

PREA AUDIT REPORT INTERIM FINAL

ADULT PRISONS & JAILS



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| Auditor Information | | | |
| Auditor name: Ian Rachal | | | |
| Address: PO Box 17841, Richmond, VA 23226 | | | |
| Email: irachal@lahcari.com | | | |
| Telephone number: | | | |
| Date of facility visit: January 12-14, 2015 | | | |
| Facility Information | | | |
| Facility name: H.H. Coffield Unit | | | |
| Facility physical address: 2661 FM 2054, Tennessee Colony, Texas 75884 | | | |
| Facility mailing address: <i>(if different from above)</i> | | | |
| Facility telephone number: 903-928-2211 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Senior Warden John Rupert | | | |
| Number of staff assigned to the facility in the last 12 months: 875 | | | |
| Designed facility capacity: 4139 | | | |
| Current population of facility: 4068 | | | |
| Facility security levels/inmate custody levels: G1-G4, Administrative Segregation, Outside Trusty | | | |
| Age range of the population: | | | |
| Name of PREA Compliance Manager: Rhonda Smith | | Title: | Sergeant |
| Email address: rhonda.smith@tdcj.texas.gov | | Telephone number: | 903-928-2211 |
| Agency Information | | | |
| Name of agency: Texas Department of Criminal Justice | | | |
| Governing authority or parent agency: <i>(if applicable)</i> State of Texas | | | |
| Physical address: 861-B I-45 North, Huntsville, Texas 77320 | | | |
| Mailing address: <i>(if different from above)</i> P.O. Box 99, Huntsville, Texas 77342 | | | |
| Telephone number: 936-295-6371 | | | |
| Agency Chief Executive Officer | | | |
| Name: Brad Livingston | | Title: | Executive Director |
| Email address: brad.livingston@tdcj.texas.gov | | Telephone number: | 936-437-2101 |
| Agency-Wide PREA Coordinator | | | |
| Name: William Stephens | | Title: | Director, CID |
| Email address: william.stephens@tdcj.texas.gov | | Telephone number: | 936-437-2170 |

AUDIT FINDINGS

NARRATIVE:

The audit of H.H Coffield Unit was conducted on January 12-14, 2015 by Ian Rachal, Department of Justice Certified PREA auditor.

A formal entrance meeting was held with facility management and staff. Amongst those in attendance were: Senior Warden John Rupert, Asst. Warden Patrick Cooper, Asst. Warden Jeffery Richardson, Major Eric Miller, Major Vernon Mitchell, Major De La Rosa, and Safe Prisons Program Coordinator (USPPC) Sgt. Rhonda Smith.

The areas toured were a total of four housing units containing six wings each including Administrative Segregation, a metal fabrication plant, programs/education wing, medical clinic, and a "Trusty" camp. The housing units featured a multi-tiered, linear design with a dayroom area located at the end of each corridor.

Interviewed was a total of 45 personnel and 120 offenders. Amongst those personnel interviewed were: Senior Warden John Rupert, Safe Prisons Program Coordinator (USPPC) Sgt. Rhonda Smith, Classification Chief Deanna Francis, Grievance Investigator Bennie Coleman, Nursing Manager Bobby Burns, Contraband/Interdiction staff, Windham School Principal Luke Ward, Food Service Captain Modesto Urbina and numerous other supervisory and line-level personnel. Overall facility personnel were found to be very experienced and knowledgeable. Staff were able to adequately describe correct course of actions, definitions, and requirements based on their training and experience.

An alphabetized listing of all inmates housed at the facility was requested and a random sampling of inmates from each housing unit were selected for formal interviews. In addition to this random sampling, numerous other inmates were interviewed during the course of the facility tour. There were no hearing/vision impaired inmates housed at the facility. Overall, inmates who were newly admitted to the facility were more knowledgeable about their rights in relation to PREA than those inmates who had been housed at the facility for extended periods of time. All inmates regardless of current incarcerated time were familiar with "Safe Prisons" and reporting options in relation to sexual assault.

There were 32 reported total allegations of sexual abuse with 4 allegations found to either be substantiated/unsubstantiated at the facility in the calendar year preceeding this audit.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The H. H. Coffield Unit is operated by the Texas Department of Criminal Justice and is located 5 to 6 miles from the crossroads community of Tennessee Colony, Texas, which consists of a Post Office and General Store. Tennessee Colony is about 25 miles from Palestine, Texas. The main building has a unique design consisting of a diamond shaped building housing the main entrance and lobby, administration offices, visiting park, central control, laundry, chapel, kitchen with two mess halls, two gyms, a school and library and inmate showers.

Two corridors connect the inmate housing areas to the main building. There are four star shaped inmate housing units in each area consisting of six wings each for a total of 24 wings. Within the fenced compound there is a maintenance building, warehouse, boiler room, vocational education classrooms and shops, a minimum custody dormitory style housing unit separated from the main building, a large garden area with greenhouses and a large metal fabrication factory.

Adjacent to the main compound are two stand-alone dormitory style housing units with a separate kitchen and mess hall which is fenced and connected to the main compound by a walkway enclosed with fence fabric allowing inmates go to and from the main unit. Outside the fenced compound is a second stand-alone unfenced "trustee" unit with a separate kitchen, mess hall, classroom, library and visiting park. The agriculture operation, dog yard, farm equipment barns, and stables are located outside the fenced compound.

The facility sits on approximately 20,000 acres which is shared with four other TDCJ units. There is family staff housing, a BOQ and a staff training building located just inside the entrance to the property but a reasonable distance from the main buildings.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

115.11 Zero Tolerance

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

Auditor comments, including corrective actions needed if does not meet standard

Based on review of ED-03.03 and on interview with PREA Compliance Manager.

The Texas Department of Criminal Justice (TDCJ) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines HHCU's approach to preventing, detecting, and responding to such conduct.

TDCJ employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

115.12 Contracting with other agencies for confinement of inmates

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

Auditor comments, including corrective actions needed if does not meet standard

Based on review of contracts, solicitations, offers and awards. All contracts entered into by TDCJ for the confinement of inmates are in compliance with all TDCJ policies. TDCJ employs a qualified contract monitor to ensure compliance with all applicable policies and procedures.

115.13 Supervision and monitoring

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy AD-11.52, the Unit Staffing Plan, Staffing Rosters, Documentation of Staffing Plan Review, and Post Orders. Based on interview with PREA Compliance Manager and Warden. Reviewed 2014 Staffing analysis and shift rosters.

TDCJ has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring, to protect inmates against sexual abuse.

In circumstances where the staffing plan was not complied with, HHCU documented and justified all deviations from the plan. Reviewed shift rosters showing deviations from the plan.

TDCJ completes an annual review, in consultation with the PREA Compliance Manager required by § 115.11, to assess, determine, and document whether adjustments are needed.

115.14 Youthful inmates

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

Auditor comments, including corrective actions needed if does not meet standard

Based on interview with PREA Compliance Manager and Warden, the HHCU does not house youthful offenders.

115.15 Limits to cross gender viewing and searches

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy AD-03.22, visual tour of HHCU, review of cross-gender search logs, and interviews with facility personnel.

HHCU conducts cross-gender strip searches of male offenders only under “extraordinary circumstances” in accordance with TDCJ policy. All cross-gender searches are documented and approved by a Supervisor and filed with Safe Prisons. HHCU does not conduct cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

HHCU has policies that require inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies require staff of the opposite gender to announce their presence when entering an inmate housing unit.

HHCU does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it is 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.

HHCU trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The visual tour of HHCU revealed daily operations which did not afford male inmates the opportunity to perform bodily functions without staff of the opposite gender viewing them. The cross-gender viewing of inmates in dayrooms using urinals, and in bathrooms was present throughout the facility. This viewing was not incidental to routine cell checks or security rounds. Some urinals and/or toilets in program areas were directly visible to any staff member walking down the hall. Based on this, I found HHCU non-compliant with this standard in my interim report dated 02/13/2015.

TDCJ immediately took corrective action to mitigate the cross-gender viewing of inmates while performing bodily functions at HHCU by installing doors on, and barring access to, specific bathroom areas, and approving the addition of urinal/bathroom partitions which afford inmates with privacy while performing bodily functions. These corrective actions were approved by TDCJ on 03/03/2015 to bring all identified deficiencies in full compliance with this standard.

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| 115.16 | Inmates with disabilities and limited English speaking |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy AD-04.25, and AD-06.25, SM-05.50, Training Report, and Spanish Interpreters, and review of provided materials (CMHC G-51, SM-05.50).

HHCU takes appropriate steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of HHCU 's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

HHCU 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 the inmate's safety.

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| 115.17 | Hiring and promotion decisions |
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- Exceeds Standard (substantially exceeds requirement of standard)

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

- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy PD-71, PD-73, PD-75, and PD-27, review of pre-hiring questionnaire, and interview with Major of Contraband/Interdiction.

HHCU does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in any criminal justice facility, 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; or has been civilly or administratively adjudicated to have engaged in the activity described above.

HHCU considers 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.

HHCU performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates and performs a records check at

least every five years of current employees and contractors who may have contact with inmates.

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| 115.18 Upgrades to facilities and technology |
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- Exceeds Standard (substantially exceeds requirement of standard)
- X. Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on TDCJ SOPM 07.02, and camera schematics. Based on interview of PREA Compliance Manager and Warden. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, HHCU considers how such technology may enhance HHCU's ability to protect inmates from sexual abuse.

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| 115.21 Evidence protocol and forensic medical exams |
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy AD-16.03. Based on interview with Medical personnel and PREA Compliance Manager. SPPOM-05.01 Sexual Abuse Checklist, CHMC G57.1, Solicitation Letter, and SPPOM-02.02 Sexual Annual Victim Reports.

To the extent HHCU is responsible for investigating allegations of sexual abuse; HHCU follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions

HHCU offers all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

HHCU makes available to the victim a victim advocate from employees trained as offender/victim representatives.

As requested by the victim, a victim advocate, accompanies and supports the victim through the forensic medical examination process and investigatory interviews and are provide emotional support, crisis intervention, information, and referrals.

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| 115.22 Referrals of allegations for investigations |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy SPPOM-05.05 and SPPOM-05.01. Based on interview with PREA Compliance Manager and regional Office of Inspector General (OIG) investigator.

HHCU ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. HHCU ensures that allegations of employee wrongdoing are referred for investigation to the OIG.

HHCU has a policy that ensures allegations of sexual abuse or sexual harassment are referred for investigation and publishes such policy on its website. HHCU documents all such referrals.

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| 115.31 Employee training |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy AD-12.20. Based on interviews with random staff

HHCU trains all employees who have contact with inmates on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

HHCU documents through employee signature that employees understand the training they have received.

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| 115.32 | Volunteer and contractors training |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on review of the Training Curriculum, the Handbook for Volunteers, and a Letter of Orientation for Special Volunteers. Based on interviews with volunteers and contractors.

HHCU ensures all volunteers and contractors who have contact with inmates have been trained on their responsibilities under HHCU 's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

All volunteers and contractors who have contact with inmates are notified of HHCU's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

HHCU has documentation confirming that volunteers and contractors understand the training they have received. Reviewed training records on volunteers and contractors.

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| 115.33 | Inmate education |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy UCPM-05.00, video scripts, Safe Prisons information, offender educational materials, and interviews with random inmates and intake/Safe Prisons staff.

During the intake process, inmates receive information explaining HHCU’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment via video.

HHCU provides a comprehensive education to inmates through video and written materials regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This comprehensive education is reinforced during the Classification/Intake process where inmates acknowledge receipt of the education and are interviewed by Safe Prisons personnel.

HHCU provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. There is documentation of inmate participation in these education sessions.

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| 115.34 | Specialized training: Investigators |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy BP-01.07, CTSD Specialized Investigations, OIG LP-3201, OIG OPM-02, and PD-97.

In addition to the general training provided to all employees TDCJ ensures that Safe Prisons staff/OIG investigators have received training in conducting sexual abuse investigations in confinement settings.

Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. TDCJ maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

115.35 Specialized training: Medical and mental health care

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy CMHC C-25, CMHC G-57 and CMHC C-19. Reviewed Medical/Mental Health training.

HHCU ensures 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; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

HHCU maintains documentation that medical and mental health practitioners have received the training. Medical and mental health care practitioners also receive the training mandated for employees, contractors and volunteers.

115.41 Screening for risk of victimization and abusiveness

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy SPPOM-03.01 and review of PREA Assessment Screening. Based on interview with random inmates and Classification staff responsible for screening.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at HHCU. HHCU uses an objective screening instrument.

The intake screening considers, 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;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to HHCU, in assessing inmates for risk of being sexually abusive.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Inmates are definitively asked if they wish to divulge their sexual orientation in addition to the reviewing personnel's perception. Within 30 days from the inmate's arrival at HHCU, HHCU reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by HHCU since the intake screening.

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

HHCU has implemented appropriate controls on the dissemination within HHCU 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. All files are controlled by Classification personnel behind locked doors and maintained in each inmates Classification files.

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| 115.42 Use of screening information |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy SPPOM-03.01, IPM-04.01, AD-04.17, AD-04.18, CMHC E-35, CMHC G-51, and on interview with PREA Compliance Manager and Classification Chief responsible for risk screening, and transgender inmates.

HHCU uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

HHCU makes individualized determinations about how to ensure the safety of each inmate.

In deciding housing and programming for a transgender or intersex inmate HHCU considers on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate.

A transgender or intersex inmate's own views with respect to his or her own safety are be given serious consideration.

While the transgender inmates I interviewed were housed in segregation, HHCU does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

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| 115.43 | Protective custody |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy SPPOM-05.05, Ad Seg Plan, I-169 Form, and I-204 Guidelines for ASC Members. Based on interview with PREA Compliance Manager, Clasification Chief, and staff who supervise segregated inmates. No inmates have been placed in involuntary segregation.

Inmates at high risk for sexual victimization are not placed 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.

Inmates placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If HHCU restricts

access to programs, privileges, education, or work opportunities, HHCU documents the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations.

HHCU assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment are not ordinarily exceed a period of 30 days. If involuntary segregated housing assignment is made HHCU clearly documents the basis for HHCU's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged. Every 30 days a review is performed to determine whether there is a continuing need for separation from the general population.

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| 115.51 | Inmate reporting |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy BP-03.91, and review of Ed-02.10, SPPOM Attachment A, SPPOM Attachment AS, TDCJ PREA brochure, and Safe Prisons PREA plan. The inmates and/or staff can report abuse or harassment to the PREA Ombudsman or the OIG. Based on interviews with random staff and inmates.

HHCU provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmate brochures have how to report sexual abuse and has the hotline numbers ((936) 437-2133 and (936) 437-5030) printed on them as a constant reminder.

HHCU provides at least one way for inmates to report abuse or harassment to The PREA Ombudsman, an external entity that is not part of HHCU, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.

HHCU provides hotlines ((936) 437-2133 and (936) 437-5030) for the public to privately report sexual abuse and sexual harassment of inmates.

115.52 Exhaustion of administrative remedies

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

Auditor comments, including corrective actions needed if does not meet standard

Based on Texas Govt. Codes § 493.014.501.008, AD3.77 Offender Grievances, and AD-03.82 Management of Offender Grievances.

The HHCU does not not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, nor require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Inmates who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The HHCU shall 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.

HHCU policy furthermore complies with all remaining aspects of PREA standard 115.52.

115.53 Inmate access to outside confidential support services

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

Auditor comments, including corrective actions needed if does not meet standard

Based on Safe Prisons PREA Plan, SPPOM-02.02, and BP-03.91, and solicitation letters. Based on interview with random inmates.

HHCU provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers. HHCU enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

HHCU informs 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.

115.54 Third party reporting

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy SPPOM-04.02, ED-02.03, ED-02.10, General Information for Families of Offenders Brochure, and Safe Prisons PREA Plan. HHCU has a method to receive third-party reports of sexual abuse/harassment and distributes publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate.

115.61 Staff and agency reporting duties

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

Based on review of policy PD-29 and Safe Prison PREA Plan. Based on interviews with random staff; PREA Compliance Manager and medical/mental health personnel.

HHCU requires 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 HHCU; 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.

Apart from reporting to designated supervisors or officials, staff do 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.

HHCU reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to HHCU's designated PREA investigators and the Office of Inspector General (OIG).

115.62 Agency protection duties

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

Auditor comments, including corrective actions needed if does not meet standard

Based on interviews with random staff, PREA Compliance Manager and policy SPPOM-05.01, SPPOM-05.03, and AD-02.15.

Immediate action is taken to protect inmates when HHCU learns that an inmate is subject to a substantial risk of imminent sexual abuse.

115.63 Reporting to other confinement facilities

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

Auditor comments, including corrective actions needed if does not meet standard

Based on interview with Warden, PREA Compliance Manager and policy BP-01.07, AD-16.20, PREA Plan, and SPPOM-04.01.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of HHCU or designee notifies the head of the facility in question or appropriate office of the facility where the alleged abuse occurred. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented.

115.64 Staff first responder duties

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy SPPOM-05.01, AD-16.03, OIG OPM-04.05, and interview with security staff who are first responders, medical personnel.

Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond separates the alleged victim and abuser; preserves and protects any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, the responder request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

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| 115.65 | Coordinated response |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on interview with PREA Compliance Manager, Director of Nursing, and OIG investigator. Based on review of PREA Plan and policy SPPOM-05.01. HHCU has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on PD-22, PD-29, PD-35, and on interview with Warden, HHCU shall not enter into or renew 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.

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| 115.67 | Agency protection against retaliation |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy PD-22, PD-29, PD-31, PD-13, and SPPOM-05.08, interview with Warden, PREA Compliance Manager (USPPM) (designated staff member with monitoring retaliation), inmates in segregation for risk of sexual victimization.

HHCU has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and designates the PREA Compliance Manager with monitoring retaliation.

HHCU has 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, HHCU monitors the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and are act promptly to remedy any such retaliation. There are periodic status checks performed. Items HHCU should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. HHCU continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

If any other individual who cooperates with an investigation expresses a fear of retaliation, HHCU takes appropriate measures to protect that individual against retaliation.

115.68 Post allegation protective custody

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

Auditor comments, including corrective actions needed if does not meet standard

Based on Ad Seg Plan, AD-04.63, AD-03.50, PREA Plan, and Guidelines for ASC. Based on interview with Classification personnel, PREA Compliance Manager, and Warden. There was one inmate in segregation for risk of sexual victimization at the H.H. Coffield Unit during the audit.

Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse receive all the same rights and privileges as general population inmates.

115.71 Criminal and administrative agency investigation

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

Auditor comments, including corrective actions needed if does not meet standard

Based on PREA Plan, AD-16.20, and BP-01.07.

HHCU conducts investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Where sexual abuse is alleged, HHCU uses investigators who have received special training in sexual abuse investigations.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support criminal prosecution, OIG conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. No agency requires 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.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

HHCUC retains all written reports for as long as the alleged abuser is incarcerated or employed by HHCUC, plus five years.

The departure of the alleged abuser or victim from the employment or control of HHCUC does not provide a basis for terminating an investigation.

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| 115.72 Evidentiary standard for administrative investigation |
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- Exceed Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on PREA Plan, SPPOM-05.05, and CTSD Spec Inv Training, and interview with investigative staff

HHCUC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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| 115.73 Reporting to inmates |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on PREA Plan, SPPOM-05.05 Attachment J, SPPOM-05.05 Attachment M, SPPOM-05.11 Attachment F, SPPOM-05.10 and interview with PREA Compliance Manager (USPPM) and investigative staff.

Following an investigation into an inmate’s allegation that they suffered sexual abuse in an agency facility, HHCUC informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If HHCUC did not conduct the investigation, it requests the relevant information from the investigative agency in order to inform the inmate.

Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, HHCUC subsequently informs the inmate (unless HHCUC has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate’s unit; the staff member is no longer employed at HHCUC; or HHCUC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or HHCUC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate’s allegation that they had been sexually abused by another inmate, HHCUC subsequently informs the alleged victim whenever HHCUC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility ; or HHCUC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications are documented.

The agency’s obligation to report under this standard are terminated if the inmate is released from HHCUC’s custody.

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| 115.76 | Disciplinary sanctions for staff |
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on PD-13, PD-22, PD-29, and AD-16.20.

Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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| 115.77 | Corrective action for contractors and volunteers |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on Volunteer Service Plan, Acknowledgement of Volunteer Training Orientation, 2014 Volunteer Services Training Video Script, PD-29, Safe Prisons PREA Plan, and interview with Warden.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

HHCU takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

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| 115.78 | Disciplinary sanctions for inmates |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on GR-106, CMHC E-35.1, SOTP-01.01, Safe Prisons PREA Plan, and Overview of Sex Offender Treatment Program. Based on interview with OIG investigator.

Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are 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.

The disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

HHCU offers therapy, counseling, or other need-specific rehabilitative interventions designed to address and correct underlying reasons or motivations for the abuse.

HHCU disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred are not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

HHCU prohibits all sexual activity between inmates and may discipline inmates for such activity.

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| 115.81 | Medical and Mental health screening; history of sexual abuse |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on PREA Plan, SPPOM-03.01, CMHC E-35.1, CMHC E-35.2, CMHC G-57.1, SPPOM-05.05, CMHC A-09.01, CMHC A-61.1, CMHC I-70.1, CPOM-02.05, CMHC H-61.1, interview with staff responsible for risk screening and medical/mental health staff.

If the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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.

If the screening indicates that an inmate has previously perpetrated sexual abuse/prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

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.

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| 115.82 | Access to emergency medical and mental health services |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on CMHC A-01.1, CMHC G-57.1, SPPOM-05.01. Based on interview with medical and mental health staff.

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.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and are immediately notify the appropriate medical and mental health practitioners.

Inmate victims of sexual abuse while incarcerated are 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.

Treatment services are 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.

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy PREA Plan, SPPOM-05.01, SPPOM-05.05, CMHC G-57.1. Based on interview with medical/mental health staff and PREA related incidents.

HHCU offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the jail.

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.

HHCU provides such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Treatment services are 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.

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| 115.86 Sexual abuse incident reviews |
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on PREA Plan, SPPOM-08.01, AD-02.15, Administration/Investigation, and review of PREA investigative reports. Based on interview with Warden, and PREA Compliance Manager (USPPM).

HHCU conducts 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. This review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at HHCU; and they examine the area in HHCU where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

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| 115.87 Data collection |
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- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on BP-02.09, AD-02.15, OIG OPM-04.05, PREA Plan, SPPOM-01.01, Survey of Sexual Violence.

HHCU collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually.

The incident-based data collected is based, at a minimum, on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The PREA Ombudsman maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

TDCJ obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

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| 115.88 Data review for corrective action |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on interview with PREA Compliance Manager and Warden.

TDCJ reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as TDCJ as a whole.

Such reports includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of TDCJ's progress in addressing sexual abuse.

TDCJ's report is approved by TBCJ and made readily available to the public.

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| 115.89 Data storage, publication and destruction |
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on PREA Ombudsman, TDCJ, OIG Annual Report.

TDCJ makes 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.

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

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 H.H. Coffield Unit, 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.



Ian Rachal, CJM

Auditor Signature

March 19th, 2015

Date