliance and provide safe environments. Interventions such as training of staff, revision staff training curriculums, upgrades to offender training, assessment of appropriate housing for predators, and policy updates and revisions may occur to enhance operational aspects designed to provide safer environments. The assessment of current use of monitoring / surveillance equipment and facility infrastructure modifications also are conducted. The corrective action plan is monitored through the Safe Prison Office until accomplished.

Enhancements to staff and offender training, assessment of appropriate housing for victims/predators, policy updates and revisions to enhance operational aspects designed to provide safer prisons. Annual staffing plan reviews, assessment of current use of monitoring / surveillance equipment, and facility infrastructure modifications as well as leading indicators in data that may assist us in making determinations. Data is utilized during the annual staffing plan review to ensure consistent and appropriate coverage is provided for areas. The data is assessed to ensure that appropriate action is taken at every level of the organization.

Before publishing the annual report, all personal identifiers are removed. The annual report is approved by the Executive Director of the Texas Department of Criminal Justice then the report is published on the Texas Board of Criminal Justice PREA Ombudsman website. The 2016 Safe Prisons/PREA Program Annual Report is available on the website for review, as well as, 2014 and 2015. The report was reviewed as part of the audit process. Through interviews with the PREA Compliance Manager, PREA Coordinator, and Warden and review of the facility's monthly reports it documents the data collection process and correction actions taken by the facility.

## **Standard 115.89: Data storage, publication, and destruction**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### **115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### **115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

## 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Department's policy BP 2.09 PREA Ombudsman Policy Statement, Record Retention Schedule, ED 2.29 Records Management, and the Safe Prisons/PREA Plan direct how the incident-based information and aggregate data is collected, properly stored, and securely retained. The PREA Ombudsman's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility including contracted facilities; preparing monthly and semiannual activity reports for distribution. Access to the data is controlled. The PREA Coordinator stated the Safe Prisons/PREA Office maintains a stand-alone access database system that only allows office staff access to enter and query data. The manager is the only authorized agent to delete information. Mainframe data reported through the Emergency Action Center is stored on a server. Employees must have a user account to access the EAC system. There is a 2nd level of security where specific access is granted only to certain individuals based on their security profile. Access to this system is approved only through the EAC administrator.

The agency's aggregate data is available to the public through the agency's website and the PREA Ombudsman annual report. The 2016 Safe Prisons/PREA Program Annual Report is available on the website for review as well as previous years 2014 and 2015. Before publishing the annual report, all personal identifiers are removed. The record retention schedule indicates records are required to be maintained as part of the Texas State Library and according to Texas Government Code. All Offender Investigation Packets and criminal investigations and which include sexual abuse cases are permanently maintained electronically.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

##### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

##### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

##### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

The review of the agency's website confirms that PREA audits are being conducted on the agency's facilities. The Texas Department of Criminal Justice did not complete a PREA Audit of all the correctional facilities within the first cycle as required by the standard. However, the agency has had a Safe Prisons Plan in place prior to the PREA requirements which addresses sexual abuse in the confinement setting. The first cycle of PREA audits were conducted August 2014 – September 2017. In 2014, the agency completed fifteen (15) audits with the first one in August 2014. In 2015, forty-two (42) audits were conducted. In 2017, the remaining twenty-seven (27) facilities were completed by September 2017 for the initial phase. The agency is now within its second cycle of conducting PREA audits for its facilities with twenty (20) conducted in 2017 and six (6) in 2018 based on the agency website information. Although the Agency did not meet the standard in August 2014, it has met the standard of completing the first cycle and has begun the second cycle.

The agency has entered into agreements with private organizations for Community Base Residential Programs to provide housing and treatment for selected Parolees. Each contract permits contract monitoring and requires the Program to achieve and maintain PREA Compliance, and to arrange for PREA Audits on a schedule set in consultation with the TDCJ PREA Coordinator. Audits were scheduled per contract to ensure that one-third of each facility type operated by a private organization on behalf of the agency will be audited during each forthcoming audit year.

During the audit, the facility and agency provided the audit team full access to all areas of the facility and the auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the auditor requested documents. Private interview space was provided to the auditor for conducting staff and offender interviews. Posted signs advised offenders could send confidential information or correspondence to the auditor. The auditor received a correspondence from an offender.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

## **Standard 115.403: Audit contents and findings**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the

case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

A review of the agency's website [https://www.tdcj.state.tx.us/divisions/arm/rev\\_stan\\_prea.html](https://www.tdcj.state.tx.us/divisions/arm/rev_stan_prea.html) confirms that the agency publishes PREA final reports and makes them available through the website to the public. The auditor observed on the agency's website under the section of Final PREA Audit Reports the final reports of 141 PREA Audits of the agency's facilities. There were 6 audits in 2018, 47 audits in 2017, 42 audits in 2016, 31 audits in 2015 and 15 audits in 2014. The most recent audit appearing on the website was March 23, 2018, well within the 90-day requirement. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings.

# 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.

## Auditor Instructions:

Barbara A. King

May 21, 2018

**Auditor Signature**

**Date**