

PREA AUDIT REPORT x **Final**

ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Robert M. Whidden			
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Email: rmwhid@hotmail.com			
Telephone number: 407-758-2181			
Date of facility visit: August 5-7, 2015			
Facility name: William R. Boyd Unit			
Facility physical address: 200 Spur 113, Teague, Texas 75860			
Facility mailing address: (if different from above)			
Facility telephone number: 254-739-5555			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Cynthia D. Tilley			
Number of staff assigned to the facility in the last 12 months: 298			
Designed facility capacity: 1372			
Current population of facility: 1329			
Facility security levels/inmate custody levels: Minimum/Medium			
Age range of the population: 25 to 77			
Name of PREA Compliance Manager: Jon Harrison		Title:	CO Sergeant
Email address: Jon.Harrison@tdcj.texas.gov		Telephone number:	254-739-5555
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: State of Texas			
Physical address: 861—B I45 North Huntsville, Texas 77320			
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Name: Brad Livingston		Title:	Executive Director
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Name: William Stephens		Title:	Director-CID
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AUDIT FINDINGS

NARRATIVE:

The Texas Department of Criminal Justice contracted with the American Correctional Association for a PREA audit to be performed at the Boyd Unit on August 5-7, 2015. The audit was assigned to DOJ Certified Auditor Robert M. Whidden in June 2015. The facility posted the required notices of the impending PREA audit on the facility bulletin boards and the agency PREA program office provided the auditor with a thumb drive containing the completed Pre-Audit Questionnaire, Directives and Policies pertaining to PREA, and documents pertaining to actions taken to comply with the PREA standards. The audit began informally on the evening of August 4, 2015 when the auditor was driven around the unit on the perimeter road to get a view of the unit from the outside looking in. On the morning of August 5, 2015 the auditor met briefly with the Warden, Assistant Warden and Major in the lobby of the administration building. The unit's executive staff were involved in ACA reaccreditation audit and had to be available to the other audit team. The auditor and the agency PREA Program Manager, the Regional PREA Program Manager and the unit PREA Manager proceeded to the Line Building and used the Classification Department's conference to conduct a thorough review of each standard and the policies and documents provided. That afternoon following the standards review the group of PREA Managers and the auditor toured the entire compound inside the fence except for the education program building. The next entire day was spent conducting interviews of staff and inmates. Interviews of staff included male and female officers at random from each of the three shifts, medical staff, mental health staff, segregation supervisor, staff screening for risk, human resources manager, intake staff, investigator, unit incident review team member, staff assigned to monitor retaliation, volunteer coordinator, unit PREA manager, Warden, Assistant Warden and Major. Inmates interviewed were randomly selected inmates from each housing unit, handicapped inmate, transgender inmate, gay/bisexual inmate, an inmate placed in segregation for protection and an inmate who alleged sexual abuse. The auditor was provided with written interview with the agency head designee and agency wide PREA Coordinator. The final day of the audit the auditor visited the dog yard and stable and toured the education program building. Following the tour of the education building the auditor informally met with the warden in her office with the assistant warden and the agency, regional and unit PREA managers to discuss some of the finding from the tour and interviews. Finally the auditor and the warden took a final tour of the compound and upon return to the administration building the audit was completed.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Boyd Unit is a minimum/medium custody facility located between Fairfield and Teague, Texas on a 700 plus acre tract of land. There are twelve buildings within the double fenced compound. Two pickets are located outside the fences on opposite corners of the perimeter. There is an unmanned gate house that serves as a pedestrian entrance. The pedestrian gate is monitored and controlled by the officer located in the front picket. Everyone wishing to gain entrance must present a photo to a camera mounted in the gatehouse to be admitted. The sidewalk from the gatehouse leads to the administrative building which contains the central control room and pedestrian gate to the compound. There is a vehicle gate on the backside of the perimeter. Five of the twelve buildings are inmate housing. Four are comprised of three separate pods containing double bunked single cells. The fifth unit has open bay dormitory style living. The segregation unit is part of the Line Building which also houses the classification department and consists of seven cells with a day room. A standalone building houses the class rooms for the Academic programs, vocational programs and Library. Another standalone building includes the laundry, kitchen and dining room and medical. Maintenance occupies a single sited behind the laundry, kitchen and medical building. There are two closed buildings inside the secure perimeter; a stainless steel fabrication factory and a gym/hobby craft facility. The recreation yard is located in the middle of the compound and is more or less surrounded by the twelve buildings. Outside the fences is a dog yard and stable.

SUMMARY OF AUDIT FINDINGS:

Number of Standards Exceeded: 1

Number of Standards Met: 40

Number of Standards Not Met: 0

Number of Standards Not Applicable: 2

115.11 – Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

Exceeds Standards (substantially exceeds requirement of standard)

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

Does not meet Standard (requires corrective action)

On August 12, 2013, Executive Director issued executive directive ED-03.03; Subject: Prisons/PREA Program, applicable to the entire Department of Criminal Justice. The policy statement of this ED proclaims that the TDCJ has zero tolerance to all forms of sexual abuse and sexual harassment. The procedures statement appoints the Director of the Correctional Institutions Division as the agency wide PREA coordinator who shall establish the TDCJ Safe Prisons/PREA Compliance Plan. Review of Forward to the Safe Prison/PREA Plan (SPPP) and the table of contents reveals language that confirms compliance with 115.11 sections a. b. and c.

115.12 - Contracting with other entities for the confinement of inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

X Not Applicable

This facility does not contract with other entities for the confinement of inmates.

115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

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

Does not meet Standard (requires corrective action)

Safe Prisons/PREA Plan Chapter II, Section D. Security Staffing, page 10 states that the TDCJ will insure that each unit develops, documents and complies with a staffing plan that provides for adequate levels of staffing and where applicable video monitoring to protect inmates from sexual abuse. Review of the staffing rosters, and visual observation of the inmate housing units and work areas confirms staffing plans take in consideration general accepted detention and correctional practices and the use of video monitoring. Each shift utilizes a critical competent of posts that must filled and documents any deviations. Review of the shift duty roster shows that posts that are designated as critical are always staffed either with the assigned officer or an officer on overtime. Video monitoring is used throughout the unit and may be viewed in the housing unit pickets, the warden's office and central control room. The auditor viewed video monitoring in regard to privacy concerns and found no privacy issues. Section B. Chapter II of the SPP requires security supervisors to conduct unannounced rounds and prohibits staff from alerting other staff that these rounds are occurring. Compliance with this standard is confirmed by review of policies, documents and observations during operations.

115.14 – Youthful Inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

X Not Applicable

There are no youthful offenders housed at this unit.

115.15 – Limits to Cross – Gender Viewing and Searches

Exceeds Standard (substantially exceeds requirement of standard)

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

Does not meet standard (requires corrective action)

Administrative Directive -03.22 Subject: Offender Searches; speaks to the requirements of this standard. Cross gender search logs indicate zero cross gender searches having been conducted on the unit. Observation of cross gender staff announcements of the presence in the housing units confirms compliance with this provision. Strip searches are only conducted by the same gender as the inmates, one at a time behind moveable screens. Interviews with female staff confirm the prohibition of cross gender searches and the privacy of them.

115.16 - Inmates with Disabilities and Inmates Who Are Limited English Proficient

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

There are several policies addressing all aspects of this standard. Safe Prisons/PREA Operations Manual-02.03 requires posters and written instructions be in English and Spanish, Correctional Managed Health Care Policies, G-51.1 and G-51.5 covers inmates with disabilities and hearing impaired, Administrative Directives-04.25 and 06.25 provide for language assistance and signers and Security Memorandum-05.50 sets out guidelines for qualified interpreters. Inmate interviews and observation of bulletin boards confirms that these policies are in place.

115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement)

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

Does not meet standard (requires corrective action)

There are several Agency Personnel Directives dealing with hiring and promotion practices including PD 22, 27, 29, 56, 71, 73, 75. These policies, Texas Code, Safe Prison/PREA Plan, General Rules of Conduct, PREA Training Employee Acknowledgement Forms, changes to the application for employment, application supplemental forms create a comprehensive agency no hire, no promote policy of any applicant or contractor who has been involved in any incident of sexual abuse or harassment. From interviews with the Warden and HR Manager these policies are followed in all hiring and promotion decisions.

115.18 - Upgrades to Facilities and Technologies

Exceeds Standard (substantially exceeds requirement of standard)

X 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 unit has not up-graded the facilities or technology since August 20, 2014. No expansions or up-grades are planned in the near future; however, the unit may be in line for additional video monitoring.

115.21 - Evidence Protocol and Forensic Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Standard (requires corrective action)

The TDCJ conducts their own administrative and criminal investigations. Investigators are trained to follow a uniform evidence protocol through the use of the Sexual Abuse Check List pursuant to Safe Prisons/PREA Operations Program Manual. The unit provided the auditor with letters sent to rape crisis agencies to have an outside advocate available for an incident of sexual abuse; but they have been unsuccessful thus far. Inmates are offered access to forensic exams at the nearest local hospital. Exams may be conducted by a Safe/Sane Nurse or a trained emergency room practitioner per state law if a Safe/Sane nurse is not available. Inmates are not charged for forensic exams. Qualified staff are available for rape crisis counseling and to accompany and support an inmates through a forensic exam. Interviews with investigators and medical staff confirm these provisions.

115.22 - Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard 115.22 and sections a-e are addressed in a number of policies including the Safe prison/PREA Plan, Safe Prisons/PREA Operational Manual-05.01 and 05.05, and Administrative Directives-02.15, 16.20, Board Policy-01.07, Personnel Directive 29 and OIG-04.05. These policies insure allegations of sexual abuse/harassment are referred for administrative or criminal investigation. Document review included a list of allegations of sexual abuse referred to the OIG and the disposition of each referral. Interviews with the Unit PREA Manager and investigator confirms that allegations of sexual abuse are handled in accordance with the requirements of this standard.

115.31 - Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

- X 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 requirement for staff training is found in Chapter III of the Safe Prisons/PREA Plan which requires all employees to receive SPP training when attending an Orientation Session pursuant to Personnel Directive-97, Training and Staff Development. PREA training is delivered via a video from the Support Operations office. The video covers how to prevent, detect, report and respond to sexual abuse. The inmate's right to free from sexual abuse, the dynamics of sexual abuse, reactions sexual abuse, how to detect and respond to signs of sexual abuse, how to avoid relationships with inmates, how to communicate with LGBTI inmates and how to comply with reporting laws. Training is inmate gender specific and employees are retrained if reassigned to a unit with a different gender of inmate. Staff interviews indicate staff are very well trained and are retrained as part of annual in-service training.

115.32 - Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Volunteer training is covered in the Volunteer Handbook made available to each volunteer and training is delivered in a video explaining the TDCJ Zero Tolerance Policy and the tenets of the Safe Prison/PREA Plan and consequences if any violation of the plan occurs. Contractors receive an orientation letter signed by Executive Director Livingston containing the rules of conduct to include the Zero Tolerance Policy. Interview with the volunteer coordinator confirms that all volunteers receive the Safe Prison/PREA Plan training and agree to abide by the plan.

115.33 - Inmate Education

- X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Unit Classification Procedure-5.00 requires inmates to receive an orientation within one week of arriving on the unit. One subject of the orientation program is the Safe Prison/PREA Plan. Additionally the Unit Safe Prisons/PREA Operations Manual-02.03 required that inmates receive information explaining the Zero Tolerance policy which is continuously and readily available to inmates through posters, handbooks or other written material. This is in addition to education in person or through video. This continuous display is in English and Spanish. Interviews with inmates indicated they receive orientation at each new unit they are assigned to and the video is displayed in the housing units every Thursday evening. One inmate when asked in interview if he watched the video in the housing unit replied he had no choice, it's all that's on until it's over.

115.34 - Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The authority for the TDCJ Office of the Inspector General to conduct sexual abuse and harassment investigations is granted by the TBCJ via Board Policy-01.07. The OIG Operational Procedures Manual-OIG-02.15, Title: Training Procedures and OIG-04.15, Title: Offender Sexual Assault Investigations reflect that investigators are properly trained to conduct investigations in confined space, can interview sex abuse victims, can use Miranda and Garrity warning, collect evidence, and maintain training records. Investigator interviews confirm the investigators have received this training.

115.35 – Specialized Training: Medical and Mental Health Practitioners

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency ensures that all full and part-time medical and mental health care practitioners have been trained in:

- How to detect and access signs of sexual abuse and harassment
- How to preserve physical evidence of sexual abuse
- How to respond effectively and professionally to victims of sexual and harassment
- How and to whom to report allegations or suspicions of sexual abuse or harassment

The agency maintains documentation that medical and mental Health practitioners have received this training. No medical staff on this unit performs forensic exams. Medical and Mental Health staff interviews reflected these staff have received their training pursuant to this standard.

115.41- Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

- X 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 provisions of the Safe Prison/PREA Operations Manual-03.01, Offender Assessments, contain all the elements 115.41 a through h. The provision for control of collected data is found in Safe Prisons/PREA Plan Chapter III, D. Screening Information Management.

115.42-Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Standard (requires corrective action)

Use of screening information provisions are found in the Safe Prisons/PREA Plan Chapter III C. 1 and 2. These provisions comply with Standard 115.42 a through c. The requirement to comply with Standard 115.42 d and e is found in Safe Prison/PREA Operations Manual 03.02 under the Procedures section. Chapter II B 7 specifies that transgender or intersex inmates shall be given the opportunity to shower separately from other inmates pursuant to the Correctional Managed Health Care policies.

115.43 - Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

X 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 prohibition against placing inmates at high risk for victimization in protective custody unless an assessment of all alternatives have been made and it is determined there is no alternative of separation is found in the SPP Chapter III, C-Use of Screening Information, 3. Sections 4, 5, 6 and 7 meet the requirements of 115.43b, c, d and e. There had not been any inmates at high risk for victimization involuntarily in protective custody for more than 24 hours.

115.51 - Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Chapter IV, Section A-Offender Reporting of Allegations states that inmates shall be provided with multi-internal methods to privately report sexual abuse, sexual harassment, retaliation for reporting sexual abuse or harassment or staff neglect that may have contributed to an incident. Further the policy states the reports may be made directly to the Major, Office of the Inspector General or PREA Ombudsman. The PREA ombudsman office acts as an outside reporting entity. Staff are directed to accept reports verbally, in writing, anonymously or from third parties and to promptly document any verbal reports. A method is provided for staff to privately report sexual abuse and harassment of inmates. Posters in English and Spanish are on the bulletin boards, brochures issued by the PREA Ombudsman Office and PREA training videos all contain information for inmate reporting. Interviews with staff and inmates indicate that they know how report sexual abuse and harassment.

115.52 - Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

X 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 has an administrative procedure available to inmates with grievances regarding sexual abuse and harassment. Plus policy and procedure provides for filing emergency grievances alleging that an inmate is subject to substantial risk of imminent sexual assault. Administrative Directives 03.77 and 03.82 address offender grievances and management of grievances which are available to staff and inmates. More information on inmate grievances can be found in the Offender Orientation Handbook and the Offender Grievance Operations Manual, Appendix D. Almost all inmates interviewed and asked if they knew how to report an incident of sexual abuse or harassment mentioned file a grievance as one way confirming compliance with this standard.

115.53 - Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

X 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 has been unsuccessful in partnering with an outside advocate/rape crisis organization although they have made a good faith effort to find such an organization. The auditor reviewed letter sent to several organizations explaining the need for collaboration between the agency and a community based rape crisis organization. Therefore the agency has implemented guidelines for the selection, training and functions in-house Offender Victim Representative per Safe Prisons/PREA Operations Manual 02.02.

115.54 - Third Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency issued an Executive Directive 02.03, Subject Ombudsman Program to establish guidelines for responding to complaints and inquiries regarding the agency. Under the Procedures section V, C- Offender Protection Situations is information to report situations of sexual assault. Executive Directive 02.10, Subject PREA Complaints and Inquiries outlines procedures for reporting complaints from the public, elected officials, and offenders pertaining to sexual assault, sexual contact and staff sexual misconduct to the PREA Ombudsman. The agency produced a General Information Guide for Families of Offenders provides contact information for the Ombudsman Office. This guide booklet is available on the TDCJ website for public download.

115.61 - Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Safe Prisons/PREA Plan pursuant to Chapter IV-Reporting Allegations requires all staff to immediately report per TDCJ policy any knowledge, suspicion or information regarding an incident of sexual abuse, harassment, retaliation or any staff neglect or violation of responsibilities that may have contributed to an incident. TDCJ policy on reporting includes immediate supervisor, Office of the Inspector General, Department of Family Protective Services if the inmate is under 18 years old, the PREA Ombudsman and the Emergency Action Center. Random and specialized staff interviews reveal that staff are well aware of this reporting requirement and know to where reports are to be made.

115.62 - Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

When the agency learns that an inmate is at substantial risk for sexual assault the highest ranking security supervisor on the unit will separate the alleged victim from the alleged assailant and determine the type of housing is required for safe guarding the subject while an investigation is conducted pursuant to the Safe Prisons/PREA Operations Manual 05.01 and 05.02. The initial and response information is reported to the Emergency Action Center.

115.63 - Reporting To Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

X 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 SPPOM 04.02 specifies that upon receiving a report of sexual abuse occurring at another facility the unit warden or department head receiving the notification shall report the allegation to the PREA Ombudsman and the Office of the Inspector General. In the last twelve months several inmates at screening have indicated sexual abuse at other facilities that turned out to have been reported and investigated. None of the allegations were previously unreported.

115.64 - Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

X 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 SPPOM 05.01 establishes the duties of the first responder following an inmate on inmate or staff on inmate sexual abuse incident. In the procedures Section II, B it states that the first staff member to have knowledge of an incident shall immediately report the allegation to the Security Supervisor. The Security Supervisor will immediately comply with all provisions of 115.64 a, which is to separate the victim and abuser, protect the scene until evidence is collected and take care to not destroy evidence. Interviews with random and specialized staff confirmed that security and non-security staff are well aware of their first responder duties.

115.65 - Coordinated Response

Exceeds Standard (substantially exceeds the requirement of standard)

X 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 Safe Prison/PREA Plan and the Safe Prison/PREA Plan Operational Manual are the plans that shall be followed to coordinate the response to an incident of sexual abuse or harassment.

115.66 - Preservation of Ability to Protect Inmates from Contact with Abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

None of the employees of the TDCJ are unionized therefore the agency has the ability to take any action within the human resources policies to protect inmates from contact with abusers.

115.67 - Agency Protection against Retaliation

Exceeds Standard (substantially exceeds requirement of standard)\

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

Does Not Meet Standard (requires corrective action)

Personnel Directives including the general rules of conduct, sexual misconduct with offenders, sexual harassment and discourteous conduct of a sexual nature, discrimination in the workplace all contain provisions that inmates and staff who report sexual abuse or cooperate with an investigation shall be protected from retaliation. The Safe Prisons/PREA Operations Manual allows for housing, job and work hours changes as an intervention to protect inmates and staff against retaliation. CMHC policies permit self-referral to mental health for emotional support services. The SPPOM 05.08 procedures establishes 90 day monitoring, periodic inmate status checks and protection if there is an expression of fear. The obligation for protection ends if allegation is unfounded. Interviews with random inmates and random staff revealed that they are aware of the right to be free from retaliation.

115.68 - Post-Allegation Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Administrative Directives 03.50 and 04.63 as well as the agency Administrative Segregation Plan prohibits the involuntary placement of an inmate in segregation who has alleged sexual abuse until an assessment of all available alternatives has been and there is no alternate means of separation from known or unknown likely assailants.

115.71 - Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds the requirement of standard)

X 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 TDCJ conduct their own criminal and administrative investigations. They have addressed all twelve of the sub-sections of this standard in either the Safe Prison/PREA Plan, Office of the Inspector General policies, CID-Management Operations, Correctional Training and Staff Development Program or Administrative Directives. Interview with OIG Investigator staff confirms that they have received the necessary training to conduct both criminal and administrative investigations.

115.72 - Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds the requirement of standard)

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

Does Not Meet Standard (requirement corrective action)

Chapter V-Investigations D. 5 of the Safe Prison/PREA plan states that no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or harassment are substantiated. This language is also included in the training curriculum for investigator training.

115.73 - Reporting to Inmates

Exceeds Standard (substantially exceeds the requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Safe Prison/PREA Plan Chapter V, F Offender Protection Investigation Review and Committee Action, 4. states that after the OPI committee review the committee shall inform the inmate if the allegations were determined to be substantiated, unsubstantiated or unfounded. Pursuant to Safe prison/PREA Operation Manual 05.05 form Attachment M, titled UCC Notification of OPI Outcome which indicates the outcome of their allegation in English of Spanish is provided to the inmate and a copy is filed.

115.76 - Disciplinary Sanctions for Staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Personnel Directives 13-Sexual Misconduct and Discourteous Conduct, 22-General Rules of Conduct, 29-Sexual Misconduct with Offenders all address sanctions for staff. The range of sanctions are from Reprimand to Dismissal.

115.77 - Corrective Action for Contractors and Volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Personnel Directive 29, Chapter II- Remedial Actions, addresses corrective action for contractors and volunteers. Any contractor or volunteer who commits an act of sexual misconduct with an offender shall not allowed to continue to perform services for the TDCJ and shall be not have access to any TDCJ premises. The OIG is responsible for referring any substantiated violations of criminal law to the District Attorney for criminal prosecution.

115.78 - Disciplinary Sanctions for Inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Disciplinary Rules and Procedures for Offenders, GR-106 and the Safe Prisons/PREA Plan, Chapter V Investigations, H states that offenders shall be subject to disciplinary sanctions pursuant to the formal disciplinary process, sanctions shall be appropriate to the nature of the abuse committed, the disciplinary process shall consider the offenders mental disabilities and the offender may be offered therapy, counseling of other interventions which addresses the disciplinary sanctions for inmates.

115.81 - Medical and Mental Screening; History of Sexual Abuse

Exceeds Standard (substantially exceeds requirement of standard)

- X 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 Correctional Managed Health Care policy manual addresses the screening of all incoming inmates within 14 days and those inmates who present with complaints of sexual abuse/harassment and referred for follow up with medical/mental health. Further the Safe Prison/PREA Plan also requires inmates who have experienced sexual victimization whether in the community or correctional setting to be offered medical and mental health follow up. Follow up services are offered to inmates who have perpetrated sexual abuse as indicated in 115.41. Confidentiality and release of protected information is addressed in CMHC policy manual H-61.1. and CPOM 02.05 addresses the requirement of contact the Department of Family Protective Services if abuse exploitation or neglect occurred if the victim was under age 18 when an incident occurred.

115.82 - Access to Emergency Medical and Mental Health Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Correctional Managed Health Care policy manual A-01.1 ensures all offenders have access to care to meet any serious medical, dental or mental health care need. CMHC policy manual G-57.1 ensures immediate evaluation and referral for inmates who present with complaints of sexual abuse, if no health or mental health professional is available the first responder will follow after hour procedures and the victim will offered prophylactic treatment. All services are free from any co-pay.

115.83 - Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Continuing medical and mental health treatment is outlined in the Ongoing Medical and Mental Health section of the Safe Prisons/PREA Plan and is detailed in the CMHC policy manual G-57.1. Additional details were found in CMHC policy manual E-32.1. Interviews with medical and Mental Health staff confirmed the commitment to the continuity of care.

115.86 - Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

X 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 Safe Prisons/PREA Plan requires that an Incident Review Team will conduct an administrative review for all alleged sexual abuse/harassment incidents unless it was determined that the allegation was unfounded. Administrative Directive 02.15 provides guidelines for conducting this review. The team will include upper management with input from line staff, investigators and medical and mental health staff. Any recommendations made by the review team will be implemented or the reason for not implementation will be documented.

15.87 - Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet standard (requires corrective action)

Data collection is in accordance with the provisions of the Safe Prisons/PREA Plan Chapter VII-Data Collection A. 1, 2, 3, 4 which states that accurate, uniform data shall be collected for every incident of sexual victimization, it will aggregated annually, data collected will be used to answer all questions for the DOJ and will be maintained, reviewed and collected as needed to complete the SSV.

115.88 - Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (corrective action)

Chapter VII-Data Collection B. 2. SPP Management Office to compile information collected from reports, investigations, reviews and EAC statistics to analyze and evaluate trends. The data collected shall be reviewed in order to access and improve effectiveness in sexual victimization prevention, detection and response policies, procedures and training. The reviewed data is used to prepare an annual report of findings and corrective actions in collaboration with shall be approved by the Executive Director for public viewing on the agency website.

115.89 - Data Storage, Publication and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requirement corrective action)

The Safe Prison/PREA Plan addresses collected data security and publication through the website after approved by the Executive Director. The TDCJ uses a retention schedule certified by the Records Management Division of the Texas State Library Pursuant to Texas Code 441.185 that ensures that collected data is retained for ten years or longer unless federal, state or local law requires them to be retained longer.

AUDITOR CERTIFICATION

I certify that:

- X 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.

Robert M. Whidden

08/29/2015

Auditor Signature

Date