

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

Interim Final

Date of Report: January 18, 2018-Corrected

Auditor Information

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Telephone: 703.224.0000

Date of Facility Visit: December 11-13, 2017

Agency Information

Name of Agency:
Texas Department of Criminal Justice

Governing Authority or Parent Agency (If Applicable):
State of Texas

Physical Address: 1220 Washington Avenue

City, State, Zip: Huntsville, TX 77320

Mailing Address: P.O. Box 99

City, State, Zip: Huntsville, TX 77342

Telephone: (518) 457-8126

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: To improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where all inmates' needs are addressed and they are prepared for release, followed by supportive services for all parolees under community supervision to facilitate a successful completion of their sentence.

Agency Website with PREA Information:

<http://www.tdcj.texas.gov/tbcj/prea.html>

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

Title: Director, Correctional Institutions Division

Email: lorie.davis@tdcj.texas.gov		Telephone: 936.437.2170	
PREA Coordinator Reports to: Executive Director		Number of Compliance Managers who report to the PREA Coordinator 91	
Facility Information			
Name of Facility: Carole Young Medical Facility			
Physical Address: 5509 Attwater Ave., Dickinson, TX 77539			
Mailing Address (if different than above):			
Telephone Number: 409.948.0001			
The Facility 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
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility 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.			
Facility Website with PREA Information: http://www.tdcj.texas.gov/tbcj/prea.html			
Warden/Superintendent			
Name: Jacqueline Jones		Title: Senior Warden	
Email: jacqueline.jones@tdcj.texas.gov		Telephone: 409.948.0001/409.772.6108	
Facility PREA Compliance Manager			
Name: Dustin Hunter		Title: Unit Safe Prisons PREA Manager	
Email: Dustin.Hunter@tdcj.texas.gov		Telephone: 409.948.0001	
Facility Health Service Administrator			
Name: Michael Rape		Title: Interim Business Manager	
Email: mirape@utmb.edu		Telephone: 409.948.0001	
Facility Characteristics			
Designated Facility Capacity: 467		Current Population of Facility: 453	
Number of inmates admitted to facility during the past 12 months			6132
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1309

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		4588	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		19	
Age Range of Population:	Youthful Inmates Under 18: NA	Adults: 20-90	
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:		NA	
Average length of stay or time under supervision:		1 year 5 months	
Facility security level/inmate custody levels:		OT, MD	
Number of staff currently employed by the facility who may have contact with inmates:		198	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		29	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1	
Physical Plant			
Number of Buildings: 9		Number of Single Cell Housing Units: 4	
Number of Multiple Occupancy Cell Housing Units:		4	
Number of Open Bay/Dorm Housing Units:		3	
Number of Segregation Cells (Administrative and Disciplinary):		0	
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.): According to the information provided, there are 19 cameras throughout the facility. There are cameras located in the main building, front parking lot, in the extended care wing, back dock, visiting room, central plant, and back gates.			
Medical			
Type of Medical Facility:		Ambulatory medical, dental, and mental health services. Medical care available 24 hours a day, seven days a week. Seventeen bed infirmary, including 13 assisted living beds, two respiratory isolation beds and two mental health observation rooms. Telemedicine Services available. All services on a single level, including CPAP accommodating housing.	
Forensic sexual assault medical exams are conducted at:		Memorial Hermann - Texas Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		423	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		OIG 139 Unit 15	

Audit Findings

Audit Narrative

The PREA Audit of the Carole Young Medical Facility was conducted on December 11-13, 2017 by Michelle L. Burrows, Department of Justice (DOJ) certified PREA Auditor. Approximately three weeks prior to the audit Ms. Brenda German, Administrative Assistant IV provided the Auditor a USB thumb drive. The thumb drive contained the facility PAQ and supplemental documentation. The documentation received was organized, highlighted and labeled appropriately. A folder for each PREA standard contained an outline of primary and secondary documentation relating to the specific provision of each standard. Documentation contained on the thumb drive consisted of the Departmental Mission; aerial view and plot plan for the CYMF; and executive team chart with responsibilities of each member; PREA Audit - Pre-audit Questionnaire; documentation folders for each of the 43 PREA Standards; facility layout for CYMF; TDCJ Web page home screen; Safe Prisons plan to an incident of inmate sexual abuse; PREA Risk Screening. TDCJ Orientation Handbook; 115.15 Cross Gender Training; departmental directives pertaining to searches; ACA notice of accreditation report for December 8-10, 2014 audit; population report for the daily facility's staffing plan showing offender population on the 1st, 10th and 20th day of each month for twelve months prior to the audit; training; and other relevant department policies and procedures. .

The Auditor met with agency and facility staff on Sunday, December 10, 2017 for dinner and discussed the PREA audit process and what could be expected during the on-site portion of the audit. Warden Jacqueline Jones was appointed to the Senior Warden position on October 1, 2017, just over two months prior to the audit. The auditor was transported to and from the hotel by Warden Jones.

On December 11, 2017, the Auditor met with agency and facility staff for an entrance briefing. Shortly thereafter, we began with a tour of the facility. The Carole Young Medical Facility (CYMF) is a small open compound facility. There are (9) buildings, extended care infirmaries and (3) open bay/dorm housing units. CYMF does not have segregated housing. The standards require the auditor observe all areas of the audited facility paying particular attention to those areas of the facility that must be observed carefully in order to verify compliance with the standards. 1). Intake/reception/screening area. 2). All housing units, including samples of individual rooms and all dormitories. 3). Health care (medical clinics, infirmary, and housing units) if there are such facilities on site. 4). Recreation, cafeteria (if there is one), and work areas, other programming areas (e.g., education or special education areas) 5). Areas that were renovated, modified, or expanded (if any). Carole Young Medical Facility has not undergone any significant renovations or modifications during the past 12 months. Every area of the facility was observed as the standard requires, and the auditor observed inmates being supervised throughout the audit. The Auditor observed signage posted in languages both in English and other than English throughout the facility explaining inmate rights to be free from sexual abuse and how to report allegations of sexual abuse and harassment, to include in places where locked-down inmates could see them. The Auditor conducted (25) informal interviews with inmates and (10) informal interviews with

staff while touring; observed log-book entries for unannounced rounds being conducted by intermediate and higher level facility staff; visually reviewed line of sight into bed areas and/or toilet and shower areas. At the end of the tour, interviews began with random staff and then later inmate interviews began with random inmates. The Auditor observed opposite gender staff announcing their presence upon entering inmate housing units and other areas that an inmate may be undressed, showering or using bathroom facilities.

During the past 12 months, the Carole Young Medical Facility had (4) cases of reported sexual abuse and harassment. The Auditor conducted a formal interview with the Investigator assigned at CYMF. The Auditor determined PREA investigations are being completed per TDCJ policy and procedures and are compliant with all applicable PREA standards.

There are six (6) different PREA interview protocols consisting of the Agency Head, Facility Director, PREA Coordinator, Specialized Staff, Random Staff and inmates. These protocols are used by auditors to interview staff and inmates as part of the audit. Answers from the interviews are part of the auditor's compliance assessment. On day one of the audit, Carole Young Medical Facility reported a count of (453) inmates. The Auditor conducted (40) random inmate interviews; (1) Limited English Proficient inmate was interviewed utilizing an Interpreter; (3) physically disabled/cognitive disability; (4) Transgender, Gay, Bisexual inmate; (2) Inmates who reported sexual abuse; (2) inmates who disclosed sexual victimization during risk screening. There were zero inmates housed in segregation for risk of sexual victimization. Most inmates interviewed demonstrated knowledge of the agency's zero tolerance policy for sexual abuse, harassment & retaliation, and were able to identify how to report allegations of sexual abuse, harassment & retaliation.

Carole Young Medical Facility employed (198) staff at the time of the on-site portion of the audit. The Auditor formally interviewed (28) random staff. It should be noted that the random sampling size of staff interviews comprised of 1st, 2nd, and 3rd shift employees. (2) Medical staff; (1) Mental Health Staff; (1) Human resources staff; (2) Investigators; (2) Staff who perform screening for risk of victimization and abusiveness; (1) Staff member on the incident review team; (2) staff members in charge with monitoring retaliation; (3) staff first responders, both security and non-security staff interviewed; (1) Intake staff member. All Specialized Staff interviews were conducted in accordance with the PREA Guidelines for Auditors: Specialized Staff Interviews. The Agency Head, Contract Monitor and PREA Coordinator interviews had previously been conducted by another DOJ certified PREA Auditor and was accepted by this Auditor as well as conducted a supplemental interview with the regional PREA Manager, Vicki Mossbarger.

After the on-site audit was completed, the auditor conducted an exit-briefing with members of the Executive staff. The Auditor could not give a final outcome of the audit, but the Auditor did provide a preliminary status of her findings.

The Auditor thanked the facility staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the report writing period the Auditor reviewed additional policies & procedures and supplementary documentation that was received during the audit.

Facility Characteristics

The Carole Young Medical Facility provides an environment of confinement that adheres to all legislative, constitutional, and agency dictated requirements while at the same time balancing a wide range and variety of offender medical, mental health, and hospice care needs. The Carole Young Medical Facility (CYMF) is a small open compound facility. There are (9) buildings, extended care infirmaries and (3) open bay/dorm housing units. The facility serves as a transport service point for Type 1 chronic care daily access to Hospital Galveston medical care and clinics, emergent medical care through outside hospitals, access to off-site specialty clinics elsewhere in the state, and access to a wide variety of routine health care clinics. The facility sits on a 43 acre tract of land in Galveston County, Texas and has three dormitories that house exclusively females and provides sheltered housing for pregnant offenders who may suffer from a number of ailments. Dorms A and B house female offenders that are in need of routine medical attention and Dorm C houses female workers that maintain the facility's primary day to day operations and maintenance. The facility houses both male and female inmates with the females being the majority of the population.

Summary of Audit Findings

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 3—115.17; 115.31; 115.73

Number of Standards Met: 42

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

During the tour, the auditor noted a couple of risk areas in the facility. Sight lines were closely examined as were the potential for blind-spots. There were four areas identified as having blind spots with mirrors needing added (South Pod dorms; Physical Therapy; Laundry area behind dryers). Corrective action was taken immediately and blind spot mirrors were in place prior to the end of the audit. Also, a cross gender viewing issue was discovered in the showers in C-Dorm and this was also corrected prior to the end of the audit. During review of investigations, a conflict in the findings was discovered to show that a staff member failed to follow protocol and no action was taken. The

previous Warden in charge at the time did not follow up; however, the current Warden took immediate action when it was brought to her attention and provided corrective action and an addendum to the investigation making it complete.

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*)

Overall Compliance Determination Narrative

Texas Department of Criminal Justice (TDCJ) Safe Prisons Plan outlines zero tolerance for all forms of sexual abuse and sexual harassment of offenders. TDCJ takes a proactive approach concerning the detection, prevention, response, and punishment of sexual abuse, including consensual sexual contact while in TDCJ custody.

The auditor relied on interviews with staff and inmates and review of the following documents to determine the commitment of the TDCJ in preventing Prison Rape: Memo from Executive Director Bryan Collier designating the agency PREA Coordinator; TDCJ PO-07.150, Unit Safe Prisons PREA Manager (USPPM); TDCJ ED-03.03-Safe Prisons/PREA Program; The agency has plans in place to reduce sexual abuse and sexual harassment in the Texas prison system. This was written as a priority into policy and monitored per reported incident, review of institution staffing plans, and review of yearly reports. I interviewed the USPPM at the CYMF utilizing the PREA pre-determined interview questions and was provided with an interview of the Agency PREA coordinator with the PAQ. Issues or concerns were discussed with the Warden, Regional PREA administrator and USPPM throughout the audit as they arose.

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*)

Overall Compliance Determination Narrative

The TDCJ requires employees of entities contracting with the TDCJ to comply with of TDCJ policies, procedures, regulations, and posted rules per AD-02.46. This was confirmed when interviewing contractors and reviewing documents provided.

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*)

Overall Compliance Determination Narrative

I was provided a copy of the staffing plan, which addressed PREA related concerns. The facility documented its efforts to comply with the staffing plan by documenting any post closings on their supervisory daily report. The closed posts were recorded and occurred periodically for medical or mental health reasons. These closing were made in non-housing areas. All unannounced rounds by executive staff and supervisory staff were documented in log books by executive staff and a shift report daily by shift supervisors. All executive and supervisory staff document their rounds in each area by signing in red ink unannounced rounds. All shifts are required to make unannounced rounds.

I interviewed shift supervisors on all shifts and this was confirmed verbally and by reviewing supervisor reports, reviewing area ledgers, and interviewing various supervisors and staff. The supervisors explained methods they employ to conduct supervisory rounds, while pointing out that it was against their employee code of conduct to alert staff of supervisory rounds. The inmate population of the CYMF at the time of the audit was 453 inmates, with a capacity of 467. The PREA staffing plan was written to accommodate 467 inmates. The Texas Department of Criminal Justice (TDCJ) have reviewed staffing plans with the Carole Young Medical Facility on a yearly basis. I was provided the yearly review and it was discussed with the Senior Warden.

The Auditor reviewed the following policies/procedures: Safe Prisons/PREA Plan dated August 2014; PO-07.002, Major of Correctional Officers; PO-07.003, Captain of Correctional Officers; PO-07.004, Lieutenant of Correctional Officers; PO-07.005, Sergeant of Correctional Officers and PD-22, General Rules of Conduct and Disciplinary Action Guidelines for Employees. Unannounced rounds are being

made regularly by supervisory staff. The facility also provided weekly activity reports that showed who had been to the different areas in the past week.

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*)

Overall Compliance Determination Narrative

Carole Young Medical Facility does not house juvenile offenders; therefore, this standard is not applicable.

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

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without non-medical 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*)

Overall Compliance Determination Narrative

TDCJ and Carole Young Medical Facility policy prohibits cross-gender strip searches or cross gender visual body cavity searches. All strip searches are authorized by a supervisor and documented. The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks, or genitalia, except when such viewing is incidental to routine checks. Staff is trained to conduct cross-gender pat-down searches, in case of an emergency, and searches of transgender and intersex inmates using the least intrusive method possible. Staff interviews showed a thorough understanding of the inmate search policy. All security staff received annual training, online training, shift briefing training in conjunction with the PREA video training, which covers policy and procedures concerning searches. As observed by the auditor, staff are knowledgeable and professional in conducting searches. 100% of the security staff have received the appropriate training which is documented and on the PAQ. During the tour of the facility the Auditor observed, staff of the opposite gender announcing their presence when entering areas where inmates were likely to be showering, performing bodily functions, or changing clothing. The policy requirement is painted on all entrance areas of housing units and states in bold letters, **“You are now entering a cross-gender viewing area. All members of the opposite gender must announce their presence upon entry.”** Showers and toilet areas have doors or designed partitions that adequately block the view of people walking through. CYMF does not search or physically examine inmates for the sole purpose of determining the inmate's genital status. If the inmates genital status is unknown, it may be determined 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.

The Auditor received secondary documentation of staff training records submitted with the PAQ and reviewed additional training records and lessons plans on-site. Through interviews with staff and inmates it was determined proper cross-gender pat-down searches, and searches of transgender and inter-sex inmates was conducted in accordance with policy & procedures. CYMF has not conducted any cross-gender strip searches or cross-gender visual body cavity searches in the past 12 months.

This is outlined in the TDCJ Safe Prisons/PREA Plan dated April 2014; SPPOM 02.05, Cross Gender Searches and Log; and facility Post Orders. Other directives and information relied upon to find compliance are: AD – 3.22, Offender Searches; Logs; Pre-Service Training Curriculum and annual In-Service Training documentation.

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*)

Overall Compliance Determination Narrative

Carole Young Medical Facility takes steps and has a policy which ensures 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. CYMF provides inmates with materials which are available in English and Spanish. PREA posters and educational materials are provided in English and Spanish. Inmates who are deaf are provided PREA information through written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Inmates who are blind or sight impaired are provided an audio tracks in English and Spanish. CYMF does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an inmate's safety, the performance of first-responder duties, or the investigation of an inmate's allegations. The Auditor observed throughout the facility written materials, posters, pamphlets advising inmates of their rights to be free from sexual abuse, sexual harassment and retaliation and how to report such. The Auditor utilized a Spanish speaking interpreter during a formal inmate interview who was Limited English Proficient (Spanish Speaking). The inmate was able to inform the Auditor he received PREA educational information in Spanish and had a good understanding of what PREA was.

The Auditor conducted random staff and inmate interviews and interviewed intake staff as well as reviewed the following policies/procedures and supporting documentation provided with the PAQ and on-site: Correctional Managed Health Care Policy G-51.5, Certified American Sign Language (ASL) Interpreter Services; TDCJ Policy AD – 04.25, Language Assistance Services to Offenders Identified as Monolingual Spanish-speaking; TDCJ Security Memorandum SM-05.50, Qualified Spanish Interpreter Guidelines; TDCJ Policy 6.05, Intake Processing of Offenders in Need of an Interpreter; TDCJ Policy 03.01, Offender Assessment Screening; Example of Language Assessment Scales and Test for Staff Interpreters; PO-07-105, Psychiatric and Developmental Disabilities Program Officer; and listing of approved Staff interpreters.

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*)

Overall Compliance Determination Narrative

TDCJ prohibits hiring and/or promoting anyone who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. TDCJ completes criminal background checks on all new employees, contract staff and volunteers before they are allowed to have contact with inmates. TDCJ policy requires that all new employees be asked whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or been civilly or administratively adjudicated to have engaged in the activity described above. Policy requires staff to report any criminal charges immediately and background checks are completed on all staff on their birthday and then six months later (two times per year). CYMF hired (29) new employees within the past 12 months. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates, CYMF had (1). Through interviews with staff and review of employee personnel records it is evident that TDCJ and CYMF do not hire, promote staff or contractors who have engaged in sexual abuse in Prisons, jails,

Lock-ups or other confinement facilities. The Texas Department of Public Safety (DPS) will immediately provide an automatic notification to TDCJ by e-mail of any new criminal activity on the part of that employee. Additionally, TDCJ conducts warrant checks of each employee and contractor every six months. Any questions regarding substantiated sexual abuse or sexual harassment claims by employees against offenders are referred to and answered by the TDCJ Office of the Inspector General.

The auditor relied on random staff interviews, Human Resources Manager interview, and Investigative Staff interview, Senior Warden Interview and the following policies/procedures and supporting documentation: TDCJ PD-75, Applicants with Pending Criminal Charges or Prior Criminal Convictions; TDCJ PD-73, Selection Criteria for Correctional Officer Applicants; Safe Prisons/PREA Plan; Employment Application Supplement; Example of TDCJ Employment Application; TDCJ PD-71, Selection System Procedure; TDCJ PD-27, Employment Status Pending Resolution of Criminal Charges or Protective Orders; TDCJ PD-56, Request for and Release of Employment Information or Documents.

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*)

Overall Compliance Determination Narrative

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. Carole Young Medical Facility has installed or updated video monitoring systems, electronic surveillance systems or other monitoring technology since the last PREA audit with a total of 8 new cameras.

TDCJ Procedures Manual 07.02, Security Surveillance Systems outlines the process in deleting, new installation or relocation of video surveillance equipment and allows the Unit Warden to review the deployment of video monitoring systems to ensure adequate coverage is provided to protect against sexual abuse; and TDCJ SM-01.14 Operating and Monitoring Video Surveillance Systems outlines that Video Surveillance systems are used to protect offenders against assault, extortion, and sexual abuse.

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*)

Overall Compliance Determination Narrative

TDCJ investigates reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges and they work with the Office of the Inspector General. Directives for Evidence Handling outline evidence protocols for administrative investigations and criminal prosecutions. Offender Sexual Assault Investigations (OIG-04.05) outlines the approach to the extent the agency is responsible for investigating allegations of sexual abuse, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Interviews were conducted with investigators from the Unit. Interviews confirmed that PREA investigations are completed as outlined by the standards and investigators were very knowledgeable of the investigation process, evidence collection protocols, and the use of the Sexual Abuse Checklist. Emergency health care as well as forensic examinations by SANE/SAFE staff are provided (when available) at an outside facility with no cost to the inmate. An advocate is provided to the inmate upon request to provide emotional support through the forensic medical examination and investigation interviews. There were no forensic medical exams performed by SANE/SAFE staff during the last twelve months.

The Auditor finds compliance with this standard after interviews with medical staff, in-house investigators, PREA Compliance Manager and review of the following documentation: Offender Sexual Assault Investigations (OIG-04.05); CMHC-G-57.1 Sexual Assault/Sexual Abuse; Evidence Handling TDCJ AD-16.03; Statement of Fact signed by Lorie Davis July 2017; and Offender Victim Representative (OVR) Training; SPPOM 02.02, Offender Victim Representative; and documentation of attempts to obtain MOU's with Rape Crisis Centers.

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*)

Overall Compliance Determination Narrative

TDCJ works with the Office of the Inspector General to investigate reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges. All allegations are investigated and reported with findings as required by this standard. The roles and responsibilities are clearly defined in policy. The agency's policy is available on the agency's website. Carole Young Medical Facility had (4) reported cases of sexual abuse or harassment during the auditing period.

The auditor based compliance on interviews with the Senior Warden, Building Captain who investigates staff on inmate allegations, USPPM who conducts inmate on inmate allegations, random staff, inmate interviews, and reviewed the following policies/procedures: TDCJ Directive AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; TDCJ Safe Prison/PREA Plan; TDCJ Manual section 05.05, Completing the Offender Protection Investigation; TDCJ Safe Prisons PREA Manual section 05.01, Sexual Abuse Response and Investigation; TDCJ Directive AD-16.20, Reporting Incidents/Crimes to the Office of the Inspector General. 115.22(c) is Not-Applicable. TDCJ - CYMF has a policy that ensures allegations of sexual abuse or sexual harassment are referred for investigation and publishes such policy on its website.

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, inter-sex, 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*)

Overall Compliance Determination Narrative

Staff at CYMF, when interviewed, demonstrated knowledge and insight into PREA. Staff at the facility were asked specific, scripted questions from the random staff interview format, all of which were professionally and confidently answered. The questions were directed at specific training about the following: The agency zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities concerning prevention, detection, reporting, and response concerning sexual abuse and sexual harassment; The inmates' rights to be free from sexual abuse and sexual harassment; Inmate and employee's rights to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and harassment in confinement; The common reaction of victims to sexual abuse and sexual harassment; How to detect signs of sexual abuse and sexual harassment; How to avoid inappropriate relationships; How to communicate effectively and professionally with inmates (LBGTI); and how to comply with relevant laws related to mandatory reporting. Additional questions were also asked of staff concerning their training, their first responder duties, inmate reporting of sexual abuse and sexual harassment, inmate limited privacy issues (including "knock and announce") and the safety and security of staff and inmates at the facility. The auditor was very impressed with the responses received and the staff's evaluation of safety and security for all of the CYMF.

It is also noted that the training of the staff, volunteers, contractors, and inmates is under the proficient leadership of an expert executive staff. Additionally, it is the commitment of the Regional/Agency PREA Coordinator, the Senior Warden, Assistant Warden, Unit Safe Prisons/PREA Manager and others closely tied to the effort of the agency to prevent, detect, report, and respond to PREA issues and to the safety and security of staff and inmates that the PREA auditor wishes to acknowledge and compliment. Based on the staff training records, information packets and posters throughout the facility, verbal communications between staff and inmates, and based on the policy and directives, training materials reviewed, and again, the interviews with staff and the observation of operations at CYMF, the auditor assesses this standard as exceeds.

The auditor relied on random staff interviews, interview with Unit Safe Prisons/PREA Manager and the following policies/procedures, manuals, documents, etc.: TDCJ Safe Prisons/PREA Plan; TDCJ SPPOM 06.01, Unit Safe Prisons/PREA Program Awareness Training; TDCJ Directive PD-29 Sexual Misconduct with Offenders; TDCJ Directive PD-97, Training and Staff Development; TDCJ Directive ED-12.10, Training Records and Database; TDCJ Directive AD-12.20, Implementation and Operation of TDCJ In-Service and Staff Survivor Training; TDCJ Directive SM-02.25, On-the-Job Training (OJT) Program; training plans and training documentation reviewed sent with the PAQ as well as provided during the on-site visit.

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*)

Overall Compliance Determination Narrative

All contractors and volunteers who have contact with inmates at the Carole Young Medical Facility receive PREA training prior to working in the facility. Orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detection, reporting, and response including zero tolerance. Upon completion of orientation, the volunteer/contractor signs the Acknowledgment Form. Signed forms are maintained at the facility. TDCJ requires volunteers to attend training at least every two years. CYMF has 423 volunteers that enters the facility and contracts with UTMB for medical.

The auditor relied on the interviews with the contractor and volunteers, Contractor Administrator Interview, PREA point person interview and the following documentation to determine compliance: Volunteer Training Facilitators Guide; Volunteer Services Plan; Safe Prisons/PREA Plan; TDCJ Directive AD-07.35, Administration of Volunteer Services; Sample of TDCJ Acknowledgment of Volunteer Orientation Training; TDCJ Letter of Orientation for Special Volunteers; TDCJ Handbook for Volunteers; TDCJ Directive PD-29, Sexual Misconduct with Offenders and TDCJ Directive AD-02.46, Employees of Private Businesses and Governmental Entities Contracting with the TDCJ.

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*)

Overall Compliance Determination Narrative

TDCJ provides PREA education to all inmates beginning at intake into the agency. At reception, inmates are provided a PREA pamphlet and inmate handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. When receiving inmates at the facility, the USPPM covers the PREA information with the inmate. The inmate also receives an Inmate Orientation Handbook that includes PREA information and is required to take "Peer Education Sexual Assault Awareness" Class. Inmates are also required to view a video, "Safe Prisons/PREA Offender Training". These materials cover the agency's zero tolerance policy and how to report incidents. Inmate education is documented for each inmate and maintained in the inmates file. Random inmate interviews confirm they have received PREA information at intake and during orientation at the facility. Additionally, PREA information is posted in all housing and common areas.

The auditor relied on random interviews with staff/inmates, USPPM, Senior Warden and the following documentation: TDCJ Unit Classification Procedures-UCP 5.00, Orientation Procedures; SPPOM-6.02, Offender Sexual Abuse Awareness Training; TDCJ Offender Orientation Handbook; IPM-1.10, Initial Orientation; Inmate Orientation Attendance Sheets; PREA Posters and Pamphlets; AD-04.25, Language Assistance Services to Offenders Identified as Monolingual Spanish-speaking; AD-06.25, Qualified Interpreter Services-American Sign Language.

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*)

Overall Compliance Determination Narrative

The unit's investigative staff receives a three-hour training course as laid out by Safe Prisons/PREA Investigation Training in addition to the general education provided to all employees. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection and information to substantiate a case for administrative or criminal prosecution.

TDCJ Office of the Inspector General 2013 Operations Procedure Manual 02.15 and 04.05 outlines requirements for OIG investigators responsible for criminal investigation. OIG investigators receive a 32-hour training covering interviewing and interrogation techniques and on sexual assault investigation topics. Sergeants and above are responsible for conducting offender-on-offender investigations and Captains and above, staff-on-offender investigations. The auditor believes this training is being provided and they are knowledgeable of their responsibilities in conducting investigations OIG is responsible for conducting criminal investigations. The Auditor relied on interviews with staff and the following documentation: TDCJ – Safe Prisons/PREA Investigation Training: Conducting a Thorough Investigation; TDCJ policy – BP-01.07, Inspector General Policy Statement; OIG training roster for NIC training; OIG LP2029 Lesson Plan for Interviewing Interrogation; and TDCJ AD-16.03, Evidence Handling.

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*)

Overall Compliance Determination Narrative

TDCJ Medical/Mental Health employees received training on: prevention, detection, investigation, and preservation of evidence. Training documentation was reviewed to support the written directives. The Auditor determined medical staff are very familiar with PREA and the process for detecting and assessing signs of sexual abuse and sexual harassment and how to preserve physical evidence of sexual abuse.

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. Carole Young Medical Facility does not conduct forensic exams. If a forensic exam would be required, the inmate would be transported to the Memorial-Hermann Texas Medical Center in Houston.

The Auditor conducted interviews with medical staff and with the UTMB Business Manager. The Auditor reviewed training documentation; Regional Training Forms, Specialized Training Medical/Mental Health Staff. The Auditor received completed staff training records and reviewed additional documentation while on-site.

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, inter-sex, 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

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*)

Overall Compliance Determination Narrative

TDCJ screens all inmates for risk of victimization and abusiveness upon arrival. An initial screening is completed by the USPPM within the first couple hours of arrival and then within a few days a much more thorough screening is conducted by the Classification Staff. The screening instrument includes whether the inmate has a mental, physical, or developmental disability, the age and physical build of the inmate, previous incarceration history, whether the inmate's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Within the first thirty (30) days of arrival at the facility, staff reassesses the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Inmates are not disciplined for refusing to answer questions during the screening process. Information obtained during the initial assessment

and reassessment is placed in the inmate's classification file. Only authorized staff has access to these files.

The Auditor relied on interviews with random staff, USPPM, classification staff, and random inmates as well as review of policies/procedures and any supporting documentation: TDCJ Safe Prisons and Policy and Procedures, SSPOM-3.01, CMHC E-35.1, CMHC A-09.01, SPPOM-0301 attachment E, IPM-CL-69, and IPM-5.06. These directives and policies addresses all aspects sexual misconduct and the mental health due to victimization and abusiveness.

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 inter-sex 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 inter-sex 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 inter-sex 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 inter-sex 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 inter-sex 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 inter-sex 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 inter-sex 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 inter-sex 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*)

Overall Compliance Determination Narrative

The agency/facility uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating offenders at high risk of being sexually victimized from offenders with those at high risk of being sexually abusive.

Correctional Managed Health Care Policy G-51.11 and TDCJ Safe Prisons/PREA Operation Manual, section 03.02, guidelines are provided for the management of transgender and intersex offenders. Placement and programming assignments for each transgender or intersex offenders are reassessed at a minimum of twice each year to review any threats to their safety. Transgender and intersex offenders are given the opportunity to shower separately from other offenders. The agency/facility does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units or wings solely on the basis of such identification.

The auditor relied upon interviews with random staff/inmates, PREA Manager, Senior Warden and the following documentation: Safe Prisons/PREA Plan, the Safe Prisons/PREA Operations Manual, Administrative Directives 04.17 and 04.18 (Offender Housing Assignments and Offender Job Assignments); SPPOM-03.02, Special Population Review.

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*)

Overall Compliance Determination Narrative

Inmates placed in Protective Custody status shall continue to have access to programming, privileges, education and work opportunities to the extent possible and this shall be documented on an I-169 form. CYMF does not place inmates in PC status as there is nowhere to house them. Inmates needing Protective Custody will be transferred to another Texas prison set up to house PC inmates.

The Auditor determined compliance through formal interviews with the facility Senior Warden and staff who supervise inmates in segregation housing and review of the following documentation: Protective Safe Keeping Plan; SPPOM-05.05, Offender Protection Investigation; Safe Prisons/PREA Plan; Administrative Segregation Plan; and supplemental documentation provided during the audit.

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

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*)

Overall Compliance Determination Narrative

The Safe Prisons/PREA Plan, section IV-A and TDCJ Executive Directive, ED-02.10 addresses offender reporting. The offenders have multiple ways to privately report sexual abuse and sexual harassment and retaliation. Offenders are made aware of how to contact OIG and the PREA Ombudsman through posters, the Offender Handbook and a TDCJ Brochure. Staff is required by policy to accept all reports of sexual assault and sexual harassment made verbally, in writing, anonymously and from third parties. Staff and offenders interviews confirm they are aware that they can report verbally, in writing or through a report of a third party. Staff may also report privately. The TDCJ does not detain individuals solely for civil immigration purposes.

Inmate interviews indicated they were comfortable reporting sexual abuse or sexual harassment and they knew the different methods available for reporting. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of inmates.

The Auditor determined compliance through random interviews with staff and inmates. The Auditor also made observations of signage posted throughout the facility for staff and inmates to privately report sexual abuse and sexual harassment.

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*)

Overall Compliance Determination Narrative

Reviewing the Safe Prisons/PREA Plan, TDCJ AD-03.82, Management of Offender Grievances, and BD-03.77, Offender Grievances outlines procedures for offenders to file grievances regarding sexual abuse and the agency's procedures for dealing with these grievances. The policy states that there is no timeline for filing regardless of when the alleged incident occurred. A final decision shall be made within 90 days of the filing of a grievance. An offender may file an emergency grievance alleging risk of imminent sexual abuse. Reviewing the grievances that were filed in the last 12 months, all elements of this standard have been met.

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
- 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*)

Overall Compliance Determination Narrative

The agency has attempted to solicit community rape organizations throughout the state of Texas to request victim advocacy services. A list of national, state and local rape crisis centers is available to offenders through the law library. Offender Victim Representatives are available to provide emotional support to victims of sexual assault. The Safe Prisons/PREA Operations Manual, section 02.02 establishes procedures for the selection, training and functions of Offender Victim Representatives.

The Auditor has reviewed TDCJ BP-03.91, Safe Prisons/PREA Plan, SPPOM-02.02, and solicitation letters. Interviews with the USPPM, random staff/inmate interviews as well as observations of memorandums and signage posted throughout the facility providing inmates' access to outside victim advocates for emotional support services related to sexual abuse.

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*)

Overall Compliance Determination Narrative

The Safe Prisons/PREA Plan, section IV-B, the agency has a procedure to receive third party reports of sexual abuse and sexual harassment. The TDCJ ED-02.03 provides guidelines for the Ombudsman Office to respond to the complaints. A General Information for Families of Offenders brochure addresses the PREA Ombudsman program and families are provided the address, phone numbers and website to contact that office on behalf of an offender. Family and friends may report verbally or in writing to unit staff, the TDCJ Ombudsman office, OIG or PREA Ombudsman office any time they have knowledge or suspect an offender has been sexually abused, sexually harassed or requires protection. Random interviews with staff and inmates determined that they are aware of the third party reporting process.

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*)

Overall Compliance Determination Narrative

TDCJ policy outlines that all staff are 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. If staff fail to do so, they can be criminally charged with “deliberate indifference.” Also, apart from reporting to designated supervisors or officials, staff shall not reveal 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.

The Auditor was able to determine compliance through random staff/inmate interviews and the policy and procedure reviews: The Safe Prisons/PREA Plan, the Correctional Managed Health Care policy E-35.02, G-57.01, PD-29, SPPOM 05.01, and AD 16.20.

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*)

Overall Compliance Determination Narrative

TDCJ policy requires staff to take immediate action to protect any inmate subject to substantial risk of sexual abuse. Immediate steps to be taken to protect inmates with a substantial risk of sexual abuse are outlined in policies. Inmates are immediately removed from the area and placed in a safe location. Staff interviews gleaned a complete understanding of the steps needed to protect an inmate at risk of sexual abuse. Carole Young Medical Unit has not had any reports of an inmate who was at substantial risk of imminent sexual abuse during the 12 months prior to the audit.

The auditor relied on random staff interviews, random inmate interviews, Unit Safe Prisons/PREA Manager interview, Senior Warden Interview, and review of the Safe Prisons/PREA Plan, SPPOM-05.01, SPPOM-05.03, and AD-02.15.

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*)

Overall Compliance Determination Narrative

TDCJ policy requires upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility that received the allegation must notify the head of the facility where the sexual abuse is alleged to have occurred within 72 hours. The Warden of the facility that received the allegation must then notify the PREA Ombudsman. The facility must also notify the Office of the Inspector General and Emergency Action Center (EAC). During the past year, the CYMF has not received any Reports of Sexual Abuse notifications from another facility nor have they made any reports to another facility.

Auditor finds compliance based on an interview with the Unit Safe Prisons/PREA Manager and Senior Warden who acknowledged notifications of abuse from one facility to another are investigated in accordance with standard 115.63 (d) and review of the following policies/procedures: TDCJ BP-01.07, SPPOM-04.01, Safe Prisons/PREA Plan, AD-16.20, SPPOM-04.02, SPPOM-05.05, and SPPOM-05.01.

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*)

Overall Compliance Determination Narrative

TDCJ provides training to all first responders which include the separation of the alleged victim and abuser; preservation and protection of the crime scene until appropriate steps can be taken to collect evidence; the collection of physical evidence, requesting that the alleged victim not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensuring that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Staff is knowledgeable of their responsibilities when responding to reports of sexual abuse. The auditor also reviewed, with random staff, scripted questions about first responder duties, including: "If you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" All interviews were positive and favorable and it was clear that staff were knowledgeable about their duties and responsibilities as first responders.

To find compliance, the auditor relied on random staff interviews and a review of the following policies/procedures: OIG OPM-04.05, Offender Sexual Assault Investigation; TDCJ ad-16.03, Evidence Handling; SPPOM-05.01, Sexual Abuse Response and Investigation; and Safe Prisons/PREA Plan.

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*)

Overall Compliance Determination Narrative

Carole Young Medical Facility Sexual Abuse Response and Investigation Coordinated Response Plan to an Incident of Inmate Sexual abuse was reviewed and the plan coordinates actions taken in response to an incident of sexual abuse among first responders, security, medical and mental health practitioners, Office of Inspector General, Emergency Action Center, facility administration, and victim

advocates. A checklist is utilized to ensure all process steps are completed and notifications are made. The facility specific plan also addresses, SAFE/SANE hospitals, third-party and anonymous reports (documentation, and referral to the Office of the Inspector General), victim advocates, and notifications.

The auditor relied upon random staff interviews, Investigative interviews; and Medical staff interviews as well as the following documentation: Safe Prisons/PREA Plan, Carole Young Medical Facility Sexual Abuse Response and TDCJ SPPOM-05.01, Sexual Abuse Response and Investigation.

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

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*)

Overall Compliance Determination Narrative

There has been no collective bargaining agreements entered into.

The agency has the ability to remove alleged employee sexual abusers from contact with offenders pending the outcome of an investigation which could result in sanctions up to and including termination. TDCJ's PD-22, PD-29 and PD-35 outline employee rules of conduct and disciplinary actions for employees that violate these rules.

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*)

Overall Compliance Determination Narrative

TDCJ has policies and processes in place to protect inmates and staff that report sexual abuse and harassment. The USPPM is responsible for monitoring retaliation of inmates and the Building Captain monitors staff retaliation. In the past 12 months, there have been zero (0) number of incidents of retaliation. Those that report are monitored for at least ninety (90) days. The USPPM monitoring responsibilities includes any inmate disciplinary reports, housing, program changes, negative performance reviews, or reassignments of staff. TDCJ policy allows the monitoring period to be continued as needed. Monitoring continues upon transfer to another facility. Retaliation is monitored at a minimum, 30, 60, and 90 days and longer if necessary. A retaliation monitoring form details this 30-day intermittent review with a conclusion allowing for the completion of monitoring, the

termination of monitoring or to continue monitoring. The agency/facility is required to act promptly to remedy any retaliation.

The auditor relied upon interviews with the USPPM, Senior Warden, Building Captain, inmate victim interviews, and the following policies/procedures and other supporting documentation: Safe Prisons PREA Plan; PD-13; PD-22; PD-29; SPPOM-02.04; and SPPOM-05.08.

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*)

Overall Compliance Determination Narrative

TDCJ utilizes Protective Safekeeping status if needed. There are two levels of Protective Safekeeping—Level P6 and Level P7. Both levels allow for recreation, commissary, able to keep personal property; however, P6 allows consideration for jobs and participation in programming with an approved group where Level P7 does not allow for a job and the inmate may be eligible to participate in “non-proctored”, in-cell programs.

Carole Young Medical Unit has not utilized this status as they have no “segregation” area. If an inmate were to require “Protective Safekeeping,” they would be transferred. Interviews with inmates, staff, and review of the following policies finds them in compliance with this standard: AD-03.50, AD-04.63, Administrative Segregation Plan; Guidelines for Administrative Segregation; Safe Prisons PREA Plan; and Protective Safe Keeping Plan.

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*)

Overall Compliance Determination Narrative

TDCJ policies and procedures outline how the agency shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When evidence appears to support criminal prosecution, the OIG conducts interviews only after consulting with prosecutors to ensure the interviews will not hinder subsequent criminal prosecution. By agency policy, every allegation of sexual abuse and sexual harassment is investigated and the agency will validate the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and shall not be determined by the person's status as inmate or staff.

TDCJ does not require an inmate 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. Investigations continue even if the inmate is released or the employee is no longer employed at the facility. Administrative investigations are very well written and documentation of the process is very thorough. Reports are maintained for a minimum of 7 years. OIG Cases are maintained permanently.

The Office of Inspector General (OIG) conducts criminal investigations as outlined in the PREA standards. Facility investigators conduct preliminary and administrative investigations immediately when notified of an allegation of abuse. Interviews and documentation support that investigations into all allegations of sexual abuse, sexual harassment, and sexual misconduct are done promptly, thoroughly, and objectively to include third party and anonymous reports.

The Auditor reviewed the following documentation to determine the findings: AD-02.15; Safe Prisons PREA Plan; Training Lesson Plan CTSD Safe Prisons Investigations; OIG-04.05; SPPOM-05.05; AD-16.03; OIG OPM-03.72; AD-16.20; OIG OPM-05.15; BP-01.07; SPPOM-05.11; PD-29; and the Records Retention Schedule. The Carole Young Medical Facility had (4) report of sexual abuse, sexual harassment or sexual misconduct in the past 12 months. The Auditor determined compliance through review of all above mentioned documentation, policies and procedures, training logs, interviews with the Building Captain and USPPM and reviews of investigative case files while on site.

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*)

Overall Compliance Determination Narrative

TDCJ Safe Prisons PREA Plan, CTSD Investigation Training, and SPPOM-05.05 outlines how the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Auditor determined compliance through review of policy and procedures; review of investigative case files; additional supporting documentation and training logs; and Interviews conducted with staff. CYMF has had (4) sexual abuse, harassment, misconduct case in the last 12 months.

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*)

Overall Compliance Determination Narrative

TDCJ, Carole Young Medical Unit conducts a Unit Classification Committee with all victims of alleged sexual misconduct once the administrative investigation is completed to inform them of the outcome. It is well documented on the TDCJ Safe Prisons/PREA Program UCC Notification OPI Outcome (Offender Protection Investigation) and in the inmate's file. A letter is sent to the inmate from the statewide Safe

Prisons/PREA Coordinator when the OIG completes their investigation of any criminal cases. CYMF had three notifications in the last 12 months with one still pending.

The Auditor reviewed the following materials to determine compliance and conducted interviews with the Unit Investigative Staff and the Unit Safe Prisons/PREA Manager: Safe Prisons PREA Plan; SPPOM-05.05 and attachment M—UCC notification and attachment J; SPPOM-05.11—Attachment F; and SPPOM-05.10.

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*)

Overall Compliance Determination Narrative

TDCJ policy addresses disciplinary sanctions of employees up to removal for PREA related issues. The policies provided to all employees explains the disciplinary process to them. Staff interviews revealed an awareness of the departments zero tolerance policy as it pertains to sexual abuse and sexual harassment. In the last 12 months, there were no disciplinary actions reported against staff.

The auditor reviewed the following and conducted interviews with random staff, USPPM, the Senior Warden and the facility Investigators: PD-22, PD-29, AD-16.20, WBP-07.15 and WBP-07.44.

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*)

Overall Compliance Determination Narrative

TDCJ has a zero tolerance policy regarding sexual abuse and sexual harassment of inmates by volunteers and contractors. The policy outlines criminal actions taken if a volunteer/contractor sexually abuses or participates in sexual harassment of an inmate. CYMF has had no incidents of a volunteer/contractor engaging in sexual abuse or harassment of an inmate in the past year. Interviews with contractor UTMB and volunteers on grounds showed they were trained on the zero tolerance policy and the sanctions that could be imposed if found to have violated the policies.

The auditor relied on the following documentation to find compliance along with the interview of the contractor and volunteers: Volunteer and Contractor Acknowledgments of Training; PD-29; Volunteer Services Plan; Safe Prisons PREA Plan; and the Chaplaincy Manual.

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*)

Overall Compliance Determination Narrative

TDCJ policy outlines that disciplinary sanctions may be imposed on inmates who engage in sexual abuse and harassment. Inmates can be subject to discipline internally for inmate on inmate sexual abuse. Inmates are not disciplined for sexual relations with staff unless it is determined it was without staff consent. There have been no administrative or criminal findings inmate on inmate sexual abuse at the CYMF. CYMF does offer therapy, counseling, and/or any other interventions as outlined in the Sex Offender Treatment Program Guide. The agency also prohibits all sexual activity between inmates as outlined in policies/procedures.

The auditor determined compliance based on random staff and inmate interviews and review of the following documentation: Safe Prisons PREA Plan; Disciplinary Rules and Procedures; CMHC Policy E-35.1 and SOTP 01.01.

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? Yes No

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*)

Overall Compliance Determination Narrative

Carole Young Medical Facility medical staff conducts medical screenings upon intake which are followed up by medical staff within fourteen days of the offender's arrival at the facility. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other select staff. Informed consent is obtained before information is shared with additional staff. In the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical/mental health practitioner. In the past 12 months, no inmates have been screened as previously perpetrating sexual abuse. The auditor found compliance based on interviews with Medical staff and random inmate interviews and review of the following supporting documentation: CMHC E-35.1, E-35.2, g-57.1, H-61.1, A-09.01, I-70.1; Safe Prisons PREA Plan; SPPOM-03.01 Attachment E, SPPOM-05.05; and CPOM-02.05.

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*)

Overall Compliance Determination Narrative

Carole Young Medical Facility inmates receive timely, unimpeded access to emergency medical treatment and crisis intervention services. This includes inmate victims of sexual abuse. Inmates of sexual assault are provided treatment which includes outside hospital services without financial responsibility. The nature and scope of the services offered to the inmate population are determined by the medical/mental health practitioners at the CYMF according to their professional judgment. CYMF has a policy/protocol in place to transport a victim of sexual abuse to an outside SAFE/SANE hospital (Memorial Hermann Texas Medical Center) for medical examination, if required. CYMF has processes to provide emergency contraception and prophylactic medications if deemed appropriate. CYMF had no incidents that required transport to a SAFE/SANE hospital in the past 12 months.

The auditor was able to find compliance by conducting interviews with medical staff, USPPM, random staff interviews and the following documentation: SPPOM-05.01; CMHC A-01.01; CMHC G-57.1 and form I-214, Referral to Medical/Mental Health 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*)

Overall Compliance Determination Narrative

TDCJ has protocols in place to provide ongoing medical examination of inmates who claim sexual abuse. Medical staff interviewed were knowledgeable in the emergency protocol to follow with sexual abuse victims. The agency/facility offers 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. CMHC policy E-44.1, Continuity of Care and CMHC policy G-56.1, Sexual Assault/Sexual Abuse states that those identified as victims shall receive, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care, following the transfer to or placement in, other facilities, or their release from custody. Further, the facility shall provide victims with mental health services, consistent with the community level of care. Individual counseling is offered to inmates who request on going treatment related to sexual abuse or being a perpetrator of sexual abuse.

The auditor relied upon interviews with the Medical/Mental Health Staff, USPPM, Random Staff/Inmate Interviews and the following supporting documentation provided with the PAQ: CMHC E-44.1 and G-57.1, Safe Prisons Plan, and SPPOM-05.01.

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 inter-sex 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*)

Overall Compliance Determination Narrative

TDCJ Safe Prisons Plan (SPP) states that the facility conducts a Sexual Abuse Incident Review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. Further, it is directed that an incident review will take place and information forwarded to the Emergency Action Center (EAC) within 20 days of the conclusion of the abuse investigation, and that the Incident Review Team includes an upper-level management official and allowing input from line supervisors, investigators, and medical and mental health practitioners. The SPP also stipulates that the facility prepares a report of findings, recommendations for

improvement and submits such a report to the appropriate regional director and PFCMOD deputy director of operations. CY Medical Facility, in the past 12 months, has had (4) criminal and/or administrative investigations of alleged sexual abuse where three were found to be unsubstantiated and one is yet to be completed. The incident review team reviews the circumstances of the incident; the inmates and staff involved, whether actions taken were consistent with agency policies and procedures, if allegation or investigation indicates a need for policy changes and whether the incident or allegation were motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction. The report is completed and submitted to the appropriate Regional Director, Senior Warden, and Safe Prisons/PREA Manager.

The auditor finds compliance based on interviews with the Senior Warden, USPPM and the following documentation submitted with the PAQ: AD-02.15, Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment and Safe Prisons Plan.

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*)

Overall Compliance Determination Narrative

Carole Young Medical Facility collects accurate and uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions, the comprehensive incident based sexual abuse data monthly and forwards the information to the SPPMO, regional director's office, regional safe prisons/PREA manager and any additional staff designated by the Warden. The TDCJ Board Policy 02.09 designates the PREA Ombudsman as the person who oversees and collects data on allegations of sexual abuse, unless determined to be unfounded, from each correctional facility in the state and reports this information to the TDCJ executive management monthly and semi-annually. The data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Dept. Of Justice. TDCJ reviews and collects the data as needed from all available reports, investigations, and sexual abuse incident reviews. TDCJ also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. TDCJ makes all data available on the TDCJ website.

The auditor relied upon an interview with the USPPM, Senior Warden, and the following supplied documentation: SPPOM-08.01, SPPOM-01.01, Safe Prisons PREA Plan, BP-02.09, OIG-04.05, AD-02.15, and survey information from 2014 and 2015.

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*)

Overall Compliance Determination Narrative

TDCJ prepares an annual report which includes identification of problem areas, corrective action for each facility, and the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. Before publishing the annual report, the agency removes all personal identifiers. The annual report is made available to the public through the agency's website. TDCJ Annual Report on PREA is available for review on the agency's website, <http://www.tdcj.texas.gov/tbcj/prea.html>.

The auditor relied on interviews with the Senior Warden and USPPM and reviewed the following documents to find compliance: Safe Prisons PREA Plan; BP-02.09; and Review of 2015 and 2016 TDCJ Annual Safe Prisons/Prison Rape Elimination Act Program.

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*)

Overall Compliance Determination Narrative

TDCJ Safe Prisons Plan outlines basic procedures for data collection, review, storage and reporting of sexual abuse data and ensures that the incident based information and aggregate data is collected and the State of Texas Records Retention Schedule shows the information is securely retained for at least ten years after date of initial collection unless Federal, State or local law requires otherwise. The

manual also outlines that the agency will prepare an annual report and that the report include: identification of problem areas, corrective actions for each facility and the agency, a comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. Prior to publishing the annual report, the agency removes all personal identifiers. The annual report is made available to the public through the agency's website, <http://www.tdcj.texas.gov/tbcj/prea.html> which was reviewed as a part of the audit process.

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*)

Overall Compliance Determination Narrative

The Carole Young Medical Facility previous PREA Audit was successfully completed December 10-12, 2014. The previous audit documentation was made available for auditor review as needed. Any documentation that was pertinent to the audit was made available to the auditor without hesitation. All interviews with staff and inmates were conducted in private setting except for the LEP interview.

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*)

Overall Compliance Determination Narrative

The Auditor reviewed the TDCJ web page at <http://www.tdcj.texas.gov/tbcj/prea.html>, containing the previous audit reports for PREA audits completed the previous three years.

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:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Michelle L. Burrows

01/03/2018 Revised 1/18/18

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.