

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

Interim      Final

Date of Report    April 8, 2018

## Auditor Information

Name:    Darren L. Bryant	Email: <a href="mailto:dbryant357@msn.com">dbryant357@msn.com</a> Darren.Bryant@ocfl.net
Company Name:    American Correctional Association	
Mailing Address:    206 N. Washington Street, Suite 200	City, State, Zip:    Alexandria, VA. 22314
Telephone:    321- 331- 7072	Date of Facility Visit:    March 21- 23, 2018

## Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Texas Department of Criminal Justice		State 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency 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

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

**Agency Website with PREA Information:**<https://www.tdcj.texas.gov/publications/index.html#PREA>**Agency Chief Executive Officer****Name: Bryan Collier****Title: Executive Director****Email: Bryan.Collier@tdcj.texas.gov****Telephone: 936-437-2101****Agency-Wide PREA Coordinator****Name: Lorie Davis****Title: Director, Correctional Institution Division****Email: Lorie.Davis@tdcj.texas.gov****Telephone: 936-437-2170****PREA Coordinator Reports to: Executive Director****Number of Compliance Managers who report to the PREA Coordinator 91****Facility Information****Name of Facility: Darrington Unit****Physical Address 59 Darrington RD****Rosharon, Texas 77583****Telephone Number: 281-595-3465****The Facility Is:** Military Private for profit Private not for profit Municipal County State Federal**Facility Type:** Jail 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.

<b>Facility Website with PREA Information:</b> <a href="https://www.tdcj.texas.gov/publications/index.html#PREA">https://www.tdcj.texas.gov/publications/index.html#PREA</a>			
<b>Warden/Superintendent</b>			
<b>Name:</b> Michael Butcher		<b>Title:</b> Senior Warden	
<b>Email:</b> Michael.Butcher@tdcj.texas.gov		<b>Telephone:</b> 281-595-3465	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Holly Rakowitz		<b>Title:</b> Unit Safe Prisons PREA Manager	
<b>Email:</b> Holly.Rakowitz@tdcj.texas.gov		<b>Telephone:</b> 281 595 3465	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Betsy Zachariah		<b>Title:</b> Facility Health Service Administrator	
<b>Email:</b> bazachar@utmb.edu		<b>Telephone:</b> 281 595 3465	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity 1931</b>		<b>Current Population of Facility:</b> 1761	
<b>Number of inmates admitted to facility during the past 12 months</b>			<b>1,081</b>
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			<b>827</b>
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			<b>1069</b>
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 18-81	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>			<b>0.</b>
<b>Average length of stay or time under supervision:</b>			<b>5 years 6 months</b>

Facility security level/inmate custody levels:	<b>G1-G5 / 1A- 3A Maximum</b>	
Number of staff currently employed by the facility who may have contact with inmates:	<b>504</b>	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	<b>163</b>	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	<b>1</b>	
<b>Physical Plant</b>		
Number of Buildings: 26	Number of Single Cell Housing Units: 5	
Number of Multiple Occupancy Cell Housing Units:	8	
Number of Open Bay/Dorm Housing Units:	13	
Number of Segregation Cells (Administrative and Disciplinary):	273	
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.): Video surveillance / cameras  None presenting privacy or cross gender viewing issues. no		
<b>Medical</b>		
Type of Medical Facility:	Ambulatory medical, dental, and mental health services, Medical care available 24 hours a day, seven days a week. Regional Digital Medical Services (DMS), electronic specialty clinics, CPAP accommodating housing available.	
Forensic sexual assault medical exams are conducted at:	Nearest hospital emergency department	
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	<b>Contractors-38 Volunteers - 23,288 / Unit 1400</b>	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	<b>138/ unit 22</b>	

# Audit Findings

## Audit Narrative

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

The Prison Rape Elimination Act on-site audit at the Darrington Unit in Rosharon, Texas was conducted March 21-23, 2018, by Darren Bryant and Sally Kaplan. Both auditors are United States Department of Justice Certified PREA Auditors for adult facilities. This was the second PREA audit for the Darrington Unit. The facility had a successful PREA audit in 2014. Both auditors wish to extend their deepest appreciation to Warden Michael Butcher and the staff at the Unit for their professionalism, hospitality, and kindness. Both auditors want to compliment Sergeant Holly Rakowitz Safe Prisons PREA Manager at the Darrington Unit for her hard work in organizing the files that were provided to the auditors in advance of the on-site audit. This assisted the audit and both auditors were able to move forward very efficiently.

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

The PREA audit began with an entrance meeting being conducted on Wednesday, 21, 2018 at 0800 hours in the Facility Visiting Room. The following staff attended the entrance meeting: Senior Warden: Michael Butcher, Assistant Warden: James Danheim, Assistant Warden Jerry Sanchez, Majors: Felix Gordon, Kurtis Pharr, and Building Captains: Angela Perry, Jerry Vann and Alfred Washington, Safe Prisons / PREA Sergeant Holly Rakowitz, and Coordinator Deborah Jackson. Operational Review Sergeant Kimberly Savage, ACA Coordinator Leslie Johnican, Grievance Investigator Lashundra Howard, and Regional Safe Prison PREA Coordinator Vickie Mossbarger. .

Following the entrance meeting, the tour took place. Accompanying the auditors on the tour were Senior Warden: Michael Butcher, Assistant Warden: James Danheim, Assistant Warden Jerry Sanchez, Majors: Felix Gordon, Kurtis Pharr, and Building Captains: Angela Perry, Jerry Vann, and Alfred Washington, and PREA Sergeant: Holly Rakowitz. While touring the Darrington Unit the auditor observed the notices of this PREA audit in all the buildings, as well as posters that called attention to the agency's Zero Tolerance Policy and how and to whom to report allegations of sexual abuse and sexual harassment. During the physical plant review the auditor reviewed camera placement, blind spots, staff placement, and documentation to assist in determining standard compliance. All housing units, day rooms, offender program areas, work areas, and all other areas were toured. During the tour offenders and staff were questioned about their knowledge of the PREA standards, procedures for reporting, services available, and their responsibilities. All staff and offenders informally interviewed during the tour acknowledged receiving training/information for reporting sexual abuse, sexual harassment, and/or retaliation for reporting.

Once the tour was completed the auditor began the interview portion of the audit. Prior to the on-site visit the facility supplied a list of offender names sorted by housing units, those with limited English, and those with targeted designations. A list of employees and contractors was also provided to both auditors. From these lists the auditors selected at random, a sampling of offender and staff to be interviewed. It was from these lists the auditor selected the targeted and random individuals to be interviewed. These random staff and offender interviews were conducted in private offices.

A total of 43 staff members were interviewed during the course of this on-site audit. Staff interviews consisted of: 12 randomly selected correctional security staff members covering all shifts, 3 volunteers, 3 contract employees, 5 intermediate or higher level supervisors, 20 specialized staff members that have multiple roles that encompasses all specialized staff interviews. Since all staff at Darrington Unit is trained as first responders when questioned each was well versed in their areas of responsibility regarding responding to PREA allegations. Non-security staff questioned knew that once the offender was secured their next responsibility was to contact a security staff member.

There were 42 offenders interviewed during the on-site visit. Twenty (20) offenders were randomly selected and twenty-two (22) were targeted. The targeted group consisted of eight (8) acknowledging prior victimization, six (6) from the LGBTI community, 4 (four) segregation inmates and three (3) limited English. Each of the offenders interviewed acknowledged receiving PREA training and written materials outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting during intake. The limited English proficient offenders interviewed confirmed receiving the PREA training and written materials in languages they could understand. During interviews with the offenders that had self-reported as being Gay, or Bisexual all reported that staff treated them equitably before and after self-reporting and never placed in any housing specifically designated for any group. One offender refused to be interviewed. This was documented into the auditor's personal notes. Offender refused to give any reasons, after talking with him several times.

Both auditors selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. The main personnel files are kept in Huntsville. No staff is hired or allowed entrance until a thorough background check is completed. The training records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditor also viewed signed "Training Acknowledgement Form" documenting that the staff understood the PREA training received.

The auditor also selected and examined a sampling of offender files and observed documentation of the offender receiving PREA education, as well as documentation of risk screenings

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

The Darrington Unit reported eleven (11) PREA allegations made in the last twelve months. Nine (9) alleging sexual abuse and two (2) alleging sexual harassment. The nine sexual abuse allegations comprised of one (1) involving staff and eight (8) allegations involving offenders. The two sexual harassment allegations involved staff. The three investigation of allegations against staff resulted in two being unsubstantiated and one being unfounded. The eight offender investigations resulted in seven (7) found unsubstantiated and one (1) unfounded. All of the offender allegations were referred to OIG. The administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings in their investigations can differ from the OIG investigations if they are waiting on forensic lab results.

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

At the conclusion of the on-site visit an exit meeting was held to discuss the audit findings. The following people were in attendance: Senior Warden: Michael Butcher, Assistant Warden: James Danheim, Assistant Warden Jerry Sanchez, and Major: Felix Gordon, Safe Prisons / PREA Sergeant: Holly Rakowitz, and Regional Safe Prison PREA Coordinator Vickie Mossbarger.

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

## Facility Characteristics

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

The Darrington Unit is located outside the city limits of Rosharon, Texas. The facility opened in August 1917 and the physical address of the facility is 49 Darrington Road Rosharon, Texas 77583.

The Darrington Unit is an all-male, adult facility. The facility consists of 26 buildings on the complex, which 13 are housing units. The facility has several housing ranges, open dormitories, and a trusty facility. A large 6,770 acre farm is operated at this site. Beef Cattle operation, edible field crop operation, poultry operation (egg laying), swine operation, and grain storage, are outside functions at the institution.

The facility has a design capacity of 1931 offenders and currently houses 1761 offenders. Offenders range in age from 18 to 81. The average length of stay is five years, six months. Offenders arrive at the facility from reception centers and other facilities from within the Texas Prison System. Darrington Unit houses inmates of G1- G5 security level, Administrative Segregation, Outside Trusty, and Transient.

The Darrington Unit employs 556 staff members to include security, non-security, contract medical, farm, and contract treatment providers.

The Darrington Unit follows the stated mission of the Texas Department of Criminal Justice, which is "to provide public safety, to promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime." The Darrington Unit also has a mission statement specific to the facility that states "The mission of the Darrington Facility is to "ACHIEVE" the mission of the agency.

Additional space is provided for medical services, recreation, religious services, educational programs, food preparation dining, intake and processing commissary operations, maintenance, necessities distribution, necessities storage and distribution, laundry distribution, supply storage and administrative offices.

The Darrington Unit is encircled with a perimeter security fence. The Darrington Unit perimeter fence is a double fence reinforced at the top with razor wire. The inner fence is an electric fence. An additional roll of razor wire covers the ground in the area between the two fences. 6 armed wall towers further protect the fence line.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded: 3**

**Number of Standards Met: 38**

**Number of Standards Not Met: 0**

### Summary of Corrective Action (if any)

**Number of Standards not applicable: 2**

Type text here...

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)

- Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

It was determined Darrington Unit has written policies and procedures by reviewing: Executive Directive Safe Prisons / PREA Program, ED03.03, PREA Plan P, PD29, TDCJ Organizational Chart, SPPOM 01.01, SPPOM 01.03. The above written policies and procedures support the agency's mission, and successful goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. The TDCJ Safe Prisons PREA Plan P, discuss agency strategies and responsibilities to prevent sexual abuse and sexual harassment of inmates.

The auditor interviewed random inmates and staff including selective inmates and specialized staff. After the interviews, it was confirmed that the inmates received their information during orientation, and additional information was listed in the offender rule book. After interviewing staff, it was confirmed that they received PREA Training during their Annual Training, and during shift briefings. They were aware of the zero tolerance against sexual abuse and sexual harassment, and how to report inmate on inmate, and staff on inmate.

The auditor toured the facility and observed PREA signage describing the agency's zero tolerance of sexual abuse and sexual harassment placed throughout the inmate housing units.

A review of the TDCJ Organizational Chart confirmed TDCJ has designated an upper level agency wide PREA Coordinator, and Manager with authority to develop, implement, and oversee agency efforts to comply with PREA Standards in all facilities. The PREA Coordinator has direct access to the Executive Director and authority to manage the Safe Prisons / PREA Programs.

Sgt. H. Rakowitz is the Safe Prison PREA Manager for the Darrington Unit. She was very helpful and knowledgeable about the PREA Standards. She describe her duties to us during the interview. Sgt. Rakowitz insinuated she had access to the Senior Warden and time to complete her assignments.

Based on review of policy, procedures, offender handbooks, education and orientation process, training curriculums and interviews with the PREA Coordinator, staff and offenders, observation of bulletin boards, posters and PREA material during the tour of the facility, it was apparent that TDCJ and the Darrington Unit is committed to zero tolerance of sexual abuse and sexual harassment.

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

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

### **115.12 (a)**

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

### **115.12 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

It was determined that TDCJ has policies and procedures in place to support this standard, by reviewing the following: TDCJ Administrative Directive- AD-02.46 Employees of Private Business and Governmental Entities Contracting with TDCJ,

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

Based on review of policies, documentation and interview with the Agency Contract Administrator TDCJ is compliant with Standard 115.12.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

It was determined by reading AD-11.52, PO-07.002, PO-07.003, PO-07.005, SOPM 08.01, SOPM 08.04, SOPM 08.06, PD-22, and Safe Prison PREA Plan that Darrington Unit has policies and procedures in place to comply with a staffing plan that provides protection to offenders against sexual abuse / or harassment.

The Security Operations Program Manual (SOPM 8.06) requires that each institution within the Texas Department of Criminal Justice develop, document, and make their best efforts to comply on a regular basis with a staffing plan. This plan must provide for adequate levels of staffing and video monitoring (when available), to protect all offenders against abuse. The Darrington Unit does comply with this manual requirement.

During the site visit the auditor discussed and reviewed the unit-staffing plan with both Warden Michael Butcher and the Safe Prison PREA Manager Sergeant Holly Rakowitz. Both were familiar with this staffing plan and detailed the annual staffing review conducted at the beginning of the year.

The auditor was provided review for year 2017. This review was conducted with the Regional Director, the Agency Safe Prisons PREA Coordinator, the facility Safe Prisons PREA Compliance Manager, Warden, Assistant Wardens, and a member of the Central Office Security Operations staff. Upon review by them the staffing review is then forwarded to the Agency Director with any recommendations if warranted. These annual reviews take into account; generally accepted detention practices, the physical plant, offender population and prevalence of substantiated and unsubstantiated sexual abuse allegations along with the placement of video enhancements. All positions (posts) at the Unit must be filled. Any deviations from the approved staffing plan must be immediately reported to the Warden and/or Duty Warden who in turn is required to notify the Regional Director. The two major causes of these deviations at the Darrington Unit are outside emergency hospital transports and constant direct observation (suicide watch).

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

The supervisory staff indicated during their interviews that their unannounced rounds are accomplished by staggering their round times and locations minimizing line staff ability to notifying other staff. TDCJ also has a policy that prohibits staff from notifying other staff about supervisor rounds. Staff is reminded at turn out that violations to this directive could lead to disciplinary sanctions.

## **Standard 115.14: Youthful inmates**

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

#### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  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*)

## Instructions for Overall Compliance Determination Narrative

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

The Darrington Unit complies with the standard to the extent that there are no youthful offenders ever housed at the the facility. TDCJ has policies in place to ensure a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AD-03.22 P:2-3, staff's post orders, and interviews with a random sample of staff and inmates, it was confirmed that the Darrington Unit does not conduct cross-gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility require the documentation in a log book of all cross gender strip searches and cross gender visual body cavity searches, and staff shall document all cross gender pat down searches of female inmates. The Darrington Unit is a male facility and does not house female inmates. The Darrington Unit did not conduct any cross gender searches. The Darrington Unit has enough male staff to conduct strip searches professionally.

The auditor questioned security staff, during interviews, about conducting offender strip searches. They were well aware of the Agency policy and its' requirements for these type searches if ever done. They indicated if it became necessary to conduct this type search the incident would be documented including the reason for it and who approved it. They further indicated to the auditor that strip-searching transgender and/or intersex offenders for the sole purpose of determining genitalia is prohibited. The Pre-Audit Questionnaire (PAQ) review and interview with Senior Warden Michael Butcher indicated that no cross gender strip searches or cavity searches were completed at the Darrington Unit during the last 12 months.

In accordance with a review of AD-03.22 Page 2-3, PREA Plan page 9, PO-07.105 Page 2, it was determined the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures

require staff of the opposite gender to announce their presence when entering an inmate housing unit. Interviews with random selection of staff, and random selection of inmates from each housing unit confirm inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the standard.

The auditor toured the facility spending a significant amount of time in all the living areas at the facility. I observed female staff entering the housing units announcing their presence giving male inmates a chance to cover themselves or immediately get dress.

Based on policies, procedures and documentation provided, observations of showers, toilet areas and dressing areas and interviews with staff and offenders. The Darrington Unit is compliant with Standard 115.15.

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? **X** Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? **X** Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? **X** Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? **X** Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  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?  
X Yes  No

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the following Administrative Directives 04.25 (Language Assistance to Offenders) and AD-06.25 (Qualified Interpretive Services), require each institution within the TDCJ to take appropriate steps to ensure offenders, with disabilities (including offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. It was determined that policies and procedures

The agency policies and practices provide services to offenders with disabilities and offenders who are limited English proficient. These same policies and practices give offenders with disabilities and limited English proficiency

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.

The auditor did have the opportunity to interview three offenders with very low English proficiency. The auditor sought out an interpreter and each of these offenders indicated they were provided PREA information that they could understand and also informed the auditor that they knew how to report any incident of sexual abuse or sexual harassment should it become necessary. An offender identified as having a blind disability was interviewed. He informed me, that a staff member read the PREA information to him, and he listen to audio information about PREA several times. This offender has a staff member assigned to him.

This unit has several officers that can speak Spanish, in case anyone needs translation. The Unit maintains a list of staff (local and statewide) who can provide interpretive service, including sign language, to the institution offenders if needed. The medical department (UTMB) at the facility also maintains a list of interpreters as well. They also have a contract with a company that provides interpretive services if needed.

The auditors observed an inmate handbook / orientation booklet given to each offender arriving at the Darrington Unit. The facility orientation booklet is available in Spanish and English. This booklet is not only an overview of the agency/facility rules and general information, but it also details the Agency PREA policy as well. It outlines to the offenders how to report, to whom to report incidents of sexual abuse and sexual harassment without fear of being punished for reporting.

In accordance with the review of AD-04.25 pages 2-4, 8-9, it was determined the agency does not rely, per policy, on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay obtaining an effective interpreter could compromise the safety, the performance of first response duties under 115.64. During the interview with random sample of staff, each confirmed inmate interpreters are not relied on by staff for sexual abuse and / or sexual harassment issues.

There were zero instances within past 12 months where inmate interpreters, readers, or other types of inmate assistants were used for the report or investigation of sexual abuse and / or sexual harassment.

Based on review of policies and procedures, observation of posters placed in the facility, PREA information was stenciled on the walls and random selected interviews with staff and inmates the Darrington Unit is compliant with Standard 115.16.

## **Standard 115.17: Hiring and promotion decisions**

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

#### **115.17 (a)**

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

#### 115.17 (b)

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

#### 115.17 (c)

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

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

## 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Executive Directives; Employment Status Pending Resolution of Criminal Charges or Protective Orders (PD-27), Request for Release of Employment Information or Documents (PD-56) Selection System Proceeding (PD-71) Selection Criteria for Correctional Officer Applicants (PD-73), Applicants with Pending Charges or Prior Criminal Convictions (PD-75), the PREA Plan and TDCJ Employment Application and Supplement for Agency Application were reviewed and address the requirement of this standard. TDCJ's hiring practices confirm policies are in place and enforced to ensure the agency do not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who has engaged in sexual abuse in a correctional facility.

Interviewed Human Resource Manager Rebecca Bell, she confirmed unless prohibited by law, the agency provides 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.

A random sample of employee files and an interview with HR Manager Bell, it was confirmed the agency perform criminal background checks of all employees and volunteers. All background checks were completed prior to hiring. She demonstrated the procedure for processing of new employee application, background check, and hiring. The 5 year process of checking employees' background was in place. She was very knowledgeable of the process and explained the employee processing to maintain compliance with the PREA Standard.

Based on review of policies, documentation, forms, employee files, background check procedures, and an interview with HR Manager Bell, it was determined that the Darrington Unit is compliant with Standard 115.17.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

Policies SOPM 07.02 and SM01.14, addresses this standard in policy. The facility has had several camera upgrades since 2012. Sergeant Timothy Williams is assigned to oversee camera monitoring, installation, and review. He was very knowledgeable of the expectations of PREA as it relates to camera observation.

He discussed the importance of the video surveillance system throughout the facility, except the restrooms and dressing room. He explained the placement of the cameras enhanced the agency's ability to protect inmates from sexual abuse without violating the inmate's privacy in performing bodily functions.

The Darrington Unit modified their outside gym into a Seminary. Offenders attend colleges' courses in Theology and obtain a college degree after completing the course. This building supervised by three Officers constantly patrolling the areas.

Based on the review of policies, interview Surveillance Sergeant T. Williams, and touring the surveillance room. It was determined that the Darrington Unit is compliant with Standard 115.18.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence

for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary 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*)

### Instructions for Overall Compliance Determination Narrative

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

The Safe Prisons PREA Plan mandates all investigations conducted within any TDCJ facility adhere to investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

Texas Government Code 493.019, provides the legal authority to the Office of Inspector General (OIG) to conduct criminal investigations within all TDCJ facilities.

It was determined that TDCJ has policy and procedures in place, after AD- 16.03 page 13, OIG -4.05 pages 1- 6, SPPOM- 05.01 Sexual Abuse Checklist G.

Both Administrative and Criminal Investigators receives training based on the curriculum of National Institute of Corrections (NIC), " PREA: Investigating Sexual Abuse in Confinement Settings" training. Certified TDCJ instructors provide it and the subject matter of the course includes protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations" according to the documentation reviewed by this auditor. This mandated Investigator training is documented in each of the training records of those who completed the course. The interview conducted with one of these investigators detailed the training he received including the requirement that he follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

The auditor also had the opportunity to interview Investigator Jacob Mook from the OIG. He also detailed the sexual abuse investigative training for confined spaces he received. He also confirmed to the auditor that his training included protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations", interviewing victims, and use of Garrity and Miranda warnings. A copy of his training curriculum was also provided to the auditor.

Forensic examinations, for Darrington Unit victims of sexual assault, are provided by University of Texas Hospital or several other local hospitals. The facility has contracts with local hospitals. The auditor had the opportunity to interview SANE Nurse Mande Cook. She verified that her facility would conduct Sexual Forensic Examination on any victim from the Darrington Unit.

The agency (TDCJ) has attempted to obtain an agreement for a community victim advocate from a rape crisis center for several years, but no agreement has been established. The efforts to obtain an agreement is documented in various letters to rape crisis centers. The last solicitation letter was dated January 2018, because of this inability the Darrington Unit has trained Offender Victim Staff Representatives who provide support to victims of sexual abuse when needed. The auditor interviewed two of these staff advocates. We verified the training they receive with the other trained staff advocates receive.

The auditor was informed that staff advocates could and would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary as outlined in the Safe Prisons PREA Plan.

Based on the review of policies, procedures, documentation and interviews with medical, mental health and OVR staff the Darrington Unit is compliant with standard 115.21.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

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

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

TDCJ Safe Prisons PREA Plan SPPOM- 05.05 page 1, and the Office of the Inspector General policy 4.05 page 1, require that administrative and/or criminal investigations be conducted on every allegation of sexual abuse or sexual harassment occurring in an Agency facility. The Office of the Inspector General is authorize to conduct criminal and administrative investigation occurring within a TDCJ institution. The OIG has arrest powers and is the law enforcement of TDCJ, and conducts all criminal investigations involving inmates and staff members inside and outside the facility, according to the Texas Government 493.019, the OIG is the primary investigative and law enforcement entity of TDCJ.

Darrington Unit investigations (administrative) must be conducted by trained facility staff for every non-criminal sexual abuse cases and all sexual harassment cases. Both Assistant Wardens James Danheim and Jerry Sanchez, Facility Majors Felix Gordon and Kurtis Pharr, are trained to conduct Administrative Investigations. During the site visit the auditor conducted interviews with an OIG Investigator and an Administrative Investigator. Both of these Investigators confirmed that investigations are initiated and completed on all allegations of sexual abuse or sexual harassment regardless of how the allegation was made or received (written, verbal, anonymous or third party). Administrative investigations are conducted on each allegation even if the OIG conducts a criminal investigation or not.

Both auditors reviewed the investigative files and learned during the investigation, investigative staff gathers statements from the alleged victim, alleged assailant, witness, in addition to the review of available monitoring equipment, and all other possible elements of evidence to satisfy a sound correctional investigation into allegations made. Upon completion of the investigation, the summary of the investigation is thoroughly reviewed through the established incident review process. The investigative staff and the incident review team ensures all policies governing such investigation are complied with.

During an interview with Warden Butcher, he confirmed that all allegations of sexual abuse / sexual harassment are immediately investigated.

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

Based on the review of policies, procedures, investigative files and interviews with the OIG Investigator, Darrington Unit is compliant with Standard 115.22

## **TRAINING AND EDUCATION**

### **Standard 115.31: Employee training**

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

### 115.31 (a)

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

### **Instructions for Overall Compliance Determination Narrative**

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

Interviews conducted with the Agency Director and Warden Butcher stressed the importance of staff training on the agency and at the institutional level especially as it relates to Safe Prisons and PREA. The zero tolerance training that each staff member, contractor and volunteer receives, pre-service and annually through in-service is derived from the Safe Prisons PREA Plan.

The auditor reviewed the pre-service and in-service curriculum that each Darrington staff receives. Subject matter includes: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Random staff interviews conducted during the site visit included both uniform and non-uniformed staff. All confirmed their training included the above listed subject matter and each detailed how they would respond to any allegations if confronted with that specific situation. Everyone at the Darrington Unit is trained as a first responder. The random staff interviewed detailed their response to abuse by telling the auditor they would first separate the alleged victim, secure the area, contact their supervisor and preserve evidence from destruction. Non-security first responders, during their interviews, confirmed that they would immediately secure the alleged victim and then contact security staff.

All staff receive PREA in-service training annually (1.5 classroom hours). In addition uniform staff receive another two (2) hours a month at turn out. This auditor sat in briefing for approximately an hour, while supervisors conducting PREA Training.

The auditor reviewed Darrington Unit training records for 2016 and 2017. The Unit provided the mandated PREA in-service training to all staff working at the facility during those times. Only those who were out for long-term absence missed the training, but each is required to receive the training upon their return to duty.

Based on a review of policies, procedures, employees training records, program documentation, PREA employee training curriculum, informational card that outlines the first responder requirements and interviews with the PREA

Manager, random staff, specialty staff and executive staff and observations, confirmed Darrington Unit exceeds the requirement of Standard 115.31.

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

As noted in the previous standard everyone at the Darrinton Unit including contractors and volunteers must receive the Safe Prisons PREA training prior to be allowed entry into the facility. This is mandated by the Safe Prisons PREA Plan. The auditor reviewed the training curriculum and training records for a sampling of contractors and volunteers for years 2015, 2016 and 2017, Volunteer Handbook, Safe Prison / PREA Plan, Volunteer Acknowledgement form, and interviewed contractors, and volunteers. The documentation included signed statements indicating they received and understand the zero tolerance policy.

Interviews conducted on site with four (4) contractors/volunteers confirmed each had received the training and signed documents indicating their understanding of the TDCJ policy, before contact with offenders.

Based on review of policies, procedures, training curriculum, volunteer and contractor signed training rosters and training acknowledgements as well as interviews with staff, contractors and volunteers confirm the Darrington Unit is compliant with Standard 115.32.

## **Standard 115.33: Inmate education**

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

#### **115.33 (a)**

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

#### **115.33 (b)**

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

#### 115.33 (c)

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

#### 115.33 (d)

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

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed policies AD-06.02, AD-04.25, PREA Plan, SPPOM-02.03, SPPOM-06.02, it was determined by this auditor that policies are place to ensure to ensure the intake process.

This auditor conducted interviews with random, and selective inmates. All inmates agreed that they received orientation with PREA information and handbook.

Both auditors observed the intake process and witnessed offender training begins the minute they enter the Darrington Unit. Informational posters greet every offender as they leave the bus and enter the intake area informing him the facility has a zero tolerance policy for sexual abuse and sexual harassment. It makes the offender aware how and to whom to report sexual abuse or sexual harassment allegations if they become aware of it or experience it. The offender receives and signs for a copy of the Offender Orientation Handbook. This manual provides each offender with information again explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. It also directs them how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing. In this document it also indicates that should the offender have any questions about anything related to PREA, to contact the Unit Safe Prisons PREA Manager.

The offender is then required to watch the PREA video usually on his arrival day but no longer than 24 hours after his arrival. This video again details the TDCJ policy on zero tolerance, explaining to the offender, how and whom to report any allegation of sexual abuse/ harassment to, without fear of retaliation.

The Safe Prisons PREA Plan requires the facility to provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, as well as to offenders who have limited reading skills. PREA informational Signs (located in all areas accessible by offenders at Darrington) and the informational booklets were available in English and Spanish. The auditor interviewed three-limited English offenders who all indicated they received PREA materials in a language that they could understand. Each stated that they would know how to make a sexual abuse/harassment allegation if it became necessary. The Unit utilizes a list of staff (local and statewide) who can provide interpretive service including sign language if needed. The medical department (UTMB) also maintains a list of interpreters as well. They also have a contract with an interpretive service provider if needed

The random interviews conducted with offenders confirmed that PREA information was provided to them both verbally and in writing. The auditor also interviewed a member of the intake staff who confirmed that offenders who are deaf receive the PREA video narrative in writing. He was also aware of the facility memorandum listing staff and the languages that each was proficient in.

Based on review of policies, procedures, PREA education material and video in multiple languages and orientation process that ensures all offenders arriving at the facility receiving PREA information on day of arrival, offenders receiving complete PREA education within 7 days of arrival at the facility and offenders signing acknowledgement forms documenting training received and interviews with the PREA Manager and Intake staff confirms that the Darrington Unit compliant with 115.33.



## **Standard 115.34: Specialized training: Investigations**

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

**115.34 (a)**

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

**115.34 (b)**

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

**115.34 (c)**

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  
X 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*)

#### Instructions for Overall Compliance Determination Narrative

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

Upon review of policies BP-01.07 pages 2-3, CTSD Specialized Investigations, OIG LP-2029 page 1-43, OIG LP-3201 pages 1-38, OIG OPM-02.15 pages 1-3, and OIG OPM-04.05 pages 1-6. Those policies are in place for specialized investigation and also general training provided to employees pursuant to 115.31.

**"Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations"**. This is the stated requirement taken from the Safe Prison/PREA Plan requiring all facility investigators receive specialized training in order for he/she to conduct any administrative sexual abuse allegations or sexual harassment investigation.

The auditor interviewed the OIG Criminal Investigator. He is authorize to conduct criminal and administrative investigations. He detailed the content of the Investigative training they received techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The provided training records and course curriculum were reviewed for the OIG Investigator. Some administrative investigations are conducted by the Assistant Wardens, Majors, and Captains. All of them received specialized training to conduct administrative investigation inside of the confinement areas.

This specialized training was in addition to the mandatory training requirements for sexual assault investigations. OIG investigators receive in-service training that specifically relates to sexual assaults within confinement setting. The OIG investigators are authorize to conduct criminal investigations of sexual abuse / and or sexual harassment. They're 2 OIG Investigators assigned to the Darrington Unit and investigates all criminal cases involving sexual abuse / and or harassment.

Based on the review of policies, procedures, and training records, and interviews with the OIG investigator, the Darrington Unit is compliant with 115.34.

## **Standard 115.35: Specialized training: Medical and mental health care**

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

### **115.35 (a)**

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

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the following policies, procedures AD-16.03, CMHC C-15.1, CMHC G-57, TCDJ Letter of Orientation, and New Employee Orientation Checklist.

Medical and Mental Health service are contracted from the University of Texas Medical Branch (UTMB) at the Darrington Unit for the delivery of all Medical and Mental Health services to offenders. These contract employees are obligated to attend and receive the same zero tolerance training every employee at the Unit receives. This requirement is mandated by the Safe Prison PREA Plan and Executive Directive PD-29.

Correctional Managed Health Care policy C 25-1, further requires that all full time and part time medical and mental health practitioners receive additional training covering topics: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; (4) How and whom to report all allegations or suspicions of sexual abuse and sexual harassment.

The TDCJ policy does not train medical staff to conduct forensic examinations. TDCJ policy directs medical staff to send those offenders out to the hospitals or crisis center for forensic examinations.

The auditor conducted interviews with medical and mental health practitioners during the site visit. Both of them indicated that this additional training was required of their staff and all had received it. This training was taught by the Safe Prison / PREA Manager and they received additional on-line training. Each full time or part time medical and mental health professionals at Darrington Unit received the required training which was documented.

Based on review of policies, procedures, training records, and interviews with medical and mental health staff, the Darrington Unit is compliant with 115.35.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

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

#### **115.41 (a)**

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, 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*)

### **Instructions for Overall Compliance Determination Narrative**

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

I reviewed policies CMHC E-35 page 1, SPPOM-03.01 page 1, it was determined by this auditor that policies are in place to ensure all inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Every offender arriving at the Darrington Unit receives a risk screening for sexual victimization or sexual abusiveness toward other offenders by the trained Unit Safe Prisons PREA Manager. If the offender arrives on a weekend or after normal business hours he waits no longer than 72 hours from the date of his arrival. The auditor had the opportunity to observe the intake process and risk assessment during the site visit.

The Darrington Unit is a transfer facility receiving and sending newly incarcerated offenders to other TDCJ facilities. Every offender arriving at the Unit receives an orientation booklet and a PREA pamphlet. Typically the offender views the PREA informational video during the intake process on day 1. Those that do not are shown the video the following day by Sergeant Holly Rakowitz, Unit Safe Prison PREA Manager, or Safe Prisons / PREA Officer Deborah Jackson. They questioned each offender about their knowledge regarding PREA and informed them about how and whom to report sexual abuse or sexual harassment if it becomes necessary. They let each offender know that if they would require victim support services from outside the facility to immediately contact them. At the conclusion of this information exchange the risk assessment is conducted.

Prior to each assessment the Unit Safe Prison PREA Manager reviews all information the facility may have or have access to. She specifically looks for any abusiveness or prior victimization that may be noted. The assessment begins by asking the offender: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the offender has previously been incarcerated; (4) whether the offender's criminal history is exclusively nonviolent; (5) whether the offender has prior convictions for sex offenses against an adult or child; (6) whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the offender has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the offender. The Unit Safe Prisons PREA Manager also assesses if the offender is perceived to be gender nonconforming. Any offender who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on behalf of the offender.

Most offenders are transferred out of the Unit within 72 hours or 2 weeks, so the majority of them are not there long enough for a second assessment. Those offenders remaining longer than 30 days appear before the Unit Classification Committee who performs the second risk assessment. Prior to his appearance before this committee, the committee is provided with the offender's completed initial risk assessment form, which they review along with his prior institutional record, pre-sentence investigation information and any other information they have available to them.

The auditor conducted interviews with the screening staff and the Chief of Unit Classification Myra Montez. All confirmed the Safe Prisons PREA policy is followed to ensure an offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. These interviews also confirmed that TDCJ policies prohibit offenders being disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment.

Interviews with a random sampling of offenders confirmed they received a risk assessment upon arrival and those remaining beyond two weeks received a second assessment within the first thirty (30) days. All offenders interviewed remember receiving the second assessment. The auditor reviewed their records and confirmed they were in fact completed and documented. These offender interviews also confirmed they are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment.

Based on review of policies, procedures, forms, and intake screening and assessment process as well as interviews with staff responsible for screening and offenders, the Darrington Unit is compliant with Standard 115.41.

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

### **Instructions for Overall Compliance Determination Narrative**

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

The following policies and procedures support compliance with this standard and shows TDCJ has policies in place on how information from risk screening is used, according to ADO4.17 page 1, ADO4.18 page 1, IPM-04.01 page 1, PREA Plan page 18.

Administrative Directive 04.17 (Offender Housing Criteria Procedures) and Administrative Directive 04.18 (Offender Job Assignments and Job Descriptions) require offender housing, bed, work, and education assignments are made at the offenders' appearance before the Unit Classification Committee. The Committees' primary consideration and concern when making these assignments is keeping offenders at high risk of being sexually victimized safe from those at high risk of being sexually abusive.

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

There are no dedicated housing units based on sexual identity at the Darrington Unit. Interviews with offenders identifying as gay or bisexual (5 in total) indicated they were never placed on any housing unit except those designated for general population offenders. There were no transgender offenders assigned to the Darrington Unit at the time of the site visit.

Based on review of policies, procedures, inmate interviews and interviews with staff responsible for using screening information, it was determined Darrington Unit is compliant with Standard 115.42.

## **Standard 115.43: Protective Custody**

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

**115.43 (a)**

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

**115.43 (b)**

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

### 115.43 (c)

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

### 115.43 (d)

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

### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The following policies and procedures support compliance with this standard PREA Plan page 18, SPPOM-05.05 page 5, Administrative Segregation Plan pages 1-4. It was determined Darrington Unit has policies and procedures in place.

The Darrington unit is prohibited from placing anyone who may be at high risk for sexual victimization in protective custody unless an assessment of all available alternatives have been explored and there is no other available means to protect him. This prohibition is found in the Safe Prison PREA Plan (page 18). This policy further states that if this assessment cannot be completed immediately, the unit may only hold the offender in involuntary segregated housing for no longer than 24 hours.

Interviews conducted with Senior Warden Michael Butcher and the Unit Segregation Supervisor Major Kurtis Pharr indicated that for the last 12 months restricted housing had not been utilized for the placement of any offender who was at risk of victimization. They further indicated that if it did become necessary to utilize restricted housing for this purpose the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be documented on the Administrative Segregation Hearing Record Form.

Based on reviewing policies and procedures, and interviews with the Warden Butcher, Major Karr, and PREA Compliance Manager Sgt. Rakowitz, it was determined Darrington Unit is compliant with Standard 115.42.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

After reviewing the following: AD-14.09 pages 1, 8-9, BP-03.91 page 8, ED-02.10 page 1, PREA Plan page 23, TDCJ PREA Brochure, it was determined Darrington Unit has policies and procedures in place, and numerous methods reporting PREA related offenses.

Every area of the facility offenders have access to at the Darrington Unit are posters informing them about how and whom to report allegations of sexual abuse and sexual harassment if confronted with it. These posters inform them to contact to the Unit Major, the Office of Inspector General (OIG), or the PREA Ombudsman. Contact addresses are provided for the PREA Ombudsman and the OIG

As noted in 115.41 every offender upon arrival is given a PREA pamphlet, shown the PREA video, and provided an offender orientation packet informing them of the multiple internal private ways they can privately report any PREA allegation, report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment or any staff neglect or violation of responsibilities that may have contributed to such incidents. They are told allegations can be made verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). The General Information Guide for Families of Offenders booklet is available at the entrance of the Unit informing offender family or friends how they can report sexual abuse/sexual harassment on behalf of the offender if necessary.

The PREA Ombudsman is an independent office reporting directly to the chairman of the Texas Board of Criminal Justice. This is the private/public office, external to the Texas Department of Criminal Justice, to whom offenders assigned to the Darrington Unit may report abuse. The PREA Ombudsman office receives and immediately forwards any offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Reports to the PREA Ombudsman are done confidentially and in accordance with policy ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries".

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

TDCJ does not hold any offender for civil immigration purposes.

Based on review of the above policies, procedures, Offender Orientation Handbook, brochures, posters and random interviews with random sample of staff and offenders, the Darrington Unit is compliant with Standard 115.51.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.52 (f)

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

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) x 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*)

#### Instructions for Overall Compliance Determination Narrative

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

After reviewing the following: AD-03.82 page 9, PREA Plan page 22, AD-03.77 page 1, it was determined that the Darrington Unit has policies and procedures in place for offenders to file an emergency grievance on PREA related complaints and not to be subject to the standard grievance and informal complaint guidelines.

Board Policy AD-03.77 (Offender Grievances) outlines the policy to be followed by staff and offenders at the Darrington Unit when an emergency grievance (any grievance alleging sexual abuse/harassment) has been filed by an offender. This policy states that there are no time limits imposed on when an offender or family member may submit a grievance regarding an allegation of sexual abuse. This policy further states any offender who alleges sexual abuse may submit a grievance without time limits, without submitting it to a staff member who is the subject of the complaint and without the grievance being referred to any staff member who is the subject of the complaint.

The grievance process further requires that when a grievance alleging sexual abuse is filed, the Grievance Investigator must notify the Warden, the Unit Safe Prisons PREA Manager and OIG. The grievance investigation must be completed within 5 days. At the same time the grievance office is investigating the grievance, a criminal and/or administrative PREA investigation is also initiated. Depending on the circumstances of the allegation

the offender may be dealing with the Grievance Coordinator, Facility Investigator, and the Investigator from the OIG.

Grievance Investigator Lashundra Howard was interviewed and confirmed the above. She immediately contacts the Warden Butcher, PREA Compliance Manager Sgt. Rakowitz and one of the unit assigned OIG Criminal Investigator when receiving grievance concerning PREA.

During the random interview process, offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They indicated they could report through the grievance process also. Also during the informal interviews with offenders, while touring the facility, they indicated they knew the reporting methods: telling a staff member, writing a grievance, writing the PREA Ombudsman, and/or contacting their family or friend. The offenders interviewed stated they felt comfortable reporting to the housing unit officer, Safe Prisons Staff, staff member, or a security supervisor.

Based on the above reviewed policies and procedures, interviews with Grievance investigator, and random sampling of offenders, the Darrington Unit is compliant with Standard 115.52.

## **Standard 115.53: Inmate access to outside confidential support services**

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

#### **115.53 (a)**

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

#### **115.53 (b)**

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditors reviewed the following Safe Prison Plan page 13, SPPOM-02.02 page 1, BP-03.91 pages 1-9, and determined that the Darrington Unit has policies and procedures to provide offenders with access to outside victim advocates for emotional support services related to sexual abuse.

The Darrington Unit attempts at least annually to enter into an MOU with a Community Victim Advocate group without any success. Offenders are informed at orientation, in the inmate PREA booklet and periodically in the

inmate newspaper that the names and addresses for all Statewide and National Victim Advocates Groups are available to them by requesting the information from the Safe Prisons PREA Manager. Offenders are informed that communication with these groups may be monitored unless it is sent directly through the PREA Ombudsman.

The Unit provided the auditor with solicitation letters demonstrating they have tried to solicit services from the local outside victim advocates to provide emotional support services related to sexual abuse for their offenders.

Policy SPPOM 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The offender victim representatives are trained as victim advocates who can provide victim support to staff or offenders who have been sexually abused. They are available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative name provided.

This auditor interviewed Chief of Classification Myra Montez and Chaplain Bright Osigwe. Both staff members received OVR Training. Both staff members are listed as OVR'S and reside on facility grounds. Both can respond to emergencies at any time. This information is posted in the Law Library and available to the offenders.

Majority of offender interviews indicated they were aware of the outside support services because the information is found in the orientation packets provided to all offenders. Most of the random offenders indicated they were aware of the outside community support services, but not the OVR.

A suggestion was made to Warden Butcher and the PREA Manager to list the OVR services in the offenders' handbook. Warden Butcher immediately instructed his staff to start getting the information out in the offender housing units. The Darrington Unit does not hold any offender for civil immigration purposes.

Based on policies and procedures, documented ongoing attempts to seek agreement with crisis centers to provide offenders with a victim advocate, OVR availability and interviews with staff and offenders, The Darrington Unit is compliant with standard 115.53.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of: SPPOM-04.02, ED-02.03 pages 1-9, General Information for Families Offenders Brochure pages 32-33, and Safe Prison PREA Plan page 23, it was determined that the Darrington Unit has policies and procedures for third party reporting.

As noted in standard 115.51 the "General Information Guides for Families of Offenders" booklets are available at the entrance of the Unit and facility visiting room. During the tour of the visiting area the auditor observed PREA posters (in Spanish and English) listing phone numbers, mailing addresses and email addresses where anyone can report an allegation of sexual abuse and/or sexual harassment on behalf of any offender.

The TDCJ agency web page also has a PREA section on the site allowing anyone to make a sexual abuse allegation on behalf of any offender through that link.

Offenders disclosed to the auditor during their interviews that they could have family or friends make a sexual abuse/harassment reports on their behalf when asked about how they could report allegations.

Random staff disclosed to this auditor during their interviews that offenders can have family of friends make the sexual abuse/ or harassment report allegations for the offenders.

Based on review of policies, brochures, posters, TDCJ website and interviews with staff and offenders, the Darrington Unit is compliant with Standard 115.54.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  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*)

#### Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed AD-16.20 pages 1-9, CMHC-G-57.01 pages 2-3, and it was determined that Darrington Unit has policies and procedures in place that require all staff to report immediately sexual abuse/ or harassment.

The Safe Prisons PREA Plan requires all staff members to immediately report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred at the Unit or alleged to

have occurred on another unit. The Plan requires reporting retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This practice is also emphasized to staff in the pre-service and in-service training each of them receives as well. Uniformed staff also receives additional training covering reporting obligations during their daily turnout training.

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

Based on review of policies and procedures, interviews with uniform staff, non-uniform staff, volunteers, contractors, and Safe Prison PREA Manager, it was determined that the Darrington Unit is compliant with Standard 115.61.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

I reviewed Administrative AD-02.15, Safe Prison/ PREA Plan, SPPOM-05.01 pages 1-3, SPPOM-05.03 page 1, AD-02.15 pages 1-6, it was determined that TDCJ has policies and procedures in place to take immediate action when the offender is at risk of being sexually abused.

The auditor was specific with this question during the 14 random staff interviews as well the interview with Senior Warden Butcher. Each was specifically asked what action they would take once they became aware an offender was at substantial risk of sexual abuse. With respect to the random staff all indicated the safety of the offender at risk would be their priority concern. They all detailed their answers by informing the auditor that their first response would be to find the person at risk. Once locating the offender they would then notify their supervisor for direction.

Senior Warden Butcher informed the auditor he most likely would place the offender in transient housing during a pending Offender Protection Investigation (OPI) review. Offenders are typically placed in "transient status" in restricted housing for up to 72 hours pending the investigation completion. It may be extended for up to another 72 hours if needed for completion of the investigation but typically done within 72 hours. He further stated that restricted housing would be his last option to safeguard a potential victim. He would transfer the inmate before that happened unless protection was immediately warranted.

There were no inmates identified as subject to a substantial risk of sexual abuse during the past 12 months at Darrington Unit.

Based on review of policies, procedures, and interviews with the Warden and random sample of staff, the Darrington Unit is compliant with Standard 115.62.

## **Standard 115.63: Reporting to other confinement facilities**

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

#### **115.63 (a)**

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

#### **115.63 (b)**

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

#### **115.63 (c)**

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

#### 115.63 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Auditors reviewed the following: Completed PAQ, BP-01.07 page 2, AD-16.20 page 5, PREA Plan page 24, SPPOM-04.01 pages 1-3, it was determined Darrington Unit has policies and procedures in place to ensure other facilities contacted when the offender alleges sexual abuse.

The Safe Prisons PREA Plan requires any allegation that an offender was sexually abused while confined at another facility requires the head of the facility that received the allegation to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours of the facility becoming aware of the allegation. The Darrington Unit reported no notifications were made by this unit to another facility during the last 12 months. During the Safe Prison/ PREA Manager and Warden interviews both indicated they are required by policy to report to the facility where the alleged incident took place so an investigation could be initiated.

The documentation indicated the notification was made within the 72 hours.

The Unit had one instance where they were notified by another facility about an allegation of sexual abuse alleged to have occurred at the Darrington Unit within the last 12 months. The provided documentation showed that they were notified within the 72 hours. An investigation was immediately started by the OIG.

Based on review of policies, documentation and interviews with PREA Coordinator, Warden, and OIG Investigator Jacob Mook, the Darrington Unit is compliant with Standard 115.63.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditors reviewed the following SPPOM-05.01 pages 2-3, AD-16.03 pages 1-3, OIG OPM- 04.05 pages 4-5, SPPOM- 05.05 page1, it was determined policies and procedures were in place for staff members to respond to the allegations of sexual abuse/ or harassment.

Everyone (staff, volunteer, contractor) including those who may not have any contact with offenders is trained to respond to allegations of sexual abuse and sexual harassment. The uniform staff first responder training is more in depth outlining their responsibilities. The auditor questioned both uniform staff and non-uniform staff about their duties when responding to allegations of sexual abuse or sexual harassment.

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

The non-custody staff informed the auditor that after securing/separating the alleged victim, they would immediately contact a security person to take charge of the situation.

Based on a review of policies and procedures, interviews with random staff, volunteers and contractors, a review of training records, the Darrington Unit is compliant with Standard 115.64.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

This auditor read and reviewed PREA Plan page 26, SPPOM-05.01 pages 1-2, it was determined Darrington Unit has policies and procedures in place to ensure the facility developed a written plan to coordinate actions taken in response to an incident of sexual abuse.

Attachment G of the Safe Prisons PREA Plan, is a checklist filled out on every allegation of sexual abuse, ensuring each of the facility disciplines is notified and has provided their appropriate response to the allegations of sexual abuse. This Attachment G (Sexual Abuse Checklist) is the written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Interviews with medical staff, mental health staff, investigator and multiple supervisors confirmed they were knowledgeable of Attachment G and their responsibilities during a response.

Based on a review of policies and procedures, interviews with mental health, medical, and random staff confirms the Darrington Unit is compliant with Standard 115.65.

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

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

#### **115.66 (a)**

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

#### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

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

Based on TDCJ policies, the facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation.

Based on policy reviews, interviewing OIG Investigator Jacob Mook, and the Warden, the Darrington Unit is compliant with Standard 115.66.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

I read and reviewed the following: PD-22, pages 1-9, 19-23, 33-54, PD-31 page1, SPPOM-05.08 page 1, it was determined Darrington Unit has policies and procedures in place to protect inmates, and staff that reports sexual abuse/ or harassment from retaliation.

The Safe Prisons PREA Manager monitors retaliation of offenders and staff at the Darrington Unit. During her interview she indicated all retaliation monitoring for staff and offenders is periodic and continues for at least 90 days and longer if required per the Safe Prisons PREA Plan.

She further indicated that while monitoring offenders she reviews offender work assignments, disciplinary reports and evaluations, bed changes and also meets with them to discuss any concerns they might have. When monitoring staff she stated, she looks at the employee's work assignments, time off approvals, transfers, and evaluations. The auditor did review the 11 cases at the Unit that were completed within the last 12 months that required monitoring and found retaliation monitoring performed in accordance with agency policy.

Based on the review of policies, files, and interviews with Safe Prison /PREA Manager, and the offender that is currently housed at this unit who reported sexual abuse confirmed Darrington Unit is compliant with Standard 115.67.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

Auditor reviewed the following; PAQ, AD Seg. Plan pages 2-11, AD-04.63 pages 2-4, AD-03.50, PREA Plan page 26, it was determined that the Darrington Unit has policies and procedures in place to avoid housing victims in segregation.

The Darrington Unit is prohibited from utilizing restricted housing for the protection of any offender who alleged to have suffered sexual abuse unless no alternative is available. This restriction is outlined in the Safe Prison PREA Plan and further states that if it would ever become necessary for an offender to be placed in restricted housing for this purpose the facility must provide him with programs, privileges, education and work to the extent possible. Any time this cannot be accomplished, the Unit they must document the specific denial of the item and reason it could not be provided.

In most cases, offenders are placed in transient status in special housing for up to 72 hours pending investigation completion; it may be extended for another 72 hours if required to complete the investigation. An Offender Protective Investigation (OPI) is started immediately upon staff becoming aware of the allegation. The Warden and the Special Housing Unit Supervisor confirmed that restricted housing has not been used for the placement of any victim of sexual abuse except as described above in OPI/transient status and would not be used to house victim offenders for protection after an alleged sexual assault.

TDCJ is one of the largest prison systems in the United States: however alternative means of separation is always available due to the amount of facilities available. They have the option do inter-state transit if needed.

Based on review of policies and interviews with the Warden and staff who supervise offenders in segregated housing, the Darrington Unit is compliant with Standard 115.68.

## **INVESTIGATIONS**

## Standard 115.71: Criminal and administrative agency investigations

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

### 115.71 (a)

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

### 115.71 (b)

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

### 115.71 (c)

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

### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Auditors read and reviewed AD-02.15 pages 1-7, AD-16.03 pages 2-3, AD-16.20 pages 2-7, BP-01.07 pages 1-2, CTSD Specialized Investigator Training, OIG-OPM-03.72 page 1, OIG-OPM-04.05 pages 1-6, PREA Plan page 25, it was determined, Darrington Unit has policies and procedures in place for criminal and administrative investigation into sexual abuse / harassment.

The Safe Prisons PREA Plan and policy OIG-4.05 (Offender Sexual Assault Investigations) outline when and how investigations into allegations of sexual abuse and sexual harassment are to proceed in any TDCJ facility. These policies require that trained investigators conduct all criminal and administrative investigations.

Every allegation of sexual abuse at the Darrington Unit must be immediately reported to the Office of Inspector General, because they're authorized to conduct criminal investigations. A trained Investigator from that office will make a determination if elements of a crime exist. Regardless of whether the OIG office conducts a criminal investigation or not, a trained administrative investigator at the Unit conducts an administrative investigation.

The auditor reviewed the training records of both the facility investigators and the course outline of training received by the OIG Investigator. As previously noted in Standard 115.34 each has received the specialized training required by that standard. During the interview with one of the facility Investigator's and with the OIG Investigator the auditor was informed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff member. Both the criminal and facility Investigators indicated they do not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.

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

The Darrington Unit reported eleven (11) PREA allegations made in the last twelve months. Nine (9) alleging sexual abuse and two (2) alleging sexual harassment. The nine sexual abuse allegations comprised one (1) involving staff and eight (8) allegations involving offenders. The three investigation of allegations against staff resulted in two being unfounded and one being unsubstantiated. The eight offender investigations resulted in six (6) found unsubstantiated and two (2) unfounded. All of the offender allegations were referred to OIG. The OIG completed its investigation and closed the case. Due to administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings in their investigations can differ from the OIG investigations if they are waiting on forensic lab results. There were nine sexual abuse allegations made and investigated at the Darrington Unit, one against staff. The investigations found 3 unfounded and the other unsubstantiated.

The retention time for investigation reports involving any sexual abuse/assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the Texas Department of Criminal Justice, plus five years. The Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently, electronically.

This auditor reviewed the investigative files, they contain copies of all witness statements, documents, reports and other evidence.

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

Based on review of policies, procedures and interviews with Warden, PREA Manager, and OIG Investigator, it was determined Darrington Unit is compliant with Standard 115.71.

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Auditors reviewed: CTSD Specialized Investigations, PREA Plan, and SPPOM-05.05, it was determined policies and procedures were in place requiring preponderance of evidence in substantiating allegations.

During the interview with the OIG investigator he indicated that the above policies and his training, the facility imposes no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. This investigator was aware of that requirement and demonstrated his knowledge during his past investigations.

Based on review of policies, procedures, and interview with OIG Investigator, it was determined Darrington Unit is compliant with Standard 115.72.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

It was determined upon review the PREA Plan, SPPOM-05.05, SPPOM-05.11 and SPPOM-05.10, that policies and procedures were in place to follow up with inmates on the status of investigations.

Any offender at the Darrington Unit who makes an allegation that they have suffered sexual abuse must be informed of the investigation outcome in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This notification requirement is outlined in both the Safe Prisons PREA Plan and Safe Prison Plan Operations Manual.

This written determination of the investigative outcome, involving offender on offender allegations, is delivered to the offender at a classification hearing (UCC) and made part of his institutional record. The notifications involving offender and staff are delivered by the Warden and also becomes part of the offenders official record.

The Darrington Unit is further required by these two policies that following an offender's allegation that a staff member committed sexual abuse against the offender, the facility subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged. There was 1 case requiring this notification during the last 12 months at the Darrington Unit.

During the interview with PREA Manager, Warden, and OIG investigator each confirmed all notifications are documented showing date and time.

Based on review of policy, procedures, investigative files, and interviews with Warden, PREA Manager, OIG Investigator the Darrington Unit is compliant with Standard 115.73.

## **DISCIPLINE**

### **Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

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

**115.76 (d)**

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

**Auditor Overall Compliance Determination**

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

Upon review of the following: PD-22, PD-29, AD16.20 that policies and procedures were in place to discipline the employee for PREA identified violations up to termination.

This auditor interviewed the PREA Manager and HR Manager confirmed disciplinary actions up to termination for staff violating policies relating to sexual abuse / or harassment.

There have been no such cases involving any staff member within the last 12 months.

Based on review of policies, forms, and interviews with PREA Manager and Human Resource Manager the Darrington Unit is compliant with Standards 115.76.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? x 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*)

### Instructions for Overall Compliance Determination Narrative

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

It was determined by reviewing the PREA Plan, PD 29, Volunteer Service Plan, Volunteer Training Orientation TDCJ has policies and procedures for the removal volunteers and contractors, for PREA identified violations.

Executive Directive PD-29 and the Safe Prisons PREA Plan require that any contractor or volunteer who engages in sexual abuse is to be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Senior Warden Butcher confirmed that removal from his facility would be the practice for any violation.

The auditor interviewed two contractors and two volunteers during the site visit at the Darrington Unit. All of them indicated they were familiarized with the agency zero tolerance policy and the consequences for any violation during their orientation. The auditor randomly reviewed training records for volunteers and contractors and confirmed their training and their signatures verifying they took and understood this mandated PREA training.

OIG Investigator confirmed any staff member, volunteer, or contractor sexually abuse any offender, it will be thoroughly investigated and the case would be referred to the Prosecuting Attorney for criminal charges.

There were no incidents in the past 12 months at this facility.

Based on review of policies, forms, and files, interviews with Senior Warden, OIG Investigator, and Contractors and volunteers, it was determined that Darrington Unit is compliant with Standard 115.77.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

It was determined by reviewing: PAQ, PREA Plan, GR-106, Disciplinary Rules for Offenders, CMHC E 35.1, that Darrington Unit has policies and procedures in place for offenders committing sexual abuse / or harassment, to protect the inmate from being disciplined for reporting a PREA related issue.

Disciplinary sanctions for any offender found guilty of sexual abuse or sexual harassment are outlined in the Safe Prisons PREA Plan and the Disciplinary Rules and Procedures for Offenders Manual. All offenders are subject to

disciplinary sanctions following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse.

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

No inmates were disciplined at this facility for reporting. During the random interview of inmates none of them indicated any concerns with disciplinary action.

Based on review of policies and procedures and interviews with random inmates and staff confirmed Darrington Unit is compliant with Standard 115.78.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

**115.81 (c)**

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

**115.81 (d)**

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

**115.81 (e)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

It was determined by this auditor that policies CMHC E-35.1, CMHC E-35.2, CMHC G-57.1, Safe Prison Plan, SPPOM 03.01, SPPOM-05.05 and procedures were in place for screening of prior victimization or previously perpetrated sexual abuse, and medical and mental health practitioners are aware of their responsibilities and consent requirements.

During interviews with the PREA Compliance Manager, medical, and mental health staff, each confirmed medical and mental health practitioners are required to 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 18.

As previously noted in standard 115.41 a risk assessment for victimization and abusiveness is conducted on every offender arriving at the Darrington Unit. Safe Prison PREA Manager Sergeant Holly Rakowitz stated during her interview that anytime an offender discloses to her or anytime it is noted somewhere in the offender's record that he has experienced prior sexual victimization, whether for it occurred in an institutional setting or in the community, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment. The Safe Prisons PREA Plan also makes this a requirement for each of their TDCJ facilities.

The auditor interviewed three (3) offenders who had disclosed prior victimization upon arrival at the Darrington Unit. All of them indicated they remember being offered services. At the conclusion of the interviews the auditor reviewed their official institutional record. During the risk assessment process if the inmates discloses prior victimization it is noted on the assessment form with a referral notice on the form which the offender signs. In each of the files, the assessment form did indicate each was offered follow up service and he signed the document.

Sergeant Holly Rakowitz also stated if the risk assessment or other information made available denotes that the offender had previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff offers a follow-up meeting with a mental health practitioner within 14 days of the intake screening as well.

The Safe Prison PREA Plan mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Unit Safe Prison PREA Manager and the Medical Practitioner interviews indicated all information is shared only on a need to know basis only.

Based on review of policies, procedures, forms, and files and interviews with Safe Prison PREA Manager and medical practitioners, the Darrington Unit is compliant with Standard 115.81.

## **Standard 115.82: Access to emergency medical and mental health services**

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

**115.82 (a)**

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

**115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

**115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

It was determined by reading CMHC A01.01, CMHC G57.1, SPPOM 05.01, and I-214 Referral to Mental Health, that the Darrington Unit has policies and procedures in place for victims of sexual abuse and sexually abusive offenders has access to medical and mental health services.

Correctional Managed Health Care Policy G-57.1 Sexual Assault/ Sexual Abuse requires every victim of sexual abuse receives 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. This policy is one of the many policies followed by the Medical Services Contractor (United Texas Medical Branch) at the Darrington Unit. UTMB provides all medical and mental health services to the offenders at the Darrington Unit.

Interviews conducted with some of the medical practitioners confirmed among other things every offender victim of sexual abuse is offered timely information about and timely access to sexually transmitted infections prophylaxis. If required it is typically started at the outside hospital and continued at the Unit with 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.

Based on review of policies, procedures, and interviews with medical and mental health staff, the Darrington Unit is compliant with Standard 115.82.

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

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

#### **115.83 (a)**

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

#### 115.83 (b)

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

#### 115.83 (c)

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

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed Safe Prison / PREA Plan, SPPOM- 05.01, SPPOM- 05.05, CMHC G-57.1 and determined policies and procedures were in place for availability of follow up mental health and medical care at no cost, if needed or requested.

Medical and mental health evaluation and treatment must be provided to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The requirements for this are outlined in the Correctional Managed Health Care Manual policy G-57.1 and the Safe Prisons PREA Plan.

During the interviews conducted with the medical and mental health staff the auditor was informed that the evaluation and treatment includes, as appropriate, follow-up services, treatment plans, and, when necessary,

referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. They both also indicated the policy and practice requires these treatment services be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on the review of policies and procedures, interviews with medical and mental health staff, it confirms Darrington Unit is compliant with Standard 115.83.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or 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*)

#### Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed Safe Prisons / PREA Plan, SPPOM-08.01, AD-02.01, AD02.15, it was determined the incidents reported at this facility had after action review process in place and follow up.

An incident review, referred to as an administrative review, is completed on every allegation of sexual abuse alleged to have occurred at the Darrington Unit unless the investigation determined the allegation was unfounded. This administrative review is typically completed by the Senior Warden, Assistant Warden, Major, Captain, Unit Safe Prisons/PREA Manager, and as needed line supervisors, investigators, medical, and mental health practitioners. The makeup and function of this team is found in the Safe Prisons PREA Plan.

This team meets at the completion of cases and the investigation will be forwarded to the Warden. The administrative review includes: (1) A review of the circumstances of the incident; (2) The name(s) of the person(s) involved; (3) Events leading up to and following the incident; (4) A consideration of whether the actions taken were consistent with agency policies and procedures; (5) Consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; (6) 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 was motivated or otherwise caused by other group dynamics at the facility; (7) An examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (8) An assessment of the adequacy of staffing levels in that area during different shifts; (9) An assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; (10) Recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments. The Safe Prisons PREA Plan requires the facility to implement all recommendations that result from this review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on seven (7) cases at the Complex determined unsubstantiated. The administrative incident review team reports were included in the investigation files for review.

The Warden, PREA Manager and Incident Review Team Member during their interviews indicated that the review also considers staffing, offender movement, area blind spots, review of the incident area, building schedules, training records of the involved staff, and whether camera enhancements could supplement supervision.

Based on review of policies, procedures, incident review reports and interviews with Warden, PREA Manager, Incident Review Team Members, it was confirmed Darrington Unit is compliant with Standard 115.86.

## **Standard 115.87: Data collection**

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

**115.87 (a)**

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

**115.87 (b)**

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

**115.87 (c)**

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

**115.87 (d)**

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

**115.87 (e)**

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

**115.87 (f)**

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

**Auditor Overall Compliance Determination**

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

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

This auditor read the following AD-02.15, AD-01.01, PREA Plan, OIG OPM-04.05, SPPOM-01.01, and determined TDCJ has policies and procedures for agency to collect data system wide and submits a report annually.

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

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

The Agency and the PREA Ombudsman aggregate this incident based sexual abuse data that is produced annually by each facility. The 2016 Safe Prisons /PREA Annual Report is available for review on the agency's website. The auditor reviewed and PREA Manager reviewed the 2016 SSV and annual report as part of the audit process.

During an interview with the Senior Warden, he stated uniformed data been collected for every incident of sexual abuse alleged to have occurred at this facility, while using a standardized instrument and set of definitions.

Based on review of policies, interviews with the Warden and PREA Manager, and review of the annual reports and surveys of sexual Victimization, the Darrington Unit is compliant with Standard 115.87.

## **Standard 115.88: Data review for corrective action**

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

### 115.88 (a)

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

### 115.88 (b)

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

### 115.88 (c)

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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

The auditor reviewed the following: Safe Prison PREA Plan, OIG, OPM-04.05, SPPOM-01.01, BP-02.09, PREA Ombudsman Annual Report, and Texas Correctional Code 501, it was determined policies and procedures were in place for this agency to collect data on all to allegations of sexual abuse in order to make physical and policy improvements as necessary.

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

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

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

Based on review of policies, procedures, agency website, and annual reports, as well as interviews with the Warden, PREA Manager, the Darrington Unit is compliant with standard 115.88.

## **Standard 115.89: Data storage, publication, and destruction**

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

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

The auditor reviewed the following: Safe Prisons / PREA Plan, TDCJ Annual Report, AD Records Retention Schedule, it was determined policies and procedures were in place for the storage of data, publication, and destruction by TDCJ.

The Safe Prisons/PREA Plan requires TDCJ maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews including incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. This aggregate data is available to the public through the agency's website and included in the PREA Ombudsman annual report. The 2016 Safe Prisons/PREA Annual Report is available on the website for review. Prior to publishing the annual report, all personal identifiers are removed.

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

Based on review of policies, procedures, agency website, the annual report and interview with the PREA Manager, the Darrington Unit is compliant with Standard 115.89.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Darrington Unit previous PREA Audit was successfully completed March 2015. The previous audit documentation was made available for auditor review as needed. Any documentation that was pertinent to the audit was made available to the auditor. All interviews with staff and inmates were conducted in a private setting, except for the Limited English. The Agency has followed the Safe Prisons Plan since the early 2000.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Instructions for Overall Compliance Determination Narrative

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

The Agency places completed audit reports on the Agency web site as required by the standard, it has provided these documents since 2014 and continues to post them within 90 days of the documents being provided to them by the auditor.

## AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darren L. Bryant

April 13, 2018

**Auditor Signature**

**Date**

---

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

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