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

☐ **Interim** X **Final**

Date of Report April13, 2018

Auditor Information

Name: Thomas Eisenschmidt	**Email:** tome8689@me.com
Company Name: Click or tap here to enter text.	
Mailing Address: 26 Waterford Lane	**City, State, Zip:** Auburn, New York 13021
Telephone: 315-730-3980	**Date of Facility Visit:** January 10-12, 2018

Agency Information

Name of Agency: Texas Department of Criminal Justice		**Governing Authority or Parent Agency** *(If Applicable)*: State	
Physical Address: 861-B I-45 North,		**City, State, Zip:** Huntsville, Texas, 77320	
Mailing Address: P.O. Box 99		**City, State, Zip:** Huntsville, Texas, 77342	
Telephone: 936-295-6371		**Is Agency accredited by any organization?** X Yes ☐ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	X State	☐ Federal

Agency mission: The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.

Agency Website with PREA Information: https://www.tdcj.state.tx.us/publications/index.html#PREA	
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: HH Coffield Unit			
Physical Address **Address** 2661 FM 2054 Tennessee Colony, TX 75884			
Telephone Number: 903/928-2211			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	X State	☐ Federal
Facility Type:	☐ Jail	X 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: https://www.tdcj.texas.gov	
Warden/Superintendent	
Name: Jeffery Catoe	**Title:** Senior Warden
Email: Jeffery.Catoe @ tdcj.texas.gov	**Telephone:** 903/928-2211 ext. 1100
Facility PREA Compliance Manager	
Name: Rhonda Smith	**Title:** Unit Safe Prisons PREA Manager
Email: Rhonda.Smith @ tdcj.texas.gov	**Telephone:** 903/928-2211 ext. 1180
Facility Health Service Administrator	
Name: Pam Pace	**Title:** **Senior** Practice Manager
Email: PmPace@utmb.edu	**Telephone:** 903/928-2211 ext.1134
Facility Characteristics	
Designated Facility Capacity 914 Main Unit – 3818 Trusty Camp - 321	**Current Population of Facility:** Main Unit – 3783 Trusty Camp - 297

Number of inmates admitted to facility during the past 12 months			1723
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1559
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1723
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			1074
Age Range of Population:	**Youthful Inmates Under 18:** 0	**Adults:** 19-78	
Are youthful inmates housed separately from the adult population?	☐ Yes	☐ No	X NA
Number of youthful inmates housed at this facility during the past 12 months:			0.

Average length of stay or time under supervision:	72 months
Facility security level/inmate custody levels:	G1 – G5, Ad Seg,
Number of staff currently employed by the facility who may have contact with inmates:	760
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	254
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1

Physical Plant

Number of Buildings: 40	**Number of Single Cell Housing Units:** 1
Number of Multiple Occupancy Cell Housing Units:	2
Number of Open Bay/Dorm Housing Units:	3
Number of Segregation Cells (Administrative and Disciplinary:	763

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.):

There are one thousand thirty nine (1039) cameras at the Coffield Unit. Cameras are situated in a majority of the living areas and the segregation units. They can also be found in the common areas inmates have access too. The auditor reviewed all areas having viewing access to the cameras and found no privacy concerns or cross gender-viewing concerns.

Medical

Type of Medical Facility:	Ambulatory medical and dental services. All services on a single level, including CPAP accommodating.
Forensic sexual assault medical exams are conducted at:	Palestine Medical Center (primarily)

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	Contractors-41 Volunteers - 23,288

Number of investigators the agency currently employs to investigate allegations of sexual abuse:	138- OIG and 30 Administrative

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act on-site audit at the Coffield Unit in Tennessee Colony, Texas was conducted January 10-12, 2018 by Thomas Eisenschmidt (chair), Debra Dawson (member) and United States Department of Justice Certified PREA Auditors for adult facilities.

Because of the size of the facility and the number of offenders the American Correctional Association selected the auditors. This was the second PREA audit for the Coffield Unit. The facility had a successful PREA audit conducted in January 2015. The auditors wish to extend their deepest appreciation to Warden Jeffrey Catoe and the staff at the Coffield Unit for their professionalism, hospitality, and kindness. The auditors also want to compliment Sergeant Rhonda Smith, Safe Prisons PREA Manager at the Coffield Unit for her commitment to PREA and the hard work she provided to the auditors prior, during and after the on-site audit. This assisted the audit and the auditors to move forward very efficiently with the audit process.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditors included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each of the PREA standards.

The on site potion of the audit began with an entrance meeting conducted on Wednesday, January 10, 2018 at 9:45 a.m. in the Facility Visiting Room. Attending this briefing besides the audit team were: Senior Warden J. Catoe, Warden M. Britt, Warden E. Navarette, Major V. Mitchell, Major W. Wheat, Major W. Delarosa, Sgt. N. Boone Region II Safe Prison, Sgt. L. Buscemi Region VI Safe Prison, Sgt. R. Smith/SPPM, Captain M. McNeil, Captain B. Stotts, Captain S. Marshall, Lt. L. Matthews, CO III D. McGaugh/SPPO, and Chaplain M. Wardell. The audit chair briefed those in attendance about PREA , the audit process as well as what would occur over the three days of the visit.

This audit was part of an ACA audit that occurred earlier in the week in which the PREA chair was a team member. The audit chair was able to tour a major portion of the institution prior to the start of the PREA site visit. The two-team members of the PREA team arrived on Wenesday and toured the remaining parts of the facility. While touring the Coffield Unit all three auditors observed the notices announcing the dates of this PREA audit posted in all the buildings including housing units. They also observed, throughout the facility, posters that called attention to the agency's Zero Tolerance Policy with information to offenders on how and to whom to report allegations of sexual abuse and sexual harassment. During the physical plant review the auditors reviewed camera placement, blind spots, staff placement, and documentation to assist in determining standard compliance. All housing units, day rooms, offender program areas, work areas, and all other areas of the Unit were toured. While touring offenders and staff were informally questioned about their knowledge of the PREA standards, procedures for reporting, services available, and staff responsibilities. Those interviewed did acknowledge receiving training/information on reporting sexual abuse, sexual harassment, and/or retaliation for reporting either on arrival at the facility or on the housing units as groups for those arriving prior to 2012.

Interviews were conducted by each of the auditors over the three days. Prior to the on-site visit the facility supplied a list of offender names sorted by housing units, those with limited English, and those with targeted designations. A list of employees and contractors was also provided to the auditor. From these lists the chair selected at random sampling of offenders and staff to be interviewed. It was from these lists the chair also selected the targeted and random individuals to be interviewed. These random staff and offender interviews were conducted by each of the auditors in a private setting.

A total of 43 staff members were interviewed during the course of this on-site audit. Staff interviews consisted of: 12 randomly selected correctional security staff members covering all shifts, 3 volunteers, 3 contract employees, 6 intermediate or higher level supervisors, 20 specialized staff members that have multiple roles that encompass all specialized staff interviews. All staff, at the Coffield Unit, is trained as first responders and those questioned were well versed in their areas of responsibility regarding responding to PREA allegations. Non-security staff questioned knew that once the offender was secured their next responsibility was to immediately contact a security staff member.

There were 126 offender interviews conducted during the on-site visit by the three auditors. Eighty (80) offenders were randomly selected and forty-six (46) were targeted. The targeted group consisted of eight (8) acknowledging prior victimization; thirty-three (33) from the LGBTI community, three (3) offenders who alleged sexual harassment and two (2) limited English and one (1) from segregation). Each of the offenders interviewed acknowledged receiving PREA training and written materials outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting during their intake. The two (2) limited English proficient offenders interviewed confirmed receiving their PREA training and written informational materials in languages they could understand.

During the interviews with the offenders that self-reported as being gay and transgender, they stated that staff treated them fairly and respectfully before and after self-reporting they sexual identity. They further stated that

they were never placed in any housing specifically designated for any sexual identity specific group. The transgender offenders also indicated that prior to assigning them bed, work or education assignments they were asked if they had any concerns that needed addressing prior to being assigned. Each of them also indicated that they were provided the opportunities to shower alone.

The auditors selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files that are maintained at the institution. The Coffield personnel files were very well organized. The main personnel files for each employee are kept in Huntsville. New hires and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed the signed “Training Acknowledgement Form” documenting that the staff understood the PREA training received.

The audit team also selected and examined a sampling of offender institutional files and observed documentation indicating by signature the offender receiving PREA education, as well as documentation of a risk screening being performed.

All investigative files were reviewed by the team during the on-site visit and appeared to thoroughly document the investigation process per agency policy. Criminal investigative referrals were documented and proper referrals were made when warranted. All sexual abuse cases were referred to the Office of the Inspector General who evaluated each case to see if elements of a crime existed.

There were forty-six (46) PREA cases initiated at the Coffield Unit during the last twelve months. Forty-five (45) of these cases alleged sexual abuse and one (1) alleged sexual harassment. The forty-five (45) sexual abuse allegations comprised thirty-two (32) involving staff and thirteen (13) allegations involving offenders. Twenty-five allegations involving staff were found unsubstantiated, five (5) were determined unfounded and two (2) are still pending. Ten (10) of the offender allegations were found unsubstantiated, one (1) unfounded and two (2) were substantiated. The one sexual harassment allegation made by an offender against a staff member was investigated at the Coffield Unit and determined to be unsubstantiated.

The administrative investigation must be completed within 72 hours and may be extended for an additional another 72 hours if needed. The administrative investigation results can differ from the OIG investigations if they (OIG) are waiting on forensic lab results.

The Coffield Unit had seven (7) allegations investigated by other facilities. These allegations came from offenders who alleged sexual abuse occurred at the Coffield Unit but disclosed it only after they left the facility. The facility conducted two (2) allegation made to them upon arrival alleged to have occurred at another facility. These two cases are included in the reported cases for the facility.

TDCJ publishes their investigative policy on its website (https://www.tdcj.state.tx.us/publications/index.html#PREA). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

At the conclusion of the on-site visit an exit meeting was held to discuss the audit findings. The following people were in attendance: Warden J. Catoe, Warden M. Britt, Warden E. Navarette, Major V. Mitchell, Major W. Wheat, Major W. Delarosa, Sgt. N. Boone Region II Safe Prison, Sgt. L. Buscemi Region VI Safe Prison, Sgt. R. Smith/SPPM, Captain M. McNeil, Captain B. Stotts, Captain S. Marshall, Lt. L. Matthews, CO III D. McGaugh/SPPO, Chaplain M. Wardell

The auditor explained the process that would follow the on-site visit. The auditor also explained that any standard findings of "Does Not Meet" during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the agency/facility website once completed.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The mission of the Coffield Unit "is to ensure the safety of our community, staff and offenders by confining offenders with the proper custody, in a secure and safe environment. Special Programs will be offered to eligible offenders in order to reduce recidivism and return them to society as a responsible and productive citizen".

The Coffield Unit is the largest prison in the State of Texas and is located approximately 2 ½ hours southeast of Dallas, Texas. The facility sits on 22,000 acres, 14,000 acres within the perimeter fence. As seen below, the building is a unique design. The program and service areas are in the center and the housing areas are to each side. The housing units and capacity is as follows:

P-1: Medium custody, 664 beds, 4 story
P-2 Segregation, 535 beds, 4 story
P-3 & P-4, General Population, 1,000 beds and 1008 beds, 4 story

P-5 General Population dormitories: 224 beds, 4 story
P-6: General population dormitories, 668 beds
Trusty Camp: General population dormitories, 321 beds

Additional space is provided for medical services, recreation, religious services, educational programs, food preparation, dining, commissary operations, maintenance, necessities distribution, warehouse storage and administrative offices Since the last audit there has been an expansion of the commissary unit.

Facility Demographics

Rated Capacity- 4139

Average Daily Population for the last 12 months: 4095

Average Length of Stay: 15 years, 0 months, 28 days

Security/Custody Level: Max/Maximum, Medium, Minimum

Age Range of Offenders: 19-78 years

Gender: Male

Full-Time Staff: ***784***
28 *Administrative,* ***139*** *Support,* ***13*** *Program,* ***566*** *Security,* ***38*** *Medical*

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, ***along with a list of each of the standards in each category****. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Met: 40

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Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Standard 115.15 (a)

The facility is not in compliance with their Agency Policy, Administrative Directive AD-03.22 9 (Offender Searches) that limits and forbids cross gender strip searches of male offenders conducted by female staff except in “exigent” circumstances. PREA defines “exigent circumstances” as that which require immediate action in order to combat a threat to any set of temporary and unforeseen circumstances the security or institutional order of a facility as it relates to Standard #115.15 (a)

The facility reported in their PAQ and documented in their facility logs 15,489 cross gender strip searches conducted by female staff on male offenders during the last months. These searches were conducted on days male staff were in the facility but assigned other duties. The facility believed it was compliant with the standard based on what they believe (d) were exigent circumstances because of the high number of females (29 %). It was explained by the auditors that because male staff were in the institution while these searches were being conducted that they (males) should have been the individuals performing them. Interviews with offenders and female staff confirmed these frisks were completed in conflict with the provisions of the Standard. The chair further informed the facility staff that the definition of “exigent circumstances” as it relates to standard #115.15 is as that which requires immediate action in order to combat a threat to any set of temporary and unforeseen circumstances the security or institutional order of a facility.

The prosed suggestion as a corrective solution would be arranging staffing to insure male staff members are present in the area during the strip searches of male offenders.

The auditor and the Agency/Facility agreed to monitor strip searches for a period of 45 days after the time of the site visit to insure they were complying with the definition of exigent circumstances if utilizing female staff. The facility typically conducts 700 plus strip searches in the facility restricted housing unit per day. The facility and the Agency sent confirmation that during this 45 days there were no cross gender searches conducted at the Coffield Unit. The facility reinforced the Agency strip search policy to uniform staff during training at turn out. Also the auditor received no letters from any offenders indicating strip searches were conducted.

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? X Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? X Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? X Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? X 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?
  X 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.) X 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.)

- X Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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

The primary comprehensive zero tolerance policy outlining the approach to preventing, detecting, and responding to sexual abuse and sexual harassment utilized by the HH Coffield Unit is the "Safe Prisons PREA Plan". This plan is the Texas Department of Criminal Justice (TDCJ) Agency policy that defines for all staff and offenders' specific prohibited acts, staff reporting responsibilities and obligations, investigative responsibilities, risk assessment process and procedures, support responsibilities and punishment for violations to the plan.

In September of 2016 Barbara King, certified PREA auditor, interviewed Lorie Davis as the Agency Head designee. She is also the agency wide Safe Prisons PREA Coordinator. During her interview she described how the Director has committed TDCJ to providing a safe environment for staff and offenders by insuring the PREA standards remain a top priority. She informed the auditor that any expansion or major facility modifications will continue to take into account the PREA Standards when considering design and installing video equipment.

As the Safe Prisons PREA Coordinator, Ms. Davis has six (6) regionally based Safe Prison/PREA Managers who report directly to her and to each of the regional directors where they are assigned. TDCJ has ninety-nine (99) Safe Prisons/PREA Managers designated as PREA Compliance Managers within each of their facilities. The interview conducted with the PREA Coordinator confirmed she had sufficient time and authority to coordinate the Agency efforts to comply with each of the PREA Standards. Her position is found on the Agency organizational chart, reporting directly to the Director.

Sergeant Rhonda Smith is the Coffield Unit Safe Prison PREA Manager. She has been performing the duties of this position for over six years. She detailed to the auditor her responsibilities and indicated she had more than enough time to adequately perform her PREA related work. She reports directly to Senior Warden Catoe as well as the Regional PREA Manager Sergeant Nathanial Boone should she have any issues, questions or suggestions relating to PREA. Staff and offenders were aware that she was the Safe Prisons person and the point of contact for all questions, concerns, reporting or any overall information relating to PREA at the Coffield Unit.

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.) X 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".) X Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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

Cody Ginsel, is the Director of Private Facility Contract Monitoring/Oversight Division for TDCJ and the individual who supervises the employee contract monitor at each contract facility and oversee the eleven private prisons within the Texas Deparment of Criminal Justice. His interview was conducted by Barbara King, a certified PREA auditor.

The facility contract monitor oversees all the operational practices, the contract practices, and the day to day operations of that particular facility. One of their primary responsibilities in monitoring is to make sure that each of the Agency contracted facilities is PREA compliant and following TDCJ Policies and Procedures. The agency has included in all contracts the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor completes a compliance review checklist for documentation. If anything of immediate risk is identified, the contract monitor takes immediate action to resolve the situation. All other concerns are documented with feedback provided to the vendor. The contract monitor would continue to monitor the concerns until compliance is met. All 11 private facilities under contract with TDCJ have completed their initial PREA Compliance Audit and are being scheduled for audits during the new cycle.

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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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.)
  X 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? X 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? X 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? X 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? X Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? X 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? X Yes ☐ No

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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

The auditor discussed the staffing plan with Warden Catoe, the Safe Prisons PREA Manager Rhonda Smith and some of the Intermediate Supervisors. The requirements for this plan are found in the Security Operations Program Manual (SOPM 8.06). This manual requires each facility develop an institutional staffing plan that provides for adequate levels of staff and video monitoring (when available), to protect all offenders against any form of abuse.

Senior Warden Catoe indicated that the Coffield Unit is approximately 218 Corrections Officers positions short but is still required to follow his staffing plan and must fill all positions. Deviations from his approved facility staffing

plan must be immediately reported by each shift supervisor to him and he in turn is required to notify the Regional Director informing him of the post that was closed and the reason it had to be closed The two major causes of deviations from this approved plan are outside emergency hospital transports and constant direct observation (suicide watch). The auditor was provided documentation of the closed post notifications made to the Regional Director.

Annual staffing plan reviews are completed in the Spring / Summer of each year at the Coffield Unit. The Senior Warden, the Safe Prison PREA Manager and the Regional Directors Office complete this review. The review takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse, generally accepted detention and correctional practices and all components of the facility's physical plant including "blind-spots" or areas where staff or inmates may be isolated.

All upper level management staff and supervisors at the Coffield Unit are required to make unannounced rounds by policy. The shift supervisor rounds must be documented on the daily shift reports (rosters) and in each of the housing unit logbooks. Interviews conducted with officers, offenders and mid-level supervisors confirmed that unannounced rounds are completed at random times and random locations on each shift.

Each of the shift supervisors interviewed by the auditor stated that they are required to make rounds daily of all areas of the institution and this rounds must be documented. They indicated that these unannounced rounds are accomplished by staggering their round times and locations minimizing line staff ability to notifying other staff. They further informed the auditor that TDCJ has a policy that prohibits staff from notifying other staff about supervisor rounds and they are reminded at turn out that violations to this directive could lead to disciplinary sanctions.

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 X 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 X 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 x 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 X 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 X 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 X NA

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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

The Coffield Unit complies with the standard to the extent that there are no youthful offenders ever housed at the the facility.

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?
  x 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 X 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 X NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? ☐ Yes ☐ No X NA
-

115.15 (d)

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? X 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? X 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? X 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? X 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? X Yes ☐ No

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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The facility is not in compliance with their Agency Policy, Administrative Directive AD-03.22 9 (Offender Searches) that limits and forbids cross gender strip searches of male offenders conducted by female staff except in "exigent" circumstances. PREA defines "exigent circumstances" as that which require immediate action in order to combat a threat to any set of temporary and unforeseen circumstances the security or institutional order of a facility as it relate to Standard #115.15.

The facility reported in their PAQ and documented in their facility logs 15,489 cross gender strip searches conducted by female staff on male offenders during the last months. These searches were conducted on days male staff were in the facility but assigned other duties. The facility believed it was compliant with the standard based on what they believe (d) were exigent circumstances because of the high number of females (29 %). It was explained by the auditors that because male staff were in the institution while these searches were being conducted that they (males) should have been the individuals performing them. Interviews with offenders and female staff confirmed these frisks were completed in conflict with the provisions of the Standard. The chair further informed the facility staff that the definition of "exigent circumstances" as it relates to standard #115.15 is as that which requires immediate action in order to combat a threat to any set of temporary and unforeseen circumstances the security or institutional order of a facility.

The auditor and the Agency/Facility agreed to monitor strip searches for a period of 45 days after the time of the site visit to insure they were complying with the definition of exigent circumstances if utilizing female staff. The facility typically conducts 700 plus strip searches in the facility restricted housing unit per day. The facility and the Agency sent confirmation that during this 45 days there were no cross gender searches conducted at the Coffield Unit. The facility reinforced the Agency strip search policy to uniform staff during training at turn out. Also the auditor received no letters from any offenders indicating strip searches were conducted.

There are one thousand thirty nine (1039) cameras at the Coffield Unit. Cameras are situated in a majority of the living areas and the segregation units. They can also be found in the common areas inmates have access too. The auditor reviewed all areas having viewing access to the cameras and found no privacy concerns or cross gender-viewing concerns.

The auditor tour included spending a significant amount of time in all the living areas. There is a large percentage of female staff working in these areas. The auditor witnessed females announcing their presence upon entering the male offender living areas. Offenders also confirmed this practice being followed during random and targeted interviews.

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? X 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? X 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? X 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? X 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? X 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)? X Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X 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? X 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? X 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? X 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? X 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? X Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X 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? X Yes ☐ No

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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

The auditor interviewed two limited English-speaking offenders at the Coffield Unit during the site visit. The auditor used a staff interpreter for both. Each of the offenders indicated they were provided PREA information upon their arrival. Both stated they knew how to report any incident of sexual abuse or sexual harassment should it become necessary.

Administrative Directives 04.25 (Language Assistance to Offenders) and AD-06.25 (Qualified Interpretive Services) requires the facility to take appropriate steps to ensure offenders, with disabilities (including offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

During the auditors time at the Coffield Unit there were no offenders who were blind, deaf or learning-disabled for them to interview. Staff did point out that for offenders with any hearing impairment, are provided the PREA video presentation in writing if necessary. The Unit maintains a list of staff (local and statewide) that can provide interpretive service, including sign language, to the institution offenders if needed. The medical department (UTMB) also maintains a contract with a company that provides interpretive services if needed.

Every offender arriving at the Coffield Unit receives a facility orientation booklet, available in Spanish and English. This provides him an overview of the agency/facility as well as rules and general information including an overview of the agency zero tolerance policy. This information outlines for the offenders how and who to report incidents of sexual abuse and sexual harassment without fear of being punished for reporting.

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)? x 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? *x* 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? x 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)? x 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? x 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? *x* 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? x Yes ☐ No

115.17 (c)

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? x Yes ☐ No

115.17 (g)

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

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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All hiring and approval to allow staff, contractors and volunteer's entrance into the Coffield Unit is accomplished through the Central Office (Human Resources Headquarters) in Huntsville, Texas. Human Resources employees both at Huntsville and the Coffield follow guidelines as mandated in policies PD-75 (Applicants with Pending Criminal Charges or Prior Criminal Convictions), PD-73 (Selection Criteria for Correctional Officer Applicants), PD-71 (Selection Systems Procedures), PD-27 (Employment Status Pending Resolution of Criminal Charges or Protective Orders) and the Safe Prison PREA Plan whenever announcing, hiring and promoting anyone.

Criminal background checks are performed on everyone (staff, contractor, volunteer) entering any Texas facility regardless if he/she has contact with any offender or not. These specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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. Anyone found with any of these conditions is prohibited entrance into all TDCJ facilities.

A State Identification Number (SID) is created for every employee and contractor fingerprint working at this Unit. A system checks daily to ensure all SIDs are entered in the system and it provides warrant checks every six months on each employee. A background check is generated in the month of their birth and six months after every year. The system also provides an automatic electronic notification to the agency when any criminal charge(s) is brought against an employee or contractor. Employee Background checks are currently up to date at the Coffield unit.

In addition, the Safe Prisons PREA Plan and Standards of Employee Conduct mandates employees disclose, to the facility/agency, any sexual misconduct allegation (in fact all contact with police) made against them or face

discipline for failing to do so.

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 x 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.)
- x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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*)

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There has been no substantial expansion at the Coffield Unit since August 20, 2012. They have updated video monitoring equipment at the facility within the last three years. Currently there are one thousand thirty nine (1039) cameras at the facility. Cameras are situated in a majority of the living areas and the segregation units. They can also be found in the common areas inmates have access too. The audit chair reviewed all areas having viewing access to the cameras and found no privacy concerns or cross gender-viewing concerns in any of these areas. Camera placements and the purchasing of any additional video equipment at Coffield must be accomplished following the Security Operations Program Manual (SOPM), 7.02 (Security Surveillance Systems). This policy directs the process each facility must follow and a minimum and must include the Safe Prison PREA Manager when determining placements. The facility must also take into consideration a review of any prior sexual abuse incident locations when assessing new locations. Warden Catoe confirmed during his interview that the Safe Prison PREA Manager has in the past been involved and she would continue to have a prominent role in the location process for any future video equipment placements.

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.)
  x 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.) x 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.) x 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? x Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? x 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)? x Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? x 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? x Yes ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers? x 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? x Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? x 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.) x 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.] x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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Investigations (criminal or administrative) conducted at the Coffield Unit must comply with the Safe Prisons PREA Plan and OIG policy 4.05 (Offender Sexual Assault Investigations). The requirements of these policies stipulate that each and every investigation conducted must adhere to the investigative and evidence protocols 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.

Three investigators (1-Criminal and 2- Administrative) were interviewed at the Unit during the site visit. Each of them detailed the training they received. Their training description included the requirement that they must follow uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

The training each received was based on the National Institute of Corrections (NIC), " PREA: Investigating Sexual Abuse in Confinement Settings" curriculum. This required Investigator training was verified by the auditors and found documented in each of their files, during the records review portion of the audit.

Texas Government Code 493 is the State Statute that grants legal authority to staff of the Office of the Inspector General (OIG) to conduct criminal investigations within the prisons of the Texas Department of Criminal Justice. OIG Investigator Daniel Wolfe, assigned to this Unit, detailed the training he has received including interviewing offenders in confined spaces.

Palestine Medical Center is the primary local community hospital utilized by the Coffield Unit for forensic examinations needed by any offender at the Coffield Unit. Section 323.004 of Senate Bill 1191 requires these forensic exams be conducted by a Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) whenever possible. If a SAFE or SANE nurse is not available, a qualified medical practitioner must perform the examination. There was one offender sent out from this Unit, for a forensic exam, during the last 12 months.

Most TDCJ faculties' are located small rural towns with very limited public support services. Coffield is no exception. The facility has tried unsuccessfully to solicit a community rape crisis center in order to provide victim advocacy service to their offenders. The facility provided the auditors documentation of their efforts. They continue to try, at a minimum of every year, to secure the services of a rape crisis center.

The Unit does have trained Offender Victim Staff Representatives (OVR) who provide support to victims of sexual abuse at the facility when needed. The audit chair interviewed one of these staff advocates and verified the training she and the other trained staff advocates receive. She told the auditor this one time training included among other things the forensic exam process. The auditor was informed that this staff advocate could and would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary as outlined in the Safe Prisons PREA Plan.

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

- Does the agency document all such referrals? x 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).] x 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*)

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*)

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An investigation must be conducted on every allegation of sexual abuse or sexual harassment occurring at the Coffield Unit as required in the Safe Prisons PREA Plan and the Office of the Inspector General policy 4.05. As noted earlier in standard #115.21 the Office of the Inspector General, a separate agency from TDCJ, is given the legal authority to conduct criminal investigations within every Texas prison by Texas Government Code 493. Interviews, conducted with the OIG Investigator and the facility Administrative Investigator, confirmed that investigations are initiated and completed on all allegations of sexual abuse or sexual harassment regardless of how the allegation was made or received (written, verbal, anonymous or third party). An administrative investigation is conducted on every allegation made even if the office of Inspector General conducts a criminal investigation or not.

There were forty-six (46) PREA cases initiated at the Coffield Unit during the last twelve months. Forty-five (45) of these cases alleged sexual abuse and one (1) alleged sexual harassment. The forty-five (45) sexual abuse allegations comprised thirty-two (32) involving staff and thirteen (13) allegations involving offenders. Twenty-five allegations involving staff were found unsubstantiated, five (5) were unfounded and two (2) are still pending. Ten (10) of the offender allegations were found unsubstantiated, one (1) unfounded and two (2) were substantiated. Because the administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings at the facility during administrative investigations can differ from the OIG investigations if they (OIG) are waiting on forensic lab results. There were one sexual abuse harassment allegations made and investigated at the Coffield Unit against staff. The investigations determined the allegation to be unsubstantiated.

The Coffield Unit had seven (7) allegations investigated by other facilities. These allegations came from offenders who alleged sexual abuse occurred at the Coffield Unit but disclosed it only after they left the facility. The facility conducted two (2) allegation made to them upon arrival alleged to have occurred at another facility. These two cases are included in the reported cases for the facility.

TDCJ publishes their investigative policy on its website (https://www.tdcj.state.tx.us/publications/index.html#PREA). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

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? x 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? x 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 x 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? x 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? x 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? x 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? x Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? x Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? x 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? x Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? x 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? x Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? x 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? x 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? x Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

X **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*)

Instructions for Overall Compliance Determination Narrative

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

Senior Warden Catoe detailed the importance that training plays in providing a safe environment for offenders and staff inside the Coffield Unit. He stated that everyone that enters in to the Unit is well informed at pre-service training as to the agency zero tolerance policy and what is expected and will not be tolerated from staff, volunteers and contractors as it relates to sexual abuse and sexual harassment of offenders.

In-service and pre-service curriculum was reviewed prior to and during the site visit. The subject matter everyone receives includes: (1) The Agency wide 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) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing 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 offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Random staff interviews were conducted by the auditors with uniform and non-uniform staff. Each confirmed that training included the topics described in the paragraph above and described the procedures they would follow if an offender approached them with an allegation of sexual assault. All reported that the first response would be separating the alleged victim, and then secure the area, contact their supervisor and preserve evidence from destruction. The non-security first responders interviewed indicated that they would immediately secure the alleged victim and then immediately contact a security staff person.

The auditors reviewed training records for 2015, 2016 and 2017 for staff at the Coffield Unit. Except for those out on long-term absence or on military leave everyone working during those time periods were provided the mandated PREA training.

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? x 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)? x Yes ☐ No

115.32 (c)

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

Auditor Overall Compliance Determination

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

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*)

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The PREA training requirement for all contractors and volunteers is outlined in the Safe Prisons PREA Plan. It requires all contractors and volunteers, regardless if they have contact with offenders or not, receive this training prior to being allowed entrance into the Unit. These individuals, by signature, acknowledge that they have received it and understood it. Any volunteers or contractors who were at the facility prior to 2013 were required to attend PREA training during the 2013 training year.

The auditor reviewed the training curriculum and training records for a sampling of contractors and volunteers for years 2015, 2016 and 2017. The documentation presented and reviewed included signed statements indicating they received and understand the agencies' zero tolerance policy.
Interviews conducted on site with six (6) contractors/volunteers confirmed each had received the training and signed documents indicating their understanding of the TDCJ policy.

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? x Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? x 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? x 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? x 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? x Yes ☐ No

115.33 (c)

- Have all inmates received such education? x 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? ☐ X Yes ☐ No

115.33 (d)

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

115.33 (e)

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

Auditor Overall Compliance Determination

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Offenders departing the arrival bus at the Coffield Unit are provided information about the Unit and the Agency zero tolerance policy prohibiting all forms of sexual abuse and sexual harassment. Once the offender is properly identified he is given the Offender Orientation Booklet. This booklet provides the offender with information and instructions on how and to whom to report incidents or suspicions of sexual abuse or sexual harassment.

Offenders are informed they can make these allegations verbally, anonymously in writing or through family and friends. Each offender signs he received this information and he is mandated to watch the Agency PREA Informational video that details the TDCJ policy of zero tolerance toward all forms of sexual abuse and sexual harassment and informs them again the ways of reporting.

Offenders who are limited English proficient, deaf, visually impaired, as well as those offenders who have limited reading skills are provided PREA information in formats that makes him aware of their rights to be free from sexual abuse and sexual harassment, their rights not to be punished for reporting it and their rights to be free from retaliation for reporting such incidents. PREA informational Signs (located in all areas accessible by offenders at Coffield) and the informational booklets provided offenders are available in English and Spanish.

As noted earlier the auditor interviewed two limited English offenders. Both indicated they received PREA materials in a language that they could understand and further stated that they would know how to make a sexual abuse/harassment allegation if it became necessary. The Coffield Unit utilizes a list of staff (local and statewide) that can provide interpretive service including sign language if needed. The medical department (UTMB) also maintains a list of interpreters as well. They also have a contract with an interpretive service provider if needed.

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).) x 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).] x 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).] x 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).] x 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).] x 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).] x Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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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*)

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"***Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations***". This is the stated requirement taken from the Safe

Prison/PREA Plan requiring all facility investigators receive specialized training in order for them to conduct any administrative sexual abuse allegations or sexual harassment investigation or criminal investigation. This is also the requirement of OIG policy 4.05.

The auditors interviewed a Criminal Investigator from OIG and two of the Administrative Investigators from the Coffield Unit. All detailed the training they received. The subject matter each received included topics on: 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. The auditor did a training records review of a sampling of Investigators at the Unit and found records reflected the training received and course completed records as required.

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? x 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? x 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? x 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? x 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 x 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?
  x 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? x 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? x Yes ☐ No

Auditor Overall Compliance Determination

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

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

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The Safe Prison PREA Plan and Executive Directive PD-29 requires all full and part-time medical and mental health care practitioners receive training on how to preserve physical evidence of sexual abuse, how to detect and assess signs of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Texas Department of Criminal Justice contracts all of its' Medical and Mental Health Services through the University of Texas Medical Branch (UTMB). They are responsible for the delivery of all Medical and Mental Health services to offenders at the Coffield Unit. The UTMB policy, Correctional Managed Health Care policy C 25.1 further requires all of their full time and part time medical and mental health practitioners receive additional training covering topics: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; (4) How and whom to report all allegations or suspicions of sexual abuse and sexual harassment. This training is in addition to the Agency zero tolerance training required of all employees. The auditor conducted interviews with medical and mental health practitioners during the Coffield Unit visit. These medical practitioners indicated that they are required to take this additional training and all of the current medical/mental staff at the facility had received it. This one time training is not documented at the facility. The auditor was however provided documentation that they had received it.

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? x 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? x Yes ☐ No

115.41 (b)

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

115.41 (c)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian,

bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? x 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? x 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? x 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? x 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? x 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? x 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? x 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? x Yes ☐ No

115.41 (g)

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

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

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? x 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?
  x Yes ☐ No

- 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? x Yes ☐ No

- 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? x Yes ☐ No

Auditor Overall Compliance Determination

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Every single offender arriving at the Coffield Unit receives a risk screening for sexual victimization or sexual abusiveness toward other offenders. This risk assessment is conducted by one of the two trained staff persons at the facility.

The Unit Safe Prisons PREA Manager is the primary individual who conducts this assessment. If the offender arrives on a weekend or after normal business hours he waits no longer than 72 hours from the date of his arrival for this assessment. The auditor had the opportunity to observe the intake process and risk assessment during the site visit at the Unit. As noted earlier in this report each offender receives an orientation booklet and a PREA pamphlet, explaining how and to whom they can make reports of sexual abuse and sexual harassment to. Sergeant Rhonda Smith Prior reviews all information the facility may have or have access to about the offender prior to assessing them. She looks for any indications of abusiveness or prior victimization and then performs each assessment by asking the offender questions about their knowledge regarding PREA. She lets each offender know that if they should require victim support services from outside the facility to immediately contact her. At the conclusion of this information exchange the risk assessment is conducted. The assessment begins by her asking the offender: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the offender has previously been incarcerated; (4) whether the offender's criminal history is exclusively nonviolent; (5) whether the offender has prior convictions for sex offenses against an adult or child; (6) whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the offender has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the offender. She makes an assessment if the offender is perceived to be gender nonconforming. If she believes any offender may be at risk based on this screening or she becomes aware of prior victimization or abusiveness, a Medical and/or Mental Health referral is immediately completed and forwarded on behalf of the offender.

The Unit Classification Committee had previously performed the second risk assessment within the offenders first thirty (30) days of the offender arrival. The agency policy was recently changed during the last week of December 2017, now requiring that the Safe Prisons PREA Manager conduct the reassessment after the offender has been at the facility for at least 15 days but prior to his 30th day. Because the policy was just put into place the auditor could not verify the new procedure.

The auditor conducted interviews with the screening staff and the Chief of Unit Classification. Both confirmed the Safe Prisons PREA policy is followed at the Coffield Unit ensuring that an offender'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 offender's risk of sexual victimization or abusiveness. These interviews also confirmed that TDCJ policies prohibit offenders being disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment. The Coffield Unit does not hold any offender for civil immigration purposes.

The random sampling of offenders confirmed they received a risk assessment upon arrival and most remembered receiving a second assessment within the first thirty (30) days. There were some random offenders interviewed that could not remember receiving a risk assessment. The auditors reviewed their institutional records and confirmed they had in fact received risk assessments and it was documented in their institutional record. None of the offenders interviews stated that they were disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during their assessment.

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? x 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? x 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? x 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? x 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? x Yes ☐ No

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? x Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

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The Unit Classification Committee is responsible for making all bed, educational and work assignments for offenders at the Coffield Unit. The Committee responsibilities in these matters are outlined in Administrative Directive 04.17 (Offender Housing Criteria Procedures and Administrative Directive 04.18 (Offender Job Assignments and Job Descriptions). The Committees' primary consideration and concern when making these assignments is keeping those offenders at high risk of being sexually victimized safe from those at high risk of being sexually abusive.

The Chief of Unit Classification indicated, during her interview, that she receives and reviews the risk assessment screening form from the Safe Prisons PREA Manager along with all pertinent documents or records of the offender prior to his appearance before the committee. She stated that the second risk assessment had previously been conducted at the offenders' appearance soliciting any safety concerns before determining his housing, bed, work, education or program assignments. She indicated the committee's primary goal was keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. She also stated that if a transgender or intersex offender appears at the committee they take into consideration any safety concerns voiced by them prior to making any assignments.

Housing Unit assignments are not determined by sexual identity at the Coffield Unit. Interviews with offenders identifying as gay or bisexual (29 in total) indicated they were never placed on any housing unit except those designated for general population offenders. There were four (4) transgender offenders assigned to the Coffield Unit at the time of the site visit. Each indicated they were questioned about their safety prior to any bed or work assignment. They also indicated they were allowed to shower alone.

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? x 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? x 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? x 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? x 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? x 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? x Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? x Yes ☐ No

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

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

- Does such an assignment not ordinarily exceed a period of 30 days? x 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? x 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? x 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? x Yes ☐ No

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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

The Safe Prison PREA Plan prohibits the facility from utilizing Protective custody for any offender who may be at high risk for sexual victimization unless all available alternatives have been explored and there is no other available means to protect the offender. The plan further details that no TDCJ facility may hold an offender in involuntary segregated housing for no longer than 24 hours.

The auditor discussed this policy with Warden Catoe and the Unit Segregation Supervisor. Both individuals stated that for the previous 12-month period restricted housing at the Unit had not been utilized for the placement of any offender who was at risk of victimization. They informed the auditor that if it ever did become necessary to utilize restricted housing for this purpose the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population. Any restrictions would be documented on the agency Administrative Segregation Hearing Record Form.

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? x 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? x 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? x 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? x 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? x Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? x 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 x No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? x Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? x Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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PREA informational posters are found in every area of the Coffield Unit offenders have access to. These posters provide offenders with contact information for the Unit Major, the Office of Inspector General (OIG), and the PREA Ombudsman to report any allegation (s) of sexual abuse or sexual harassment for them or someone else.

As previously noted each offender arriving at the Coffield Unit is provided a PREA pamphlet and signs for it. This informational booklet, the living unit posters and the PREA video provides the offender with multiple internal ways he can privately report PREA allegations, report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment or any staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders are also informed that allegations can be made verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). The General Information Guide for Families of Offenders booklet is available at the entrance of the Unit (where offender visitors are processed). This guide informs the offender family or friends how they can report sexual abuse/sexual harassment on behalf of the offender if necessary.

The PREA Ombudsman is an independent office from the Texas Department of Criminal Justice. This office reports directly to the chairman of the Texas Board of Criminal Justice. This is the private/public office to which offenders may report abuse. The PREA Ombudsman office receives and immediately forwards all offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Reports to the PREA Ombudsman are done confidentially and in accordance with policy ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries". It should be noted that the Coffield Unit does not hold any offender for civil immigration purposes.

The random interviews conducted with the offenders at the Unit revealed that they were well aware of the reporting venues available to them if needed.

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 x 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.) x 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.) x 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.) x 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.) x 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.) x 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.) x
  X 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.) X 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.)
  x 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.) x 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.)
  x 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.) x 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.).
x 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.) x 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.)
x 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.) x 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.) x 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.) x 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.) x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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Board Policy 3.77 (Offender Grievances) outline the process followed at the Coffield Unit whenever an offender files a grievance alleging sexual abuse or sexual harassment. Grievances filed by an offender alleging this type behavior are handled as an "emergency grievances" in which there are no time limits imposed on when the offender or family member may submit this type grievance. This policy further states any offender who alleges sexual abuse may submit a grievance without time limits, without submitting it to a staff member who is the subject of the complaint and without the grievance being referred to any staff member who is the subject of the complaint.
The auditor interviewed the Unit Grievance Investigator and she indicated when she receives this type grievance she is required to immediately notify the Warden, the Unit Safe Prisons PREA Manager and the OIG. The grievance investigation must be completed within 5 days. At the same time the grievance office is investigating the grievance, a criminal and/or and administrative PREA investigation is also initiated. Depending on the circumstances of the allegation the offender may be dealing with the Grievance Coordinator, Facility Investigator, and the Investigator from the OIG.

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? X 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 x No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? x 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? x 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? x Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? x Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Coffield Unit is located in a small rural area and has made attempts, annually, to enter into an memo of understanding (MOU) with a Community Victim Advocate group. The facility has been unsuccessful to date. The Unit provided the auditor with solicitation letters demonstrating they have tried to solicit services from the local outside victim advocates to provide emotional support services related to sexual abuse for their offenders.

Offenders are informed at orientation, in the inmate PREA booklet, periodically in the offender newspaper and on postings located in each of the Housing Units that any offender needing the names and addresses or contact information for any Statewide and/or National Victim Advocates Groups will be provided to them by requesting the information from the Safe Prisons PREA Manager. Offenders are informed that communication with these groups will be monitored unless it is sent directly through the PREA Ombudsman.

Of the 140 plus offender formal interviews conducted most indicated that they were aware of outside victim support services and information being available. Most were aware that there were postings with information on it but were sketchy about the information in the postings. Some of the random offenders also indicated to the auditors they were not aware of these support services because it did not interest them. The Coffield Unit does not hold any offender for civil immigration purposes.

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? x Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? x Yes ☐ No

Auditor Overall Compliance Determination

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

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*)

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The auditors observed the pamphlet "General Information Guides for Families of Offenders" posted at the entrance of the Unit and in the facility visiting room. This information, available to offender family and friends, informs them of contact phone numbers, mailing addresses and emails addresses where they can report allegations of sexual abuse and/or sexual harassment on behalf of any offender. The TDCJ agency web page also has a PREA section on the site allowing anyone to make a sexual abuse allegation on behalf of any offender through that link as well.

The random offenders disclosed to the auditors during their interviews that they were aware that family or friends could make a sexual abuse/harassment reports on their behalf.

The Warden, Investigators and random staff indicated third party reports are handled no differently than any other allegation received,

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? x 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? x 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? x 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? x 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?
  x 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? x 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? x Yes ☐ No ☐ NA

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? x Yes ☐ No

Auditor Overall Compliance Determination

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

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Instructions for Overall Compliance Determination Narrative

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Staff, Volunteers and Contractors are required by policy (Safe Prisons PREA Plan) to immediately report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred at the Unit or alleged to have occurred on another unit that they become aware of.

The Plan also requires them to report retaliation against offenders or staff who reported an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy emphasis is provided to them in the pre-service and in-service training each receives. Uniformed staff also receives additional training covering reporting obligations and responsibilities during their daily turnout training.

The auditor interviewed random uniformed staff, non-uniformed staff, contractors and medical/mental health practitioners. Each of them acknowledged their reporting requirements so an investigation can be initiated. They also informed the auditor that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or official.

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? x Yes ☐ No

Auditor Overall Compliance Determination

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

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All 22 random staff and Warden Catoe were specifically asked what action they would they take if they became aware that an offender was at substantial risk of sexual abused. All staff both in and out of uniform indicated the safety of the offender at risk would be their priority concern. They all detailed their answers stating their first action would be locating and securing the offender. Once secured the staff member would immediately contact a security supervisor.

Warden Catoe informed the auditor he would place the offender in Offender Protection Investigation (OPI) status. Offenders in this status are placed in restricted housing for up to 72 hours pending the investigation completion. This investigation can be extended for another 72 hours if needed but the entire process is typically completed within 72 hours or less. Warden Catoe stated that keeping an offender in restricted housing would be his last option to safeguard a potential victim. He stated he has multiple options available to him including transferring the offender if warranted.

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? x Yes ☐ No

115.63 (b)

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

115.63 (c)

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

Auditor Overall Compliance Determination

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

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*)

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Safe Prisons PREA Plan requires that all allegations that an offender was sexually abused while confined at another facility requires the head of the facility that received the allegation to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours of the facility becoming aware of the allegation.

The Coffield Unit received two (2) sexual abuse allegations from offenders upon arrival at the Unit alleged to have occured at another TDCJ facility during the last 12 months. The auditor was provided the required notification documentation to the institutions where the allegations took place made within the 72 hour requirement.

Interviews conducted with the Safe Prison PREA Plan Manager Rhonda Smith and Senior Warden Catoe revealed that they are aware of this policy and the notification requirements. These two allegations are part of the total number of PREA cases reported for the Unit during the last 12 months.

The Unit also had seven (7) instances where they were notified by other facilities about allegations of sexual abuse alleged to have occured at Coffield within the last 12 months. These seven allegations are not part of the total number of PREA cases for the Unit during the last 12 months.

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?
  x 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? x 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? x 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? x 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? x Yes ☐ No

Auditor Overall Compliance Determination

X **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*)

Instructions for Overall Compliance Determination Narrative

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Every employee, contractor and volunteer entering the Coffield Unit including those contractors and volunteers who may not have any contact with offenders, are trained to respond to allegations of sexual abuse and sexual harassment. The uniform staff first responder training is more in depth and details their specific responsibilities. The auditor interviewed and questioned uniform staff and non-uniform staff about the actions each would take when responding to allegations of sexual abuse or sexual harassment. The Safe Prison PREA Plan mandates this training.

The uniformed staff indicated they would separate the alleged victim and abuser, preserve and protect any crime scene, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser.

The non-custody staff interviewed by the auditors indicated that if they were approached by an offender alleging sexual abuse that after first securing/separating the alleged victim from the abuser, they would immediately contact a security person to take charge of the situation.

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? x Yes ☐ No

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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The Coffield Unit utilizes Attachment G of the Safe Prisons PREA Plan for all allegation of sexual abuse. This is a checklist ensuring each of the facility disciplines is notified and has provided their appropriate response to the allegation of sexual abuse. This Attachment G (Sexual Abuse Checklist) is the 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.

During the specialized interviews conducted with medical staff, mental health staff, investigators and multiple supervisors each of them confirmed their knowledge of Attachment G and their responsibilities during a response to any allegation of sexual abuse.

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? x Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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Texas is a right to work state and does not have collective bargaining agreements. The agency has entered into no bargaining agreement that limits their ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation.

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? x Yes ☐ No

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

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

115.67 (d)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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*)

Instructions for Overall Compliance Determination Narrative

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The Safe Prisons PREA manager Rhonda Smith is the staff member at the Coffield Unit required to monitor retaliation against offenders and staff who have reported sexual abuse and/or cooperated with sexual abuse or sexual harassment investigations.

During her interview she informed the auditor that retaliation monitoring for staff and offenders is periodic and continues for at least 90 days and longer if necessary. She also indicated that while monitoring offenders she looks at offender work assignments, disciplinary reports, evaluations, bed changes. She further stated she privately meets with them to discuss any concerns they might have.

When monitoring staff she stated she looks at their work assignments, time off approvals, transfers, and evaluations. The auditors did review the 40 cases at the complex that were completed within the last 12 months that required monitoring and found retaliation monitoring performed in accordance with their policy.

There were no reported incidents of retaliation over the last 12 months.

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? x Yes ☐ No

Auditor Overall Compliance Determination

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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*)

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As noted in 115.43, the Safe Prison PREA Plan prohibits the facility from utilizing restricted housing for the protection of any offender who alleged to have suffered sexual abuse unless no alternative is available. Warden Catoe indicated offenders are placed in transient status in special housing for up to 72 hours pending an Offender Protection Investigation (OPI) completion. It may be extended for another 72 hours if required to complete the investigation. An Offender Protective Investigation (OPI) is started immediately upon staff becoming aware of an allegation. The auditors were informed that restricted housing has not been used for the placement of any victim of sexual abuse except as described above for an OPI/transient status. The facility has not used involuntary segregated housing to house victim offenders for protection after an alleged sexual assault.

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).] x 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).] x 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? x 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? x Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? x Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? x 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? x 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? x 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? X Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? x 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? x 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? x Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? x 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? x 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? x 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).) x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

X **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*)

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The mandated requirement, to conduct a criminal or administrative investigation on every allegation of sexual abuse made or the facility becomes aware of, is found in the Safe Prisons PREA Plan and OIG policy 4.05 (Offender Sexual Assault Investigations). These two policies describe when and how investigations into allegations of sexual abuse and sexual harassment are to proceed in every TDCJ facility.

Regardless of the circumstances every allegation of sexual abuse must be immediately reported to the Office of the Inspector General. At that point a trained Investigator from their office will make a determination if elements of a crime exist or not. If they believe elements are present a criminal investigation is initiated. Regardless of whether the OIG conducts a criminal investigation or not, a trained administrative investigator will conduct an administrative investigation as well. Both agencies require the Investigator be trained.

As noted in Standard 115.34 specialized investigative training was received and verified for those OIG and Administrative Investigators that conduct sexual abuse investigations at the Coffield Unit. During interviews conducted with one of the facility Investigators and with one of the OIG Investigators the auditor was informed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff member. Both the criminal and facility Investigators indicated they do not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.

The investigators detailed the investigative process. They indicated it involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the Unit does not provide a basis for terminating any investigation according to them and policy. The auditor reviewed case files for the last twelve months and found each file contained direct and circumstantial evidence.

There were forty-six (46) PREA cases initiated at the Coffield Unit during the last twelve months. Forty-five (45) of these cases alleged sexual abuse and one (1) alleged sexual harassment. The forty-five (45) sexual abuse allegations comprised thirty-two (32) involving staff and thirteen (13) allegations involving offenders. Twenty-five allegations involving staff were found unsubstantiated, five (5) were unfounded and two (2) are still pending. Ten (10) of the offender allegations were found unsubstantiated, one (1) unfounded and two (2) were substantiated. Because the administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings at the facility during administrative investigations can differ from the OIG investigations if they (OIG) are waiting on forensic lab results. There were one sexual abuse harassment allegations made and investigated at the Coffield Unit against staff. The investigations determined the allegation to be unsubstantiated.

The Coffield Unit had seven (7) allegations investigated by other facilities. These allegations came from offenders who alleged sexual abuse occurred at the Coffield Unit but disclosed it only after they left the facility. The facility conducted two (2) allegation made to them upon arrival alleged to have occurred at another facility. These two cases are included in the reported cases for the facility.

TDCJ publishes their investigative policy on its website (https://www.tdcj.state.tx.us/publications/index.html#PREA). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

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? x Yes ☐ No

Auditor Overall Compliance Determination

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

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During the interviews with the facility investigators they indicated that policy (Safe Prisons PREA Plan) and training, the facility imposes no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.

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? x 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.) x 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? x 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? x 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? x 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? x 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?
x 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?
X Yes ☐ No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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The offenders at the Coffield Unit who make an allegation that they have suffered sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This requirement is found in the Safe Prisons PREA Plan and Safe

Prison Plan Operations Manual 5.05. This investigative determination is delivered to the offender at a classification hearing (UCC) and made part of his institutional record if the allegation is against an offender.

If the allegation involves a staff member the determination is made by the Warden and delivered to the offender through institutional mail.These mentioned policies further specify that following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged. There were no cases involving this type of conduct requiring this notification within the last 12 months.

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? x Yes ☐ No

115.76 (b)

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

Auditor Overall Compliance Determination

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Disciplinary Sanctions against staff are specified in Executive Directive PD-22 (General Rules of Conduct and Disciplinary Action Guidelines for Employees) and Executive Directive PD-29 (Sexual Misconduct with Offenders).

These policies require that any sexual misconduct involving any offender by staff, harassment and/or retaliating against any offender or staff for participating in an official investigation by staff, will lead to their dismissal. Termination is the presumptive disciplinary sanction for this type conduct. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose less severe disciplinary action.

There have been no such cases involving any staff member within the last 12 months. The PAQ does acknowledge an error that an employee was dismissed for a violation of the Agency zero tolerance policy.

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

Auditor Overall Compliance Determination

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A total of three (3) volunteers and three (3) contractors were in terviewed by the auditors during the site visit at the Coffield Unit. All six of the individuals stated that they had received PREA training about the agency zero tolerance policy involving sexual abuse and sexual harssment. They also indicated they were informed of the consequences for any violation during their orientation training. The auditors randomly reviewed training records for volunteers and contractors and confirmed their training and their signatures verifying they took and understood this mandated PREA training.

Executive Directive PD-29 and the Safe Prisons PREA Plan require that any contractor or volunteer who engages in sexual abuse is to be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Warden Catoe stated that removal from the Coffield Unit would be the practice for any violation of the agency zero tolerance policy by any volunteer or contractor. He further stated if OIG determined it was criminal the information would be turned over to the Police and then reported to any liscensing body as appropriate.

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? x 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? x 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? x 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? x 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? x 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? x 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.) x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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The Safe Prisons PREA Plan and the Disciplinary Rules and Procedures for Offenders Manual detail the process and sanctions for any offender found guilty of sexual abuse or sexual harassment. All offenders are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse.

The sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed.

As previously noted there were two substantiated cases of sexual abuse in the last twelve months resulting in discipline for each of the offenders.

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? x 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.) x 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? x 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?
  x 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? x Yes ☐ No

Auditor Overall Compliance Determination

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Anytime an offender discloses or it is noted anywhere in his record that he has experienced sexual victimization, whether it occurred in an institutional setting or in the community, he is to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the facility becoming aware of it. This mandated requirement it specifically outlined in the Safe Prison PREA Plan.

The auditors interviewed a total of eight (8) offenders who disclosed prior victimization upon arrival at the Coffield Unit. Each of them informed the auditor they were offered services for medical or mental health intervention. Some indicated that they took advantage of the services and others did not. The offenders requiring referral indicated that they were seen within seven (7) days.

Safe Prisons PREA Manager Rhonda Smith stated that while conducting her risk assessment if the assessment or other information makes her aware that the offender had previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, he offers a follow-up meeting with a mental health practitioner within 14 days of the intake screening as well.

The Safe Prison PREA Plan mandates that all 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 allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Unit Safe Prison PREA Manager, Medical practitioner and Mental Health practitioner interviews indicated all information is shared only on a need to know basis only

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?
  x 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? x Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? x 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? x 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?
  x Yes ☐ No

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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As noted earlier in this report UTMB provides all medical and mental health service at this facility. Their requirements found in Correctional Managed Health Care Policy G-57.1 Sexual Assault/ Sexual Abuse Victim require every victim of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. This policy further requires the nature and scope of the services provided are according to their professional judgment.

Interviews conducted with the medical and mental health practitioners at the Unit confirmed every offender victim of sexual abuse is offered timely information and timely access to sexually transmitted infections prophylaxis. If this type treatment regime is required the outside hospital typically starts the medication and it's continued at the Unit. All 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.

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? x 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? x Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? x 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 x 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 x NA

115.83 (f)

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

Auditor Overall Compliance Determination

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

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*)

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Correctional Managed Health Care Manual policy G-57.1 and the Safe Prisons PREA Plan require that a medical and mental health evaluation and any treatment must be offered and provided to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

During the interviews with the medical and mental health staff the auditor was informed that the evaluation and treatment includes, 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. Practitioners also indicated the policy and practice requires these treatment services be provided to all victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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? x Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
  x 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? x 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? x Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? x 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? x Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? x Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? x 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?
  x Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

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Instructions for Overall Compliance Determination Narrative

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Every allegation of sexual abuse alleged to have occurred at the Coffield Unit, unless it was determined unfounded, must have an administrative (incident) review within 30 days of the completion of the investigation. This is a requirement of the Safe Prisons PREA Plan.

The general makeup of this review team is the Senior Warden, Assistant Warden, Major, Captain, Unit Safe Prisons/PREA Manager, and as needed line supervisors, investigators, medical, and mental health practitioners.

They meet at the completion of cases typically every month. The review includes: (1) a review of the circumstances of the incident; (2) name(s) of the person(s) involved; (3) events leading up to and following the incident; (4) consideration of whether the actions taken were consistent with agency policies and procedures; (5) Consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; (6) consideration whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; (7) examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (8) assessment of the adequacy of staffing levels in that area during different shifts; (9) assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; (10) recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments.

If this administrative review makes any recommendations the facility is required to implement them or document the reasons for not doing so. Sexual abuse incident reviews were completed on forty (40) cases at the Unit during the last twelve months. The administrative incident review team reports were included in the investigation files for review by the auditors.

The interviews with Senior Warden Catoe, Safe Prisons PREA Manager Rhonda Smith and a member of the Incident Review Team member indicated that the administrative case review considers staffing, offender movement, area blind spots, review of the incident area, building schedules, training records of the involved staff, and whether camera enhancements could supplement supervision are warranted.

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? x Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
  x 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? x 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?
  x 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.) x 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.)
  x Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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Instructions for Overall Compliance Determination Narrative

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

The Safe Prisons PREA Plan and the Safe Prisons PREA Operations Manual require each TDCJ facility, including the Coffield Unit, collect data for every incident of sexual abuse alleged to have occurred in their facility using the standardized DOJ instrument, Survey of Sexual Violence (SSV) 2012 and the set of definitions found in the Safe Prisons PREA Plan.

The policy also requires the incident-based sexual abuse data be aggregated annually and must include the information required by the Department of Justice in this standardized form Survey of Sexual Violence (SSV) 2012. The policy also requires that all available incident-based documents including any reports, investigation files, and sexual abuse incident reviews be maintained, reviewed, and collected as needed to complete the SSV.

The Texas Department of Criminal Justice and the PREA Ombudsman aggregate this incident based sexual abuse data that is produced annually by each facility. The Safe Prisons PREA Annual Reports are available for review on the PREA Ombudsman website.
https://www.tdcj.state.tx.us/publications/index.html#PREA

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? x 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?
  x 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? x 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 x 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? x 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? x Yes ☐ No

Auditor Overall Compliance Determination

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Safe Prisons PREA Plan requires that TDCJ review data collected from each of its facilities in order to assess and improve the effectiveness of their sexual abuse prevention, detection, and response policies, procedures, and training. It also requires that the Agency identify problematic areas, taking corrective action and prepare an annual report of findings and corrective actions for each facility. The responsibility to collect, aggregate and analyze this data is the responsibility of the PREA Ombudsman and the Safe Prisons PREA Management Office.

Their responsibilities include: collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each TDCJ facility; preparing monthly and semiannual activity reports for distribution to the Texas Board of Criminal (TBCJ) Justice Chairman, TBCJ members, and TBCJ Executive Management; ensuring the TBCJ Chairman and TDCJ Executive Management are informed of any problematic and/or systemic trends.

The 2016 annual report was reviewed as part of the audit process. Interviews with the Unit Safe Prisons PREA Manager and Senior Warden and a review of the facility's monthly reports to the Region demonstrated the data collection process and corrective actions reviews are performed by the Coffield Unit.

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?
  x 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? x Yes ☐ No

115.89 (c)

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

Auditor Overall Compliance Determination

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The Safe Prisons/PREA Plan requires the Texas Deparment of Criminal Justice maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews including incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.

This aggregate data is available to the public through the agency's website and included in the PREA Ombudsman annual report. The 2016 Safe Prisons/PREA Annual Report is available on the website for review. Prior to publishing the annual report, all personal identifiers are removed.

The State of Texas Record Retention Schedule indicates records involving offender investigation case files and criminal investigations are permanently maintained electronically.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

Auditor Overall Compliance Determination

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The Texas Department of Criminal Justice did not complete a PREA Audit on all of their institutions within the first cycle as required by the standard. However at this time the Agency has had an audit conducted on all of their facilities. The initial audits did not start within TDCJ until 2014 because of how the Agency fiscal year is planned. The Agency has followed the Safe Prisons Plan since the early 2000.

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.) x Yes ☐ No ☐ NA

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The Agency places completed audit reports on the Agency web site as required by the standard, It hasprovided these documents since 2014 and continues to post them within 2 weeks of the documents being provided to them by the auditor. https://www.tdcj.state.tx.us/divisions/arrm/rev_stan_prea.html

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.

[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.

April 13, 2018