

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

Interim Final

Date of Report February 19, 2018

Auditor Information

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Company Name:

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Date of Facility Visit: 1/23-27/2018

Agency Information

Name of Agency:

Texas Department of Criminal Justice (TDCJ)

Governing Authority or Parent Agency (If Applicable):

State of Texas

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? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

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: http://tdcj.state.tx.us/tbcj/tbcj_prea.html

Agency Chief Executive Officer

Name: Bryan Collier

Title: Executive Director of TDCJ

Email: Bryan.Collier@tdcj.texas.gov

Telephone: 936-437-2101

Agency-Wide PREA Coordinator

Name: Lorie Davis

Title: Director, Correctional Institutions Division
CID

Email: Lorie.Davis@tdcj.texas.gov	Telephone: 936-437-2170
PREA Coordinator Reports to: Bryan Collier	Number of Compliance Managers who report to the PREA Coordinator 91

Facility Information

Name of Facility: John B Connally Unit	
Physical Address: 899 FM 632, Kenedy, TX 78119	
Mailing Address (if different than above):	
Telephone Number: 830-583-4003	
The Facility Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison

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

Facility Website with PREA Information: PREA Ombudsman, < http://tdcj.state.tx.us/tbcj/tbcj_prea.html >

Warden/Superintendent

Name: Ronald Givens	Title: Senior Warden
Email: Ronald.Givens@tdcj.texas.gov	Telephone: 830-583-4003

Facility PREA Compliance Manager

Name: Juliet Martinez	Title: Unit Safe Prisons, PREA Manager
Email: Juliet.Martinez@tdcj.texas.gov	Telephone: 830-583-4003

Facility Health Service Administrator

Name: Debra Gloor	Title: Senior Practice Manager
Email: dlgloor@utmb.edu	Telephone: 830-583-4003

Facility Characteristics

Designated Facility Capacity: 2,148 (2524 adjusted)	Current Population of Facility: 2476
Number of inmates admitted to facility during the past 12 months	1550

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1169	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1508	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		566	
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 18-82	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		None	
Average length of stay or time under supervision:		5yr 5mo	
Facility security level/inmate custody levels:		G-1 to G-5	
Number of staff currently employed by the facility who may have contact with inmates:		530	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		208	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1	
Physical Plant			
Number of Buildings: 28 with 20 of those being compound buildings		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		5	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary):		182	
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.):			
Cameras monitoring throughout the facility with privacy for showers, toilet facilities, and clothing change. Camera images retained for varying periods of time. The Control Room is in Building 1/Administration.			
Medical			
Type of Medical Facility:		Ambulatory, medical, dental, and mental health services. Medical care available 24 hours a day, seven days a week. 17 inpatient bed infirmary, including two isolation rooms, and two, mental health observation rooms. Telemedicine and Digital Medical Services available.	
Forensic sexual assault medical exams are conducted at:		Guadalupe Regional Medical Center in Seguin Texas (or other public hospital).	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		23,288 (statewide volunteers); and 51 contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		138 (statewide OIG); Unit, 32	

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) audit for the Texas Department of Criminal Justice (TDCJ), John B. Connally Unit was scheduled for January 24-26, 2018. The methodology, audit instrument (including the PREA audit report template), Auditor's Handbook, supplemental information, and guidance was outlined and generally directed by the PREA Resource Center (PRC), the auditor's PREA training/testing/experience, and in conjunction with the aforementioned materials.

Notification of the audit and assignment of the audit began in November 2017 by the American Correctional Association, (ACA). Certified PREA auditors, James Curington (lead auditor), Sally Kaplan, and Sharon Shaver, received notice from the ACA to arrive at the facility by January 23, 2018. James Curington would arrive at the facility January 21, 2018 to be part of the American Correctional Association accreditation audit team, which clearly assisted the lead PREA auditor, in observing the operations, touring the facility, and learning about the facility's compliance with PREA.

After scheduling and notification, the PREA audit process for the Connally Unit began with the necessary and appropriate postings and notifications of the audit at the facility; the exchange of information between the auditors and the facility; the completion of disclosure forms for the Agency; and the contact information to be posted referencing the audit. The methodology is outlined as follows:

- 1) Scheduling, through the American Correctional Association (ACA), with the Texas Department of Criminal Justice (TDCJ);
- 2) Making contacts with the Agency/facility, sending a Pre-Audit Report Form to the PREA Resource Center (PRC), and sending an agenda for the site visit to the facility;
- 3) Obtaining information, documents, the facility Pre-Audit Questionnaire (PAQ), and other materials from the Agency/facility and carefully reviewing such prior to the on-site visit (information was supplied via a USB flash drive);
- 4) Making an on-site visit to the community and facility to be audited (on-site January 21-26, 2018);
- 5) Making an assessment of compliance/noncompliance prior to, during, and after the site visit with follow-up review of documents and materials (triangulation of pre-audit, on-site visit, and post audit);
- 6) Completing an interim/final Auditor Summary Report (the report is the final product of the triangulation mentioned above);
- 7) Notifying the Agency/facility of the summary report; and
- 8) Sending a Post Audit Report Form with the Final Audit Summary Report attached to the PRC.

The Prison Rape Elimination Act template, its 43 standards and two subsections on Frequency and Scope of Audits 115.401, and Audit Contents and Findings 115.403; and the evaluation instrument supplied by the PRC, was used to assess and complete the audit report. The evaluation instrument used by the auditor, is the PREA Audit Instrument, Adult Prisons and Jails supplied by the PRC, through its website, to conduct an audit. This instrument has seven sections, A-G and is detailed as follows: A) the Pre-Audit Questionnaire (used throughout the report as documentation), B) the Auditor's Compliance Tool (used during the pre-audit review, the on-site visit and the summary review), C) Instructions for the PREA Audit Tour, D) the Interview Protocols, E) the Auditor Summary Report and the template, F) the Process Map, and G) the Checklist of Documentation. Again, this instrument was used as the basis for the auditor's assessment process and was also used by the Agency/facility to help prepare for the audit.

The auditor submitted a daily agenda (this agenda for the John B Connally Unit, TDCJ was for the week of January 21-26, 2018. The agenda is as follows:

Sunday, January 21 - evening dinner, meet and greet with facility staff and auditors for ACA, and the PREA lead auditor

Monday, Tuesday, and Wednesday morning, January 22, 23, 24 - ACA audit

Tuesday evening, January 23 - two support PREA certified auditors arrived for meet and greet with Connally Unit key staff

Wednesday, January 24 - PREA Audit/PREA Agenda

8:00 a.m. – Support PREA auditors' visit on site at the facility (Lead PREA Auditor continues with ACA audit until ACA closeout). Support PREA auditors' tour, review documentation, and begin interviews. Note: the required number of interviews as outlined in the Auditor's Handbook is at a minimum, 12 Random Staff and 16 Specialized Staff (including volunteers, contractors and visitors); and 40-50 inmates (see Auditor Handbook, which is on the internet/PRC - page 50).

12:00 noon – The Lead and support PREA auditors will discuss the Audit Instrument of the PREA Resource Center including 1) the Pre-Audit Questionnaire, 2) the Auditor Compliance Tool, 3) the Instructions for the PREA Audit Tour, 4) the Interview Protocols, 5) the Auditor's Summary Report (new template) 6) the Process Map, and 7) the Checklist of Documentation

Attend Shift Briefings – Post Assignments – Afternoon, Evening

Schedule interviews with staff and inmates (facility staff assistance)

Review PREA "Instructions for PREA Audit Tour". Follow up as needed from ACA audit tour

Review PREA Standards/justifications

Review demographics of the facility

Designated Capacity

Actual Capacity

Age Range/Youthful Offenders

Gender

Security Custody Levels

Number of staff: total, security, non-security, program, medical, contract, volunteers, other.

SPECIAL NOTE:

Lists of inmates including complete inmate roster

Inmates with disabilities

LGBTI inmates

Inmates who are limited English proficient

Inmates in segregated housing

Inmates who reported sexual victimization during risk screening

Inmates who reported sexual abuse

Complete staff roster

Specialized staff (see Interview Protocols for Staff)

Contractors

Volunteers

All on page 59 of the Auditors Handbook.

Review facility schematics - # of buildings, # of dorms, # of acres (inside, outside the compound) # of towers, fence (kind, height, length, security features, etc.)

Review Allegations (sexual abuse, harassment, retaliation: investigated-administrative, criminal indicted, prosecuted, referred; founded, unfounded, substantiated, unsubstantiated) and "lists of such"

SPECIAL NOTE: lists are critical in the following areas:

All grievances in the past 12 months

All incident reports in the past 12 months

All allegations of sexual abuse and sexual harassment reported for investigation in the last 12 months

All hotline calls made during the last 12 months

Again, this is in the Auditors Handbook, page 59.

Interviews with staff and inmates. Note: PREA "Interview Protocols" i) Agency Head, ii) Warden, iii) PREA Manager and PREA Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates

View/review Offender Orientation/Admission

Thursday, January 25

8:00 a.m. Visit and revisit institutional operational areas. Review specialty program areas.

3:00 p.m. Review PREA standards and new template.

Review Safety, Security, Healthcare – local hospital, EMS, sexual abuse crisis support, local mental health

Interviews with staff and inmates. Note: PREA “Interview Protocols” Make sure interviews include all staff “shifts”. Make sure inmates from each housing unit are interviewed.

Friday, January 26

Appropriate to the PREA Auditor’s Summary Report, begin “triangulation” of pre-audit, site visit and interviews, information and report.

9:00 a.m. Tour with Warden and Institutional PREA Compliance Manager

11:00 a.m. Review Auditor’s Summary procedures (interim report/final report) with key staff

12:00 noon. Depart Connally Unit

Agenda for the PREA site visit was flexible and tentative. The goal was a thorough, comprehensive, professional and expert PREA audit review in conjunction with the facility Warden, staff and inmates, and the Agency PREA staff.

The above agenda was accomplished, making adjustments as necessary for visiting all areas of the facility, reviewing the operations of the facility, and observing efforts for compliance with PREA. The agenda assisted with scheduling of formal interviews of the staff and inmates, specifically, 63 staff were formally interviewed from scripted protocols (30 random staff from the random staff protocols and 33 staff from the specialized staff protocols) numerous informal staff discussions and informal interviews were also conducted. There were 53 formal inmate interviews, including the interview types listed in table 1, page 50 of the Auditors Handbook, (random inmate interviews, and interviews of inmates with disabilities, inmates with limited English proficiency, inmates who identified with gender identity LGBTI, inmates in segregated housing, inmates who reported sexual abuse, and inmates who were identified as sexually abusive). Many informal discussions and interviews were also held with individual inmates during the on-site visit.

It is the lead auditor’s assessment that, with the help of the two talented and knowledgeable certified PREA auditors assisting, there was a thorough, comprehensive, professional, PREA on-site visit and tour and, with the assistance from staff and inmates, there was significant insight into the operations and the facility’s efforts to comply with PREA. The Warden and his

leadership staff was especially helpful, along with the PREA Regional Coordinator, the Institutional PREA Manager, the Classification and Security Departments, providing “alpha runs” of all inmates and lists of inmates, including the following:

medically and mentally health disabled inmates and inmates on medical diets;
inmates who are limited English language proficient;
inmates who have identified as transgender, intersex, or a special sexual orientation;
gang affiliation; security classification;
inmates that were sexually abused/harassed and inmates that were sexually abusive;
inmates who filed grievances;
inmates who made allegations of sexual abuse/harassment and inmates who were notified of the sexual abuse/harassment investigative results (other than unfounded);

and other lists, as necessary, to make a thorough review of the facility operations concerning PREA law compliance. Other departments are recognized for their assistance: the University of Texas Medical Branch (UTMB) was impressive with their knowledge, expertise and professionalism; the Human Resources Department was especially helpful with staffing, recruitment, and background check issues; all departments worked as a team and assisted the auditors with the thorough, comprehensive and professional review previously mentioned.

Facility Characteristics

The John B. Connally Jr. Unit of the Texas Department of Criminal Justice is located in Karnes County, about 70 miles Southeast of San Antonio. This prison is a large, maximum-security unit housing 2476 male inmates. The facility is a prototypical design by TDCJ with added dormitories and cellblocks, however cellblock building 11 and dorm building 18 are not being used at this time due to staff shortages. The compound is a polygon (square-ish/trapezoidal shape) of about 90 acres within two, 12 foot high chain-link fences secured with razor ribbon and three armed man security towers. The perimeter/circumference is patrolled 24/7 by armed patrol vehicles. Cameras, including perimeter cameras pan-tilt-zoom cameras and interior, exterior building cameras and live video monitoring assists with security, observation, management, and response. The Connally Unit sits on about 820 acres of land in the semi-arid South Texas ranch land. It is named after Governor John B Connally Jr., who served three terms as Governor of Texas and died in June 15, 1993.

The Connally Unit was officially dedicated in July 1995. Construction commenced in May of 1994. There are 20 buildings within the double fenced compound. Buildings are as follows: 1) Administration; 2&9) indoor recreation, gyms and Commissary; 3,4,7 & 8) general population housing with 432 bunks per building, 144 bunks per pod, two inmates per cell; 5) Vocational/Education; 6) Kitchen, Dining, Laundry and Medical; 10) Education, General Library, Law Library, Infirmary and Dental; 11) confinement/holding, 504 bunks, 84 bunks per pod; 13) Visitor, Processing and Armory; 14) Maintenance Shop; 15) Central Plan/Boiler Room; 16) Sallyport and Backgate; !7) not identified; 18) dorm housing 300 beds; 19) dorm housing 316 beds; and building 20), Chapel and Religious Activity building. The largest

building is building 12, Confinement, with over 500 single cells for separate electronically fenced security within the compound. There are three 27 foot high security towers.

The custody levels of the inmates at the Connally Unit include G1, G2, G3, G4, and G5, along with Administrative Segregation. Operations include Food Service, Grounds, Field Force, Commissary, Laundry, Unit Maintenance, Security Forces, and Administration. Program operations include educational programs, recreation programs, literacy, adult basic education/GED, prerelease programs, faith-based dormitories, community work projects, substance abuse education, mentoring, life skills, and religious/faith-based studies and activities (there are two chaplains, many volunteers, and a large multi-purpose chapel/religious building that offers programs, help, consolation, counseling, and as one inmate said a “place of refuge in the place that’s a prison”).

The medical capabilities at the Connally Unit are managed by the University of Texas Medical Branch (UTMB). It is defined in the information book for auditors as follows: “Ambulatory medical, dental, and mental health services. Medical care available 24 hours a day, seven days a week. 17 in-patient bed infirmary, including 13 assisted living beds, two respiratory isolation rooms, and two mental health observation rooms. Telemedicine and Digital Medical Services (DMS) available. All services on a single level, including chronic care clinics and CPAP accommodating housing. Managed by UTMB.” It is noted that there are no forensic exams performed at the Connally Unit, and medical examinations regarding PREA are accomplished at surrounding public hospitals.

Agency information, and facility demographics/information, detailed on the first pages of the report was taken directly from the Central Office Headquarters, Texas Department of Criminal Justice, Huntsville, Texas off of the Pre-Audit Questionnaire (PAQ). Note the PAQ is a 24 page document assisting the certified PREA auditors with pre-audit information about the facility.

Summary of Audit Finding

Number of Standards Exceeded: Four (4) standards

Standard 115.11 Zero Tolerance exceeded standards based on the Agency and Unit’s emphasis on the zero-tolerance policy and the John B. Connally Unit’s PREA management, including the Warden, the Regional PREA Coordinator, and the Institutional PREA Manager and Assistant.

Standard 115.31 Employee Training exceeded standards based on the Unit’s training and education of staff, and the knowledge of the staff (both random staff and specialized staff) when questioned about the performance of their duties and responsibilities, and their knowledge of PREA.

Standard 115.35 Specialized Training: Medical and Mental Health Care Staff, was assessed as exceeds standards based on the knowledge and professionalism exhibited by the University of Texas Medical Branch (UTMB) when interviewed both formally and informally concerning PREA, and based on the observance of their duties and quality of care during the on-site visit to the facility.

Standard 115.65 Coordinated Response was assessed as exceeding standards based on the interviews with the Warden, department heads and specialized staff. The auditors' assessment of teamwork, communication and cooperation between departments was excellent, and leadership was excellent, such that this standard received an "exceeds".

Number of Standards Met: Thirty-nine (39) standards

In addition to these 39 standards and the above 4 exceeds standards in the 115.11 to 115.89 group; there were two additional standards 115.401, Frequency and Scope of Audits and 115.403 Audit Content and Findings included in the template that were assessed as "meets standard".

Number of Standards Not Met: Zero (0)

This is the Auditor's Summary Final Report and all standards were met or exceeded standards.

Summary of Corrective Action (if any)

Corrective action was not required, this of course is not to say that some standards could be improved, moving towards an exceeds assessment or improved upon the level of "meets standard compliance".

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

The Department of Criminal Justice (TDCJ), Correctional Institutions Division (CID), has a Safe Prisons/PREA Plan, dated August 2014 consisting of approximately 40 pages that was developed to

prevent, detect, and respond to sexual abuse and sexual harassment. This plan emphasizes zero tolerance. To quote the forward of this PREA plan TDCJ "... has a zero tolerance policy for all forms of sexual abuse and sexual harassment of offenders.... The TDCJ shall be vigilant in establishing a safe environment for staff and offenders at all, secure, correctional facilities and take immediate action to address the protective needs of offenders who have been victimized.... The TDCJ Safe Prisons/PREA Plan (plan) shall be applicable to all individuals, including visitors and volunteers, employed by, under contract with, or supervised by the TDCJ, including professional staff and any person who is involved, directly or indirectly, with the care and custody of offenders."

The auditors reviewed the Safe Prisons/PREA Plan and the Operations Manual, which covered the following: 1) administration, 2) intervention, 3) assessment and screening, 4) reporting/receiving allegations, 5) investigation, 6) training, 7) grids, codes, files and transfers, 8) reporting and 9) numerous attachments (checklist, reports, information templates, and etc.), all of 1 to 9, to assist operationally and to ensure zero tolerance of sexual abuse and sexual harassment in each facility of the TDCJ.

The Connally Unit staff and inmates, were knowledgeable of the zero tolerance of sexual abuse and sexual harassment. The PREA auditors paid particular attention to posters, staff supervision and monitoring, inmate attitudes and demeanor, and the staff and inmate's familiarity and knowledge of policy and procedures.

The Agency has appointed, Ms. Lorie Davis, Director, CID, as the Agency-wide PREA Coordinator. Per the scripted interview, she indicated that she has sufficient time to develop, implement and oversee the Agency's efforts to comply with PREA standards and moreover, she strongly supported the Safe Prisons/PREA Plan. The Agency Organizational Chart was reviewed, and as head of the CID, Ms. Davis is at the top of the organizational chart. The Connally Unit has a PREA Compliance Manager, Juliet Martinez, who has dual access to the Unit Major and the Unit Warden. The PREA Compliance Manager also has a Correctional Officer to assist her with PREA compliance at this large facility.

The auditors were impressed with the staff's knowledge of zero tolerance, the training of staff, and the overall communications between staff and inmates at this facility. This, along with the Safe Prisons/PREA Plan, many interviews of staff and inmates, the posters/notices, the Unit leadership's direct involvement with zero tolerance, and the inmate mentors/peer assistants interviews supported an exceeds rating for this PREA Standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

The Connally Unit of the TDCJ does not contract with private prisons or other entities for the confinement of inmates at the Connally Unit thus, this standard is not applicable. However, it is noted, that TDCJ does contract with other entities/private agencies to hold and confine inmates. The TDCJ does require these other entities and agencies to subscribe to PREA and includes such in all contracts. The Contract Manager for TDCJ has a scripted interview detailing contract monitoring and PREA compliance.

The auditors assess this standard as compliant.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

The Connally Unit is a 2524 bed facility (as stipulated in the Pre-Audit Questionnaire, PAQ) with an actual population of 2476 (on 1/24/18) male inmates of close security with appropriate staffing, video monitoring, and perimeter security. The auditors reviewed the 11 steps of consideration for staffing levels, and video monitoring as stipulated in the PREA standard. During this audit process, particular attention was paid to the "critical complement" minimum levels that must be maintained to operate the institution with the inmate population count, the morale of staff and inmates, and other various factors taken into consideration. The facility has 149 vacancies in the Correctional Officer ranks but less than the 181 previously recorded (during the last audit). The Warden and his key staff are working diligently to address the vacancy issue and have taken innovative measures to address staffing coverage and needs. Cellblocks and dormitories have been closed, shifts have been adjusted, over-time has been extended, the Agency itself, TDCJ, has been supporting the region and the institution in assisting with staffing. Signing bonuses have been extended, improved/timely recruitment processes and recruitment efforts are having a positive effect in helping with the staff shortage. As a final summary, although this

is troublesome to see so many vacancies, the institution has not fallen below its critical complement in its day-to-day operations. However, in the long run, the staff shortage can affect both inmate and staff morale. It is obvious that the administration is making a significant effort, during this time, with overtime and recruitment efforts, as well as dorm closures and cellblock closures which have helped but are only short-term solutions.

The teamwork displayed by the Correctional Officers/staff, the Administration's involvement, and the video monitoring was paramount in the audit team approving this standard as meeting compliance. The officers are well-trained, knowledgeable, and performing at a high level. Inmates are aware of the shortages, but many indicated that they would rather be at the Connally Unit than some other facilities. Thus, based on the auditors' review of the operations, safety and security, and based on interviews with staff and inmates, this standard is assessed as compliant.

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

The Texas Department of Criminal Justice does not house inmates under the age of 18 at the John B Connally Unit in Kenedy, Texas. Non-applicable, thus meeting standards.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their

breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

The auditors reviewed the policy on cross gender visual body cavity searches, searches by security staff, searches by medical staff, pat-down searches, and documentation of searches. All searches were conducted consistent with PREA policy and the TDCJ/Connally Unit policies adhering to PREA law. Policies also require training for staff concerning searches in a respectful manner; and prohibit searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

It is noted in the PAQ that there were zero (0) number of cross gender strip or cross gender visual body cavity searches of inmates. Additionally, there were zero (0) number of cross gender strip or cross gender visual body cavity searches of inmates that did not involve exigent circumstances, or were

performed by nonmedical staff. There were also zero (0) number of pat-down searches of female inmates as the Connally Unit has no female inmates. The Connally Unit is an adult all-male facility and female staff announced their presence when entering an inmate housing unit.

The auditors find this standard in compliance based on the Agency policy, the procedures of the Safe Prisons/PREA Plan and Operational Manual, the tour and review of bathroom, shower, and housing accommodations; and based on staff and inmate interviews, all of which confirmed that inmates can perform bodily functions, change clothing, and shower without staff of the opposite gender viewing them.

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

The Connally Unit and its parent agency, TDCJ, has Administrative Directives 04.25 and 06.25, which address interpreter services, American Sign Language services, and services for inmates who are limited in English proficiency. Further, Health Services and Mental Health Services administered by University of Texas Medical Branch (UTMB), through their policies and procedures and specifically through the Correctional Mental Health Services' policies Corrections Managed Health Care (CMHC), CMHC, G-51.1 and G-51.5 direct the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates with disabilities.

All inmates are educated about PREA and are mentored by peer educators and specialized staff concerning PREA, inmate rights, and zero tolerance of sexual abuse and sexual harassment. There are 24 certified and trained Spanish interpreters at the Connally Unit. The auditors noticed an even larger group of staff that were bilingual and able to communicate appropriately with the inmate population. Certified staff were readily available for any interpretation needs (including auditor needed language interpretation). Agency policy prohibits the use of inmate interpreters or other type of inmate assistants except in exigent circumstances. As attested in the PAQ, in the past 12 months there have been zero (0) number of instances where inmate interpreters, readers or other types of inmate assistants have been used that could compromise an inmate's delay in services or safety of the inmate. Based on the Agency/Unit policies and procedures, the Unit Handbook, posters and notices throughout the facility, and based on the interviews with UTMB health care staff, random correctional officer staff, and random inmates (as well as inmates from lists of those who were limited English proficient, or who were identified with disabilities), the auditors assess this standard as compliant.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

TDCJ policy, and the Texas Government Code, directs that the Connally Unit prohibits hiring and promoting anyone who has contact with inmates who has engaged in sexual abuse in prison or was convicted of engaging in or attempting to engage in sexual activity by force in the community, or who has civilly or administratively been adjudicated to have engaged in sexual activity by force. The Connally Unit also requires, as outlined by TDCJ policy, consideration of any incidents of sexual harassment in determining whether to hire or promote someone. Specifically, Personnel Policy Directives PD-22 General Rules of Conduct, PD-27 Employee Status, PD-29, Sexual Misconduct, PD-56 Request for Release of Information, PD-71 Selection System Procedure, PD-73 Selection Criteria, and PD-75 Pending Charges, were all reviewed by the PREA audit team. The audit team also spent time with the Human Resource (HR) staff reviewing Personnel policy and procedures and employment practices. It was noted that applications and supplemental applications, as well as background checks and self-reporting requirements, addressed the PREA concerns and expectations required and established by the PREA.

Newly hired staff or serious applicants have background checks conducted. In the past 12 months there have been 208 persons hired who have contact with inmates that have had criminal background record checks. Additionally, there was one (1) background check for a contractor who might have contact with inmates. These numbers furnished by the PAQ.

The Agency conducts criminal background checks twice annually for employees and contractors who have contact with inmates, this through the Department's Personnel System. Additionally, the Agency has a policy that material omissions regarding misconduct or reporting materially false information regarding personal information shall be grounds for termination.

Based upon the above information, and interviews with the HR Department, specialized staff, and the Warden, the auditors find this standard in compliance.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

As detailed in the Pre-Audit Questionnaire (PAQ), the Connally Unit has not acquired any new facilities or made any substantial expansions or modifications to existing facilities since the last PREA report nor has the facility installed or substantially updated a video monitoring/surveillance system since the last PREA report. This standard is found non-applicable, and thus, the audit team assesses this standard as compliant.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

The Texas Department of Criminal Justice is responsible for investigations of all allegations of sexual abuse and sexual harassment in the TDCJ. The University of Texas Medical Branch and the TDCJ coordinate forensic medical examinations at local hospitals by SAFE and SANEs hospital medical staff.

SAFE/SANE examinations are accomplished at hospitals in Seguin, Texas (Guadalupe Regional Hospital), San Antonio, Texas (Methodist Hospital), or Victoria, Texas (Citizens Hospital). There were four (4) forensic examinations, and all were performed by SAFE/SANE medical personnel at the above hospitals. The UTMB Corrections Managed Health Care Policy CMHC G-57.1 Sexual Assault/Sexual Abuse stipulates the appropriate forensic medical examination and protocols.

Rape Crisis Centers are available in Seguin, San Antonio, or Corpus Christi, but are not available for victim advocate services in the Connally Unit at Kenedy, Texas. The facility provides a qualified staff member to assist with these victim advocacy services. Six Offender Victim Representatives (OVRs) from the Connally Unit were interviewed by the audit team. The audit team was impressed with the commitment of the OVR's to assist victims and to accomplish PREA compliance. The Safe Prisons/PREA Plan and its companion Safe Prisons PREA Operational Manual (SPPOM) address OVR policy and protocols.

Based on a review of documents, policies and procedures, protocols, and interviews with inmates and staff, including investigative staff, specialized staff, OVR staff, UTMB staff, and a telephone conversation with the SAFE/SANE nurse coordinator at the Guadalupe Regional Hospital in Seguin, Texas, the audit team assesses this standard as compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The TDCJ, through the Connally Unit, ensures that the administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Administrative Directive, AD, 02.15 Operations of the Emergency Action Center (EAC) and Reporting Procedures to the Office of the Inspector General (OIG), clearly indicates the necessity and immediacy of reporting incidents and crimes to the Emergency Action Center and the Office of the Inspector General. Further, the Safe Prisons/PREA Plan also details information regarding “Sexual Abuse Response and Investigation, and Offender Protection Investigations.

The Agency’s SPPOM sections 05.10, and 05.05, and the OIG’s policy 04.05, address and require that allegations of sexual abuse or sexual harassment be referred for investigation to those with legal authority to conduct criminal investigations. The TDCJ documents all referrals of allegations of sexual abuse and sexual harassment for criminal investigations.

During the past 12 months, there were 50 allegations of sexual abuse and sexual harassment received at the Connally Unit; 47 allegations resulted in administrative investigations, and 16 were referred for criminal investigation (some overlap was noted by the audit team, and three investigations are still active that this time).

The auditors reviewed the policies and procedures, the allegations, EAC and OIG notifications, and some of the cases and investigations themselves. Additionally, interviews were held with investigative staff, PREA staff, inmates, random staff, and the Warden. Based on these interviews and reviews of policy and cases above, the audit team assesses this standard as compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

The foundation for the Safe Prisons/PREA Plan, is the plan itself, the SPPOM (operational manual), and the training of employees/contractors/volunteers, through the highest level of leadership to each individual who has contact with inmates. TDCJ has shown through its executive leadership, including the Executive Director of TDCJ, the Director of Correctional Institutions Division (who is also the Agency PREA Coordinator), through the Regional PREA Managers, the Wardens, and the Institutional PREA Managers that they are committed to the Zero Tolerance policy and the training of each employee.

The audit team recognized a team effort and a team commitment to PREA compliance. Formal and informal interviews with staff indicated their knowledge of PREA. Information materials distributed to staff, training at annual in-service trainings on PREA, and PREA refresher trainings at turnouts and shift briefings, supported the auditors' opinion that the training exceeded the minimum requirement of the standard. This exceeds was based on videos prepared at the highest levels of the TDCJ, the efforts made by the Warden to communicate with staff and inmates, and the leadership of the Majors, Captains and Lieutenants at the institutional level to make sure uniform staff, and non-uniform staff knew how to prevent, detect, and respond to sexual abuse and sexual harassment.

The employee interviews; training records, curriculum reviews, and turnouts/shift briefings; which were all observed or reviewed; further supported the auditors' opinion for an "exceeds standards". Finally, the exceeds standards assessment took into consideration the extended efforts of the Unit staff, through its specialized Strategic Threat Group training, Investigative training, Medical/Mental Health care training,

Extortion training (prevention), Grievance training (communications), and Surveillance training (privacy and prevention), to prevent, detect and respond to sexual abuse and sexual harassment at the Connally Unit. This standard is assessed as “exceeds”.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Standard 115.32, addresses volunteers and contractors who have contact with inmates. Responsibilities are addressed in the subsections a, b, and c. As outlined in the above subsections, the level of training and type of training is addressed, as well as specific training concerning prevention, detection, and response to sexual abuse and sexual harassment. This is documented.

The auditors interviewed volunteers; reviewed the video script for volunteers, the volunteers acknowledgment forms, and the volunteer services plan. Based on these interviews, review of documents, and the observation of volunteers working within the facility, confirms that this standard is compliant.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

The auditors reviewed the policies and procedures outlined in the Administrative Directives on Unit Classification Procedure, Qualified Interpreter Services, Language Assistance, the Correctional Managed HealthCare policies on Offenders with Special Needs, certified American Sign Language services, as well as supplemental information for the offender. Supplemental information included Offender Sexual Abuse Awareness (SAA) training, offender video training and instruction letter, and the Offender Sexual Abuse Awareness handout, all regarding this standard on Inmate Education. The auditor also reviewed Inmate Treatment Program (ITP), inmate electronic screens showing sexual abuse awareness training completion, zero tolerance training, which included postings throughout the facility and the Safe Prisons/PREA Operational Manual, and the Unit Orientation manual which is available to all the inmates.

In addition to the above policies and procedures, the auditors interviewed six peer educators who assist with orientation of inmates at the Connally Unit under the supervision of trained staff. These peer educators assist in helping inmates in understanding zero-tolerance and the goals of preventing, detecting, and responding to sexual abuse and sexual harassment in prison.

1550 inmates received information at the time of intake about the Zero Tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Additionally, 806 inmates whose length of stay was for 30 days or more, received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents. This information from the PAQ.

Based on the auditors' review of these policies and procedures and observation of the operations at intake and reception, as well as based on the interviews with staff and inmates, the auditors assess this standard as compliant.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Connally Unit through the TDCJ, and by direction of the Texas Board of Criminal Justice (TBCJ) directs and requires specialized training regarding investigations, and investigators. The following policies/procedures were reviewed by the audit team: TBCJ Policy BP-01.07, the Inspector General Policy Statement; TDCJ policy for the Correctional Institutional Division Safe Prisons/PREA Investigation Training; the TDCJ Administrative Directives on Evidence Handling; the TBCJ Office of the Inspector General Operational Procedures Manual (OPM); and Personnel Directives related to the training of investigators, and the completion of thorough investigations. The auditors also reviewed employee rosters for attendance at investigative training through the National Institute of Corrections PREA Training as well as annual trainings and supplemental specialized trainings. Documentation is maintained.

The Office of the Inspector General, under the direction of the Texas Board of Criminal Justice, has 138 trained criminal/administrative investigators. The Connally Unit has 32 trained administrative investigators.

Based on the interviews with specialized staff, the Warden, and the review of the above policies and procedures, the auditors assess compliance with this standard, 115.34.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

The University of Texas Medical Branch (UTMB) is contracted to service and coordinate health care at the Connally Unit of the TDCJ. It is noticeable to the audit team that UTMB brings a professionalism, an academic talent, and an overall medical expertise to the healthcare of the inmates assigned at the facility. The healthcare faculty is well-trained, attentive, and professional in the overall treatment of inmates, specifically extending to inmate treatment with regards to PREA.

The auditors reviewed the Correctional Managed Health Care policies, C-25.1 and C-19.1; the Medical and Mental Health Orientation Checklists; the medical and mental health PREA training post-test, orientation; the Personnel Directive 97 and the Administrative Directive-16.03; all of which outlined training and specialized training for UTMB Health Care staff, which supported an exceeds for this standard. Forensic medical examinations are not conducted at the Connally Unit.

Fifty-one (51) Medical and Mental Health Care practitioners who work regularly at this facility have received the training required by Agency policy. This is 100%. The Agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Based on the above policies and procedures, trainings, interviews with UTMB staff, and the observation of healthcare operations, the auditors assess this standard as exceeds.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

The Safe Prisons/PREA Plan and the Safe Prisons/PREA Operational Manual outline the screening process for the risk of victimization and abusiveness for the inmates of TDCJ.

At the Connally Unit, inmates are assessed during the intake screening at the time of reception in addition to the intake screening that they received at admission to the TDCJ. This screening takes into

consideration the 10 items listed above, and includes additional screening that may be required. The Connally Unit assesses each inmate received on the “chain”. The auditors observed inmates being interviewed, who had just transferred and exited the transfer bus. The screening took place that day and was generally immediate in most cases, however, as by policy, it is done within the 72 hour timeframe. Within the past 12 months, 1508 inmates (whose length of stay was more than 72 hours) were assessed for risk of sexual victimization or risk of sexually abusing other inmates. The assessments were done within 72 hours of their entry into the facility. Additionally, 806 inmates whose length of stay was for more than 30 days, were reassessed within 30 days for risk of sexual victimization or of being sexually abusive. The policy and procedures also prohibit disciplining inmates for refusing to answer or not disclosing complete information during risk assessment.

Based on interviews with inmates, interviews with assessment staff, and observation of intake operations, the auditors assess this standard as compliant.

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

During the screening process each risk assessment, as addressed above, is done and considered on an individual basis. Individual treatment is expertly considered and carefully reviewed.

It was observed by the audit team that housing, bed, work, education, and program assignments for inmates, as well as other factors involving the safety and security of the inmate, were made based on the individual assessments paying particular attention to those inmates that were at risk of being sexually abused or being sexually abusive. Further program assignments for transgender or intersex inmates at the Connally Unit were made on a case to case basis.

Use of screening information is made on a “need to know basis” with the goal of ensuring the safety of each inmate.

Based on the review of the intake process, the use of the assessment tool by the classification committee, and based on interviews with staff and inmates, the auditors assess this standard as compliant.

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

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

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

The TDCJ under its policy and procedures, including the Agency's Administrative Segregation Plan, Safe Prisons/PREA Plan and in conjunction with its Safe Prisons/PREA Operations Manual (SPPOM), prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing. Placement in involuntary housing can only be made if an assessment of all available alternative means of separation from likely abusers has been carefully reviewed. Additionally, if an involuntary segregated housing assessment is made, the facility affords each inmate a review every 30 days, by policy.

In the past 12 months, there were zero (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing. Involuntary protective custody, as seen by the limited use of such, is carefully and judiciously administered.

Based on the interviews with the Warden, specialized staff, interviews with those that work in segregation, and inmates (including those in segregation), the auditors assess this standard as compliant.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

The Texas Board of Criminal Justice (TBCJ), and the Texas Department of Criminal Justice (TDCJ) has established policies and procedures allowing for multiple internal ways for inmates to report privately to Agency officials about sexual abuse or sexual harassment, retaliation by other inmates or staff, or reporting staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or harassment. The Agency also provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the Agency. Such information can be obtained through the TBCJ website/ombudsman's office; through the General Information Guide for Families of Offenders; Executive Directive Inmate Reporting Policy, Safe Prisons/PREA Plan; and the TBCJ PREA Brochure.

Specifically, Policy, ED-02.10, Prison Rape Elimination Act Complaints and Inquiries dictates "the Texas Board of Criminal Justice (TBCJ) established the PREA Ombudsman's Office to investigate and process PREA complaints and inquiries in accordance with the Board Policy BP-02.10, Prison Rape Elimination Act Ombudsman Policy Statement. The Texas Department of Criminal Justice shall establish guidelines for reporting complaints or inquiries from elected officials, the public and offenders pertaining to allegations of sexual abuse and sexual harassment, and related TBCJ initiatives, to the PREA Ombudsman." The PREA Ombudsman was established by the 80th Texas Legislature to serve as an independent office. The PREA Ombudsman reports directly to the Chairman of the TBCJ and is an office external to the reporting process of the TDCJ, and its' Executive Director. Inmates can privately report to the PREA Ombudsman's Office.

The institutional inmate handbook (Unit Orientation) and information distributed during intake also assist inmates in ways to report sexual harassment or sexual abuse, including anonymous reports and third-party reports. If reports are submitted to staff verbally, the reports are documented.

No inmates are held at the Connally Unit for civil immigration purposes.

The Agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates one of which may be to the Ombudsman's Office in the Office of the Inspector General.

The auditors reviewed the education and training of staff and inmates, policies and procedures, including Uniform Offender Correspondence Rules, the above-mentioned policies, the zero-tolerance postings, the PREA video script, the PREA Ombudsman pamphlet, and Offender Protection Information

(OPI), all of which supported compliance for this standard. Based on this, and the interviews with staff and inmates and interviews with the Warden and inmate peer educators, the auditors assess this standard as compliant.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

The Offender Grievance Operational Manual (OGRM) and the Texas Government Code section 493.014 and section 501.008, outline administrative procedures to address inmate grievances concerning sexual abuse and sexual harassment. Administrative Directives AD-03.77, Offender Grievances, and AD-03.82 Management of Offender Grievances, outline the TDCJ procedures for preparing, filing, and processing inmate grievances.

In the past 12 months there have been 34 grievances filed that alleged sexual abuse, this information taken from the Pre-Audit Questionnaire (PAQ). Final decisions on all 34 grievances were reached within 90 days after being filed. There were zero (0) number of grievances that required an extension. Thus, the non-applicable answers on 115.52 (d), bullets two and three.

The grievance process is another way to report sexual abuse and sexual harassment. The grievance staff immediately notify the highest-ranking security supervisor on duty to begin the steps of ensuring safety, evidence protection, notifications, and follow through. There have been zero (0) number of grievances alleging sexual abuse that resulted in disciplinary action by the Agency against the inmate for having filed a grievance in bad faith.

Based on the review of grievance procedures and policies, the review of actual grievances, and interviews with staff and inmates, the audit team assesses this standard as compliant.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

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

Auditor Overall Compliance Determination

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

The Safe Prisons/PREA Plan states “offender shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available.... The Unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.” Additionally, the SPPOM states “when an advocate, from a Rape Crisis Center is not available to provide emotional support... The TDCJ shall, upon request from the offender victim,

provide an offender victim representative (OVR) to support the victim.” There is no Rape Crisis Center in Kenedy, Texas, and thusly, the Connally Unit has identified OVR’s civilian staff members, who are trained and available to extend this victim support.

The auditors reviewed policy and documentation, including the following Safe Prisons/PREA Plan; the inmate handbook; the Board Policy BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement, and Board Policy BP-03.91, Uniform Offender Correspondence Rules; and the Advocacy Center List; all of which are made available to inmates. A Memorandum of Understanding template sent by the TDCJ to Rape Crisis Centers in Texas was also reviewed by the audit team.

Based on the auditors’ interviews with staff, including OVR’s; interviews with inmates; review of policy and procedures addressed in the above paragraphs; and discussions with SAFE/SANE nursing staff at the Guadalupe Regional Hospital, the auditors assess this standard as compliant.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

The Texas Board of Criminal Justice (TBCJ) Ombudsman website provides a method to receive third-party reports of inmate sexual abuse or harassment. Contact information is as follows: prea.ombudsman@tdcj.texas.gov, (website) or PO Box 99, Huntsville, TX, 77342-0099. Quoting the PREA Ombudsman pamphlet “the PREA Ombudsman was established by the 80th Legislature in 2007.... The PREA Ombudsman reports directly to the Chairman of the TBCJ, and is an office external to the reporting process of the TDCJ Executive Director.”

One of the primary responsibility of the PREA Ombudsman is to respond “to public inquiries related to allegations of sexual abuse and sexual harassment in TDCJ correctional facilities and ensure impartial resolution.”

The website and supplemental information addresses everything from intake to an institutional/unit directory and includes sections for third-party reporting information, ways in which information are distributed to the public, and the efforts to eliminate sexual abuse and sexual harassment of the offenders in TDCJ correctional facilities.

Based on interviews with random staff, specialized staff, and inmates, and further based on the above information and review of policy and procedures; the auditors assess this standard as compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

All staff at the Connally Unit, have a duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse and/or sexual harassment. The Administrative Directive, AD-16.20 Reporting Incidents and Crimes to the Office of the Inspector General states that "... employees shall report occurrences of allegations of administrative violations, criminal offenses, and other incidents required to be reported by this directive immediately upon becoming aware of such conduct or as soon as practicable...". This directive also has an attachment "A" outlining incidents requiring immediate reporting, including sexual assaults and incidents of sexual misconduct.

Additionally, in support of the staff and Agency's duty to report, the Safe Prisons/PREA Plan states that "... all staff members shall immediately report, according to the TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported the incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

Staff, when interviewed, as well as supervisors when interviewed, knew to whom and how to report. Staff were also aware of the prohibition of employees from revealing information related to sexual abuse reports (except to the extent necessary to make treatment, to investigate, and for other security and management decisions).

The auditors, based on training documents, training records, the above information, and based on interviews with staff, volunteers, and contractors (which further confirmed the duty to report), and based on the responsibility of the Agency to prevent, detect and respond to sexual abuse and sexual harassment; assess this standard as compliant.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

After many interviews with staff, volunteers, and contractors, it was clear to the auditors that the Agency and those that have contact with inmates know the importance to report sexual abuse and furthermore, to take immediate action when one learns that an inmate is subject to a substantial risk of imminent sexual abuse. The duty of staff, volunteers, and contractors includes the safety and security of all those at the institution.

The Safe Prisons/PREA Operational Manual and the Administrative Directive, AD-02.15 Operations of the Emergency Action Center (EAC) and Reporting Procedures for Serious and Unusual Incidents, outline the action to be taken to assist and implement appropriate protective measures without unreasonable delay. The staff at the Connally Unit are very knowledgeable and well-trained in their protection duties.

In the past 12 months there have been zero (0) number of times the facility has determined that an inmate was subjected to a substantial risk of imminent sexual abuse. This information is stipulated and detailed in the Connally Unit PAQ.

Based on the above policies and procedures, information, and interviews with staff and inmates, the auditor assesses compliance with this standard.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

The TDCJ/Connally Unit has a directive and policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of that facility must notify the head of the facility or appropriate office of the Agency or facility where the sexual abuse is alleged to have occurred. This is outlined in the following four policies/manuals: Board Policy BP 01.07; the Administrative Directive, AD-16.20; Safe Prisons/PREA Plan; and SPPOM-04.01.

In the past 12 months two (2) allegations have been received by the Connally Unit that an inmate was abused while confined at another facility. The Connally Unit documented these allegations and notified the other facility within 72 hours of receiving the allegations. In the past 12 months, the Connally Unit has been notified, received from other facilities, four (4) allegations of sexual abuse. These numbers are taken from the Pre-Audit Questionnaire supplied to the auditors. Appropriate attention and investigations were initiated.

Based upon interviews with the Warden and the Unit PREA Manager, as well as a review of the allegations, the auditors assess this standard as compliant.

Standard 115.64: Staff first responder duties

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

The TDCJ Safe Prisons/PREA Operational Manual; the Administrative Directive, AD-16.03 Evidence Handling; and the Office of the Inspector General Operating Procedure Manual; detail the policy and procedures for the first responder to an allegation of sexual abuse.

Noting that all staff and correctional officers must report (have a duty to report) an allegation of sexual abuse, the first correctional officers responding to the report shall: A) notify the security supervisor; B)

separate the alleged victim and assailant; C) preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; D) monitor the alleged victim and ensure physical evidence is not destroyed. If the first responder is not a Correctional Officer, the responder shall monitor the alleged victim to ensure physical evidence is not destroyed and shall immediately notify a correctional officer.

The auditors reviewed the training curriculum, policies and procedures, the staff video presentation outlining first responder duties and responsibilities, pocket cards instructions for reporting, and attended shift briefings/turnouts where PREA issues were discussed and further training was accomplished. It was noted and reviewed that in the past 12 months there were 50 allegations that an inmate was sexually abused. Of these allegations, the number of times the first security officer responded to the report, and separated the alleged victim and abuser was 22. Also, in the past 12 months, there were eight (8) number of times allegations were made where staff were notified within a time period that allowed for the collection of physical evidence, and eight (8) times the responding Correctional Officer protected the crime scene, requested that the victim not take any actions that could destroy physical evidence, and ensured that the alleged abuser did not take any actions to destroy evidence. There were zero (0) times in the past 12 months that a non-security staff member was the first responder. (These numbers obtained from the Pre-Audit Questionnaire for the 2018 PREA audit.)

The auditors' random interviews with staff, formalized interviews with specialized staff, interviews with inmates, and a review of documents, policies, allegations, and investigations, confirmed compliance with this standard. The audit team assesses this standard as compliant.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

There is a coordinated response required by the policy of the Senior Warden for staff at the Connally Unit.

The Connally Unit has a five-page inter-office communication detailing a “Sexual Abuse Coordinated Response Plan”. The communication is to establish procedure and guidelines related to the notification and response following a reported offender on offender or staff on offender sexual abuse incident. The policy is to ensure coordinated actions taken in response to an incident of sexual abuse. This coordinated response includes staff first responders, medical and mental health services staff (UTMB staff), the Office of the Inspector General (OIG), victim advocates/OVR’s, and the Unit leadership, including PREA staff. Monthly meetings are held with these staff and other key staff.

Further, the TDCJ Safe Prisons/PREA Operational Manual dictates responding to allegations of sexual abuse and requires a coordinated effort between unit staff, and the above-mentioned departments. This direction, and the direction outlined in the Warden’s communication to staff assures a coordinated effort.

Based on interviews with the Warden, medical and mental health staff, Investigators, Offender Victim Representatives, and other key staff, and the review and discussion of the communication for a coordinated response, the auditors were duly impressed and assess this standard as exceeds.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The TDCJ does not collectively bargain nor enter into or into collective bargaining agreements that limit the Agency’s ability to protect inmates from contact with abusers (i.e., staff sexual abusers pending the

outcome of an investigation or a determination of whether or not and to what extent discipline is warranted). Texas is a “right to work state” and has the ability to reassign staff to protect inmates from contact with abusers.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Connally Unit protects inmates and staff, who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by staff or inmates. These protections are outlined in the Safe Prisons/PREA Plan of the TDCJ, in the Unit Safe Prisons/PREA Manual (USPPM), and are further supported by the Warden's direction for monitoring retaliation to the following: Institutional PREA Manager (inmates); the Majors (staff and inmates); and the Warden's personal review of retaliation cases. The Institutional Classification Review Committee is also particularly involved with observing and reviewing inmate issues (job assignments, housing

assignments, bed assignments, program assignments, and etc.). Staff issues are also under the general guidance and review of the Human Resources Department, paying attention to retaliation and staffing issues that may occur.

Noted are personnel policies covering sexual harassment and discourteous conduct of a sexual nature. There are also general rules in Personnel for conduct in the workplace, discrimination in the workplace, and sexual misconduct with offenders.

Policy also includes a 90 day monitoring time for retaliation review. This 90 day period may be extended if needed. Monitoring forms are established for inmates/offenders and monitoring of staff. These forms assist in the monitoring of retaliation.

In the past 12 months retaliation has occurred in six (6) incidents. The Agency acted promptly to remedy retaliation. (Information obtained from the Pre-Audit Questionnaire).

Based on the auditors' review of the Safe Prisons/PREA Plan, the Unit Safe Prisons/PREA Manual, review of retaliation cases, and based on interviews with staff and inmates, this standard is assessed as compliant.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

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

Administrative Directives, AD-03.50 Administrative Segregation, and AD-04.63 Transient Status Offenders, as well as the Agency's Administrative Segregation Plan, prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers.

In the past 12 months there have been 22 inmates, who have alleged to have suffered sexual abuse, that were held in involuntary segregated housing for one (1) to 24 hours awaiting completion of the assessment. In the past 12 months there have also been nine (9) inmates, who have alleged sexual

abuse, who were assigned to involuntary segregated housing for more than 30 days. This information taken from the Pre-Audit Questionnaire. It is also noted that inmates in involuntary segregated housing are each afforded a review every 30 days to determine whether there is a continuing need for separation from the general population. Note: this standard 115.68 is different from standard 115.43 that talks about inmates at risk for sexual victimization who may be placed in involuntary segregated housing.

It is noted by the auditors that involuntary segregation has limited use and is only for the protection of an inmate for whom other alternatives to segregated housing cannot be found (special housing or bed assignments are used, transfers are used, etc.). Based on review of policies and procedures, and interviews with staff and inmates, the auditors assess this standard as compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

The Safe Prisons/PREA Plan of the TDCJ, addresses investigations under the section of the Plan titled: Investigations, General Considerations. The General Considerations Section direct and outline the following:

- 1) A uniform evidence protocol to investigate sexual abuse and sexual harassment.
- 2) Sexual investigation shall be conducted promptly, early, and objectively including third-party and anonymous reports.
- 3) The use of Investigators who have been specially trained in sexual abuse investigations pursuant the TDCJ Safe Prisons/PREA Plan.

It is noted that this standard contains 12 subsections a-l and, as with all standards and subsections, these were reviewed by the auditors utilizing policies, procedures, observation, reviews, and interviews to assess the compliance of this standard with PREA. Specifically; Administrative Directives AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious and Unusual Incidents, AD-16.20 Reporting Incidents/Crimes to the Office of the Inspector General, AD-16.03 Evidence Handling; Board Policy BP-01.07; the Safe Prisons/PREA Plan; and the SPPOM; all address the Agency's policy related to criminal and administrative investigations, including substantiated allegations of conduct that appear criminal and are referred for prosecution. Again, these were reviewed by the auditors.

The TDCJ retains all written reports pertaining to the administrative or criminal investigations of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the Agency +5 years (Records Retention Schedule, OIG, and OPM-03.72).

The auditors find this standard in compliance based on policy and procedure review and based on interviews with special investigative staff, personnel staff, PREA staff, and the Warden.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

The Standard, 115.72 Evidentiary Standard for Administrative Investigations stipulates that the Agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. To assess the standards the auditors reviewed policy, documentation, the Safe Prisons/PREA Plan, the SPPOM, and the Agency's Administrative Review: Sexual Assault/Abuse policy. Additionally, the auditors interviewed OIG Investigators as well as Institutional Investigators, according to script, and the question was asked "What standard of evidence do you require to substantiate allegations of sexual abuse or sexual harassment?" The investigators interviewed indicated that the standard in determining whether allegations of sexual abuse or sexual harassment were substantiated was a preponderance of the evidence (for administrative investigations).

The TDCJ policy directs the following: "... The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated". The information goes on further to inform us that a preponderance of the evidence means that more than 50% of the evidence supports the allegation.

Based on the information above and the interviews with specialized staff, the auditors assess this standard as compliant.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Safe Prisons/PREA Plan; the SPPOM-05.05 Attachments J and M, and the SPPOM-05.11, Attachment F and SPPOM-05.10, all outline and direct the Agency's policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an Agency facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the Agency

All allegations of sexual abuse/harassment are investigated. In the past 12 months, 47 criminal and/or administrative investigations of alleged inmate sexual abuse were completed by the Agency/facility. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified verbally or in writing of the results were 47.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the Agency subsequently informs the inmate (unless the Agency has determined that the allegation is unfounded).

Based on the auditors' review of investigations, review of notifications signed for by inmates or sent to inmates, and the review of policy and procedures detailed the above, the auditors assess this standard as compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

The TDCJ stipulates, through its policies and procedures that employees or representatives of the Department are expected to adhere to the highest standards of conduct while on duty or off duty, including adherence to the Rules of Conduct. Specifically, the following policies direct this high standard of conduct:

Executive Directive, ED-13, Sexual Harassment and Discourteous Conduct of a Sexual Nature; also outlining expectations of employees.

Personnel Policy, PD-29, Sexual Misconduct with Offenders, addressing sexual abuse, sexual harassment, sexual misconduct, and voyeurism.

The Texas Penal Code 39.04, which addresses sexual abuse of inmates and the fact that such may rise to the level of a felony offense.

The Guidelines for Employees which details the sanctions and actions required, related to sexual abuse, sexual harassment, sexual misconduct, and voyeurism.

In the past 12 months there have been two (2) incidents of staff from the facility who have violated Agency sexual abuse or sexual harassment policy. Additionally, in the past 12 months two (2) staff from the facility have been terminated (or resigned prior to termination) for violating Agency sexual abuse or sexual harassment policies. Finally, in the past 12 months one (1) staff member has been reported to law enforcement or licensing boards following their termination or resignation for violating Agency sexual abuse or sexual harassment policies. This information taken from the Pre-Audit Questionnaire.

Based on the auditors' review of investigations, policies, procedures, documents, and based on interviews with specialized staff, including Investigators; PREA staff; and the Warden; the auditors assess this standard as compliant.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

The TDCJ as a very thorough and comprehensive Volunteer Service Plan (VSP) which, in conjunction with its Safe Prisons/PREA Plan, outlines the responsibilities and conduct for volunteers and contractors who have contact with inmates. The Agency has a policy that requires any contractor or

volunteer who engages in sexual abuse to be reported to law enforcement and to relevant licensing boards (unless the activity was clearly not criminal).

Special training and orientation is required of volunteers and contractors. The training of volunteers and contractors is outlined in the VSP, and is accomplished using the Volunteer Services Training Facilitators Guide and the video training during volunteer training orientation. Training follows this curriculum and not only provides needed information, but also requires forms acknowledging the training has been understood and completed. The auditors reviewed the training acknowledgment forms, training curriculum, and interviewed several volunteers. The auditors noted that each volunteer and contractor was made aware of how to appropriately conduct themselves with inmates. Moreover, the auditors noted that volunteers and contractors were well aware of the gravity of disciplinary sanctions that may affect any volunteer or contractor who engages in sexual abuse or sexual harassment of an inmate including notification of law enforcement agencies and/or licensing boards. Acknowledgment forms are maintained by the Agency documenting the orientation, training and the understanding of rules and regulations.

In the past 12 months there have been zero (0) number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

Based on the auditors' review of policies, procedures, and documents and interviews with volunteers and contractors, this standard is assessed as compliant.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Offenders in the Connally Unit are required to obey all rules and regulations by the TDCJ and the Unit. Regarding PREA, inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate on inmate sexual abuse. This and the other subsections b-g, address disciplinary sanctions for inmates. Specific sanctions are outlined in the TDCJ Disciplinary Rules and Procedures for Offenders Handbook (GR-106).

Supplemental information regarding sexual abuse and harassment is outlined in the Safe Prisons/PREA Plan, Disciplinary Rules and Procedures for Offenders, (a substantial 47 pages), Correctional Managed Health Care policy, E-35.1 and, as applicable, the Sex Offender Treatment Program Policy 01.01. The Inmate Discipline policy describes the formal disciplinary process resulting in administrative findings, and the CMHC policy is especially comprehensive and thorough in outlining therapy, counseling and interventions.

In the past 12 months there have been two (2) findings of inmate on inmate sexual abuse that occurred at the facility. There have been zero (0) number of inmate on inmate sexual abuse criminal findings of guilt at the facility (this information from the PAQ).

Based on the auditors' review of the above policies, and information, and based on interviews with staff and inmates, this standard is assessed as compliant.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Inmates at the Connally Unit are screened pursuant standard 115.41, specifically requesting information about any prior sexual victimization. All inmates who disclose such victimization are offered a follow-up meeting with medical or mental health practitioners. This screening and the offering of follow-up healthcare by health care professionals sets the tone for helping with the detection, prevention, and response to sexual abuse and sexual harassment in prison. The auditors have noticed that simply asking the question about sexual abuse assists many inmates with PREA related issues. Intake was observed by the audit team.

Intake, screenings, and the history of sexual abuse information is accomplished in the TDCJ by policy and procedures. The Safe Prisons/PREA Plan, Safe Prisons/PREA Operational Manual with its attachment E, and the Correctional Managed Healthcare policies with CMHC A-09.1, E-35.1, E-35.2, G-57.1, H-61.1, and I-70.1 stipulate health care for all inmates at this facility who have disclosed any prior sexual victimization during screening and are offered a follow-up with a medical or mental health care practitioner. The meeting takes place within 14 days of screening. It is noted in the PAQ that, in the past 12 months, 100% of the inmates who disclosed prior victimization were offered a follow-up meeting with medical or mental health care staff. The follow-ups are documented.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited and shared with other staff only to assist with security and management decisions regarding treatment plans, housing, program assignments, and etc.

The UTMB healthcare staff were exceptionally professional in the performance of their duties, responsibilities and information disclosure to the auditors. Interviews with UTMB healthcare staff were insightful and helpful in assisting the auditor to assess compliance with PREA standards.

Based on review of policies, procedures, supporting documents, the tour and observation of the Medical Department, and interviews with key UTMB staff supports compliance for this standard, thus this standard is assessed as compliant.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
 - Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No
-
- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No
-
- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Unimpeded access to emergency medical treatment is available to all inmates at the Connally Unit. Unimpeded and timely access to emergency medical treatment and crisis intervention services is available to inmate victims of sexual abuse. This access is outlined in the CMHC policies mentioned in the previous standard, 115.81; and again outlined in the Safe Prisons/PREA Plan and Safe Prisons/PREA Operational Manual.

Medical capabilities are defined on the TDCJ/Connally Unit website as follows: “ambulatory, medical, dental, and mental health services. Medical care available 24 hours a day, seven days a week, 17 inpatient bed infirmary, including 13 assisted-living beds, two respiratory isolation rooms, and two mental health observation rooms. Telemedicine and Digital Medical Services (DMS) available. All services on a single level, including chronic care clinics and CPAP accommodating housing. Managed by the UTMB.” Interviews with UTMB healthcare staff indicated that the services offered are comparable with those in the local community or better. Additionally, the nature and scope of services are determined by medical and mental health practitioners according to their professional judgment. The auditors, again, were impressed with the professionalism and talent of the UTMB staff and their responses to the scripted and formal interview questions.

Based on the auditors' review of policy and procedures, and the many formal and informal interviews with staff, supervisory staff, and inmates, the auditors assess this standard as compliant.

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

115.83 (a)

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

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

The Safe Prisons/PREA Plan; the SPPOM-05.01, 05.05 attachment J; and CMHC G-44.1, and G-57.1 with attachment B; direct and outline the medical and mental health evaluations for sexual abuse victims and abusers at the Connally Unit (as also reviewed in standards 115.81 and 115.82). Further, these policies outlined ongoing healthcare. Treatment is extended, according to the professional judgment of the health services practitioners, to those who have been victimized by sexual abuse, and continuing, the policies direct: “1) all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate, 2) the evaluation and treatment of sex offenders shall include..., follow-up services, treatment plans, and when necessary referrals for continued care following their transfer to, or placement in other institutions, and in accordance with CMHC policies after release from custody, 3) the offender victim shall be provided medical and mental health services, consistent with the community level of care..., 4) - NA this number is for females -, 5) offenders will be offered medically appropriate tests, 6) a mental health evaluation of all offender on offender abusers is attempted within 60 days of hearing of the abuse, and treatment, shall be offered when deemed appropriate in accordance with CMHC policies.”

Handouts, brochures and materials on sexual assault awareness are distributed to the inmate during intake, advising the inmate population of offerings by medical and mental health care staff. Randomly selected inmates confirmed the UTMB’s attention and care for victims and abusers pursuant PREA.

Again, the auditors were impressed with the UTMB healthcare staff, and based on the policies and procedures, and the operation of health care services, and follow up at the facility, the auditors assess this standard as compliant.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

The Connally Unit conducts a Sexual Abuse Incident Review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The Safe Prisons/PREA Plan and the SPPOM, as well as the Administrative Directive AD-02.15, directs that the reports will be reviewed by the Warden, addressing the findings and implementing recommendations or improvements or documents reasons for not doing so.

The Incident Review Team is addressed specifically in the Sexual Abuse Coordinated Response Plan outlining that the Team shall conduct these reviews in accordance with policy, and that the Review Team will include upper-level management with input from line supervisors, investigators, and medical and mental health practitioners.

In the past 12 months there have been 35 incidents, excluding unfounded incidents, which have been reviewed. All 35 reviews were within the 30 day timeframe.

Based on interviews with the Warden, the Institutional PREA Manager, the Incident Review Team members, and other key staff, as well as reviewing the incident reviews, the auditors assess this standard as compliant.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

The TDCJ collects uniform data, for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. Further, the Texas Board of Criminal Justice has established policy outlining the mission of the PREA Ombudsman to monitor and conduct administrative investigations, as well as to provide a point of contact for the public, elected officials, and offenders who have complaints or inquiries regarding allegations of sexual assault, sexual contact, staff sexual misconduct, or initiatives related to PREA. This information taken from the PREA Ombudsman's Brochure. The Ombudsman's Office also is responsible for collecting statistics, regarding allegations of sexual assault, sexual contact, and staff sexual misconduct, from each correctional facility. The Ombudsman's Office directs that statistical information regarding the total number of allegations and any disciplinary actions resulting from allegations will be made public and will be in the Annual Report. This information and data collection required by policy BP-02.09, PREA Ombudsman Policy Statement.

The Survey of Sexual Violence (SSV), the federal government's instrument for data collection, was/is used by the TDCJ as part of the documentation for compliance with standard 115.87 Data Collection. The auditors reviewed this report and the monthly reports submitted by the Regional PREA Compliance Manager.

Based on the reports, the SSV, the PREA Ombudsman's Office website, interviews with the Warden, the Regional PREA Compliance Manager, and the Unit PREA Compliance Manager, the auditors assess this standard as compliant.

Standard 115.88: Data review for corrective action

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Interviews with the Warden, the Unit PREA Compliance Manager, and the Regional PREA Compliance Manager, confirmed that the TDCJ is continually assessing and collecting Prison Rape Elimination Act (PREA) data for corrective action in this, the largest state prison system. The auditors again reviewed the PREA Ombudsman's website which contains a wealth of information concerning PREA and the safety and security of inmates. The auditors also reviewed monthly reports from the Regional PREA Compliance Manager along with information submitted by the Connally Unit.

There is a coordinated effort to improve the effectiveness of the Agency's goals concerning PREA compliance and the safety and security of staff and inmates. This effort begins with the Agency Safe Prisons/PREA Plan and the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. By using data collected, problems are identified, issues reviewed, and staff training and professional development continually assessed, assisting with the overall improvement and development of the inmate and staff safety within the TDCJ.

The TDCJ website <http://tdcj.texas.gov> can be accessed for the following information:

- 1) Administrative Review and Risk Management
- 2) Advisory Council on Ethics
- 3) Annual Review 2005-2016
- 4) Business and Finance
- 5) Correctional Institutions Division
- 6) Executive Administrative Services
- 7) Health Services
- 8) Human Resources
- 9) Internal Audit
- 10) Manufacturing and Logistics Division
- 11) Office of the General Counsel
- 12) Parole Division
- 13) PREA Ombudsman's Safe Prisons Program Report 2009-2016
- 14) Reentry and Integration Division
- 15) Rehabilitation Programs Division
- 16) Texas Board of Criminal Justice
- 17) Texas Correctional Office of Offenders with Medical or Mental Impairment
- 18) Victim Services

Obviously there is a wealth of information outlined in the above list. Particular attention was paid by the auditors to number 13) PREA Ombudsman's and Safe Prisons Program Report which addresses PREA Standard 115.88, and the data review. Based on staff interviews and review of information and the list of items above, this standard is assessed as compliant.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

The TDCJ Safe Prisons/PREA Plan ensures that incident-based and aggregate data are securely retained. The Agency maintains sexual abuse data collection information pursuant to state statute, the State of Texas Record Retention Schedule, and the PREA Standard 115.87 for at least 10 years after the initial date of collection, unless federal, state, or local law requires otherwise.

The Agency policy requires that aggregated sexual abuse data from facilities under the TDCJ and private facilities it has contracted with, make data available to the public, at least annually, through its website. As mentioned previously, the PREA Ombudsman's Office makes this information available on its website and in its Annual Report. The auditor noted that PREA Summary Reports on individual TDCJ Texas Units have been placed on the PREA Ombudsman's website.

Based on the review of documents and information, the retention schedule, and interviews with the Warden and the PREA Manager, the auditors find this standard as compliant

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

The six (a,b,h,i,m,n) subsections listed above were reviewed by the lead auditor and to the best of his knowledge assessed as meeting standards.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

The Connally Unit's last PREA audit report, which occurred within the last three years – January 2015, was published on the PREA Ombudsman's website and reviewed by the lead auditor. The auditor assesses this standard as compliant.

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.

James Curington

February 20, 2018

Auditor Signature

Date

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

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