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

☐ Interim  ✒ Final

Date of Interim Audit Report:  ☒ N/A
Date of Final Audit Report:  6/11/2021

### Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noelda Martinez</td>
<td><a href="mailto:noelda@preaauditing.com">noelda@preaauditing.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREA Auditors of America, LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 1071</td>
<td>Cypress, Texas 77410</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Date of Facility Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(713) 818-9098</td>
<td>March 17-19, 2021</td>
</tr>
</tbody>
</table>

### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Department of Criminal Justice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Governing Authority or Parent Agency (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Texas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>861-B I-45 North</td>
<td>Huntsville, Texas 77320</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 99</td>
<td>-</td>
</tr>
</tbody>
</table>

The Agency Is:
- ☐ Military
- ☐ Private for Profit
- ☐ Private not for Profit
- ☐ Municipal
- ☐ County
- ☒ State
- ☐ Federal

### Agency Website with PREA Information:

https://www.tdcj.texas.gov/tbcj/prea.html

### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryan Collier</td>
<td><a href="mailto:Bryan.Collier@tdcj.texas.gov">Bryan.Collier@tdcj.texas.gov</a></td>
<td>(936) 437-2101</td>
</tr>
</tbody>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cassandra McGilbra</td>
<td><a href="mailto:Cassandra.McGilbra@tdcj.texas.gov">Cassandra.McGilbra@tdcj.texas.gov</a></td>
<td>(936) 437-5570</td>
</tr>
</tbody>
</table>

PREA Coordinator Reports to:
- Honorable Patrick O’Daniel
- Chairman of the Texas Board of Criminal Justice

Number of Compliance Managers who report to the PREA Coordinator:
- 6
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Darrington Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>59 Darrington Road</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>-</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Rosharon, TX 77583</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ State</td>
</tr>
<tr>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☐ Municipal</td>
<td>☐ County</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="https://www.tdcj.texas.gov/tb">https://www.tdcj.texas.gov/tb</a> cj/prea.html</td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):</td>
<td>☒ ACA</td>
</tr>
<tr>
<td>☐ NCCHC</td>
<td>☐ CALEA</td>
</tr>
<tr>
<td>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</td>
<td>A Division Level Operational Review was conducted at the unit in August 2019. These reviews are conducted by each functional area proponent at least every three years.</td>
</tr>
</tbody>
</table>

### Warden/Jail Administrator/Sheriff/Director

| Name: | Bruce Armstrong |
| Email: | Bruce.Armstrong@tdcj.texas.gov |
| Telephone: | (281) 595-3465 ext. 2100 |

### Facility PREA Compliance Manager

| Name: | Tia Bey |
| Email: | Tia.Bey@tdcj.texas.gov |
| Telephone: | (281) 595-3465 ext. 2124 |

### Facility Health Service Administrator

| Name: | Betsy Zachariah |
| Email: | bazachar@utmb.edu |
| Telephone: | (281) 595-3465 ext. 2376 |
### Facility Characteristics

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Facility Capacity:</td>
<td>1931</td>
</tr>
<tr>
<td>Current Population of Facility:</td>
<td>1740</td>
</tr>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>1691</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Males ☐ Females ☐ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18-72</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>3 years 5 months</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>G1-G5, RH, OT, and Transient</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>652</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>645</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>569</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months:</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates:</td>
<td>☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☒ N/A</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>535</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>180</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>3</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>Medical-32 Windham-8 College-12</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>25</td>
</tr>
</tbody>
</table>

### Physical Plant

| Number of buildings: | 26 |

Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

| Number of inmate housing units: | 26 |

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a “housing unit” defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

| 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 (for example, administrative, disciplinary, protective custody, etc.): | 273 |

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)

- **Yes**
- **No**
- **N/A**

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?

- **Yes**
- **No**

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?

- **Yes**
- **No**
<table>
<thead>
<tr>
<th>Medical and Mental Health Services and Forensic Medical Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Are medical services provided on-site?</strong></td>
</tr>
<tr>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>Are mental health services provided on-site?</strong></td>
</tr>
<tr>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>Where are sexual assault forensic medical exams provided?</strong></td>
</tr>
<tr>
<td>Select all that apply.</td>
</tr>
<tr>
<td>☐ On-site</td>
</tr>
<tr>
<td>☒ Local hospital/clinic</td>
</tr>
<tr>
<td>☐ Rape Crisis Center</td>
</tr>
<tr>
<td>☐ Other (please name or describe:)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criminal Investigations</strong></td>
</tr>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</td>
</tr>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
</tr>
<tr>
<td>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</td>
</tr>
<tr>
<td><strong>Administrative Investigations</strong></td>
</tr>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</td>
</tr>
<tr>
<td>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</td>
</tr>
<tr>
<td>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) re-certification audit for the Texas Department of Criminal Justice Darrington Unit in Rosharon, Texas 77583 was conducted on March 17-19, 2021, to determine the compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez (single auditor), Prison Rape Elimination Act Certified Auditor. The facility contract was secured through a third-party (PREA Auditors of America, LLC) and the contract describes the specific work requirements according to the Department of Justice (DOJ) standards and PREA audit handbook. The agency provided the auditor with a secure USB drive (password protected) by FedEx. The agency provided the auditor with the following:


The auditor received the additional information within days of the request. The PAQ and additional audit information were expedited promptly allowing follow-up questions & additional documentation. Audit Methodology (Pre-Onsite Audit Phase): The auditor utilized the Paper Audit Instrument (PAI) which included the pre-audit questionnaire, and auditor compliance tool. The auditor utilized the instructions for the PREA audit tour, and interview protocols which included: 1. Agency Head or Designee, 2. Warden or Designee, 3. PREA Compliance Manager/Contractor, 4. Specialized Staff, 5. Random Staff, and 6. Inmates.

**CDC COVID Procedures:**
The Darrington Unit was under COVID restrictions following all protocols to minimize and reduce the spread and exposure of Coronavirus. The World Health Organization declared the virus a global health emergency and rated COVID-19’s global risk of spread and impact as “very high”. March 13, 2020, the governor declared a national state of emergency. The agency/facility followed the Centers for Disease Control and Prevention rules and regulations for the overall safety of the inmates and employees. The auditor was notified prior to the audit that all COVID-19 rules and regulations would be followed to minimize and reduce the risk of COVID-19 during the onsite portion of the audit. The auditor was required to wear a face mask prior to access of the facility and answer COVID-19 questions as part of the protocol, present identification as part of the process. The auditor was required to remain 6 feet apart from others, wear a mask covering the nose and mouth, the use of hand sanitizer, and wash hands frequently.

The auditor followed all CDC and facility guidelines to prevent the spread and exposure of COVID-19. The auditor conducted interviews in a private setting in an office on a one-on-one basis following all CDC guidelines by wearing a mask, sitting six feet apart and using hand sanitizer in between interviews and washing hands.
The auditor and facility point of contact maintained good communication overall through emails and phone calls due to the rescheduling of the audit because of COVID-19 and overall safety of everyone involved.

Notice of Audit
The facility posted the notice of audit dated 2/2/2021 with the auditor information weeks prior to the audit in both English and Spanish for the inmate population to send confidential information or correspondence to the auditor. Random informal inmate interviews were conducted during the onsite portion of the audit and inmates were provided with the opportunity to write the auditor in a confidential manner, if needed. The notices were posted throughout the facility to include all inmate housing areas, visitation, inmate work areas, and offices.

The auditor observed the notice of audit posted in different areas of the facility dated 2/2/2021 during the site review. The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administrator during the site review. The Darrington administration was transparent, knowledgeable, and professional during the audit process and provided the auditor with policies, and procedures. Excellent communication was established and maintained throughout the duration of the audit.

Correspondence
The auditor did not receive correspondence from inmates at the Darrington Unit prior to the audit. The inmates at the facility were given the opportunity to write the auditor in a confidential manner marked as legal mail, if needed. During the site review, random informal interviews were conducted with inmates by asking the inmates if they were aware of the Notice to Audit which was displayed in all housing areas and the random responses were “yes”. During the site review, the auditor randomly asked inmates if they could point out the auditors posted information to ensure it was made available. The information was posted for the inmate population in the housing areas in both English and Spanish. The auditor did not encounter any difficulties while completing any portion of the audit.

Audit Methodology (Pre-Onsite Audit Phase):
The auditor utilized the U.S Department of Justice’s PREA Standards for Prisons and Jails (Paper Audit Instruments) which included the following instruments. The pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: Agency head or designee, Warden or Designee, PREA Compliance Manager/Coordinator, Specialized staff, Random staff, and Inmates/Target Inmates which include youthful inmates, inmates with a physical disability, inmates who are blind, deaf, or hard of hearing, inmates who are LEP, Inmates with a Cognitive disability, Inmates who identify as Lesbian, Gay, or Bisexual, Inmates who identify as Transgender/Intersex, Inmates in segregated housing for high risk of sexual victimization, inmates who reported sexual abuse, and inmates who reported sexual victimization during risk screening; the auditor report template, process map and checklist of documentation. The auditor utilized the PREA auditor handbook for continued guidance and reference throughout the audit. The Auditor, Agency, Warden, and PREA manager maintained constant communication throughout the duration of the audit. The auditor established a positive working relationship with the facility warden and key facility staff engaging in a productive working atmosphere. The Warden was receptive and engaged in dialogue and discussions regarding the standards. It was explained to the Warden and staff about the importance of unfettered access to all areas of the facility, file review of staff, contractors, volunteers, and inmates to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37).
The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the facility administration the timeframe for the submission of the final PREA report. The auditor also notified the Warden and staff of their responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor’s code of conduct to the PREA Resource Center. The warden and auditor discussed information regarding the 90-day appeal process.

**Litigation/Internet Search:**
The Warden was interviewed and stated that the facility was not under any litigation, DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding the Darrington Unit with the following website links and information:
https://www.texastribune.org/2020/02/28/texas...
https://www.tdcj.texas.gov/covid-19/index.html

**Point of Contact:**
The auditor established a point of contact (POC) with the facility prior to the audit and constant communication was maintained. The staff and inmate interviews were conducted in an office setting with plenty of room and privacy for one-on-one interviews following all CDC COVID social distancing, facial coverings, and overall safety. During the audit planning and logistics phase, the auditor remained engaged with the facility administration/PREA compliance manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, and supporting documentation.

**Video Surveillance/Security Mirrors:**
The Texas Department of Criminal Justice-Darrington Unit currently operates three pan-tilt zoom cameras which are located on the top of the building and 466 dome surveillance cameras with recording capabilities. The cameras record to closed network server storage. The dome cameras are located throughout the facility in the housing areas, work areas, and recreation areas. The cameras are not located in the shower or restroom areas or the bible college. The video surveillance recordings are maintained for 20 days. The auditor conducted a surveillance camera review with the surveillance Sergeant during the site review.

**On-Site Audit Phase:**
On the first day of the audit 3/17/2021, an introductory meeting was held with the Darrington Unit Administration, PREA Compliance Manager and key staff. The auditor conducted the site review on March 17-19, 2021 to observe the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor was required to wear a face mask that covered the nose and mouth at all times due to the COVID-19 pandemic. All employees, visitors, and inmates were required to wear a mask and follow all CDC COVID19 rules and regulations. The auditor’s temperature was checked upon entrance and upon clearance was allowed access to the facility. The auditor was required to show identification prior to entering the facility and clear a metal detector. The auditor spent three days on the unit to observe and assess the day-to-day practice of employee interactions and the promotion of the overall sexual safety. The auditor and warden discussed the logistics of a workspace to conduct staff, inmate interviews and file reviews. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the Facility Warden, PREA Compliance Manager, and additional staff for the site review. The auditor observed the daily operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent three days on the facility to observe and assess the day-to-day practice of the staff’s interaction and promotion of the overall sexual safety.
During the site review, the auditor observed the following dorms to be on COVID-19 Restriction for positive cases, quarantine for possible exposure, or isolation: G-Line cell block (medical restriction), 6 tank (medical restriction), 5 tank (medical restriction), and PHD (medical isolation). The auditor observed the following housing areas: A-Line (row 1, 2, 3); B-Line (row 1, 2, 3); D-Line (row 1, 2, 3); E-Line (row 1, 2, 3); F-Line (row 1, 2, 3); H-Line, I-Line, J-Line, K-Line, L-Line; Dormitory: Dorm 1-6, East/West; Infirmary; Restrictive Housing; Trusty Camp; recreation, Visitation, Recreation, Maintenance, Medical, Food Service, Laundry and back gate. The facility count was 1740 on the first day of the audit (3/17/2021). The auditor observed the following areas during the site review: Administrative building, Visitation, Strip search areas, Restrooms, Showers with Privacy, ODR, Mechanical/Electrical closets, A-Line (row 1, 2, 3); B-Line (row 1, 2, 3); D-Line (row 1, 2, 3); E-Line (row 1, 2, 3); F-Line (row 1, 2, 3); H-Line, I-Line, J-Line, K-Line, L-Line; Dormitory: Dorm 1-6, East/West; Infirmary; Restrictive Housing; Trusty Camp; Restrictive housing, Medical, Education, Library, Commissary, Food Service/IDR, Supply room, Laundry, Maintenance, and Back gate.

Staff and inmates were informally and randomly asked about the PREA reporting process and notification process for sexual abuse and sexual harassment. Employees informally interviewed during the site review were able to describe the process in a consistent manner and received training as first responders. Correctional and non-uniform employees carry a first responder card describing the first responder duties and responsibilities. The auditor observed the areas for opposite-gender announcements in housing units, prevention of cross-gender viewing in housing areas, grievance boxes, medical boxes and mailboxes, PREA zero-tolerance posters, third party reporting, and notice of audit in both English and Spanish dated 2/2/2021, access to reporting entities, housing activity, inmate activity, search areas, restroom and shower procedures, privacy screens, staffing ratios, security mirrors, surveillance cameras, working telephones, and supervision practices.

The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

1. Zero-Tolerance signs (in English and Spanish) The Texas Legislature has adopted a zero-tolerance policy regarding the sexual abuse, including consensual sexual contact, and sexual harassment of an offender in the custody of the department: Any such violation must be reported to the:
   - Unit Major
   - Office of the Inspector General
   - PREA Ombudsman/Correspondence shall be considered “Special Mail” and can be sent anonymous at P.O. Box 99, Huntsville, Texas 77342
2. Extortion signs (both English and Spanish)
3. Victims’ Rights (addresses/phone numbers displayed)
4. Notice of Audit dated 2/2/2021 (English and Spanish on orange paper)
5. Third Party reporting
6. The opposite gender was painted on the housing entrance: you are now entering a male housing location. All females must announce their presence upon entering.
7. Multiple PREA information on the walls and bulletin boards specific.
8. Individual privacy walls in between toilet/urinals.
9. Large mobile privacy wall/metal privacy walls/large wooden frames used as privacy screens and standing stop signs utilized prior to the search, privacy screens for dayrooms, privacy screens- outside recreation area, and privacy mobile screens utilized for searches.
10. Staff/Inmate restrooms labeled for clear identification.

**Site Review/Locations:**
The Darrington Unit count was 1740 on the first day of the audit (3/17/2021). The auditor observed the following areas during the site review: Administrative building, Visitation, Strip search areas,
Restrooms, Showers with Privacy, ODR, Mechanical/Electrical closets, A-Line (row 1, 2, 3); B-Line (row 1, 2, 3); D-Line (row 1, 2, 3); E-Line (row 1, 2, 3); F-Line (row 1, 2, 3); H-Line, I-Line, J-Line, K-Line, L-Line; Dormitory: Dorm 1-6, East/West; Infirmary; Restrictive Housing; Trusty Camp; Restrictive housing, Medical, Education, Library, Commissary, Food Service/IDR, Supply room, Laundry, Maintenance, and Back gate. During the site review, the auditor observed the following dorms to be on medical restriction: G-Line cell block (medical restriction), 6 tank (medical restriction), 5 tank (medical restriction), and PHD (medical isolation).

Administration Building: The auditor entered the front lobby and was greeted at the entrance by a correctional officer which was taking everyone’s temperature upon arrival. The officer asked COVID-related questions prior to entering the facility. The auditor presented identification to the central control officer as part of the security process. The administration building had the following offices: Warden’s secretary office, Warden’s office, restroom, Classification office, Human Resources office, Mailroom office, Central Control, staff restrooms, and Visitation. The auditor observed surveillance cameras and security mirrors throughout the administration building and the notice of audit posted and dated 2/2/2021. The PREA signs were displayed in both English and Spanish with the following information: report sexual abuse to the Unit Major, Office of Inspector General or PREA Ombudsman P.O. Box 99, in Huntsville, TX 77342. The auditor and TDCJ employees were required to provide identification at the main control prior to entering the operational part of the facility and inmate housing areas. Once cleared, the auditor proceeded with site review. The auditor observed PREA bulletin boards and PREA information throughout the facility for the inmate population.

Visitation Area: The facility resumed visitation activity as of March 15, 2021. The visitation was limited to one adult scheduled by appointment due to COVID-19. The visitations could be scheduled on Wednesday’s, Thursday’s, and Friday’s from 1PM-5PM. The visitation area had a capacity of 40 inmates and surveillance cameras in the area. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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7. Multiple PREA information on the walls and bulletin boards specific.

The auditor observed the contact area during the site review with a capacity of 24 inmates. The notice of audit was dated 2/2/2021 with surveillance cameras in visitation. The designated strip search area had a half wall for privacy with no cross-gender viewing. The outside visitation was observed by the auditor. The facility was only having scheduled appointments for non-contact due to COVID-19.

Laundry Department: The laundry department had 4 security employees and 13 inmates assigned to the area during normal business hours observe by the auditor. There were four surveillance cameras, and security mirrors observed during the site review.
The search procedures were conducted by same gender staff, one at a time. The inmate restroom had two toilets, privacy screens, half wall for individual privacy. The auditor walked behind the large washers and dryers with security mirrors to view directly behind the large machines preventing blind spots. The inmate restroom area was observed for privacy and prevention of cross-gender viewing. The PREA signs were on yellow paper displayed in both English and Spanish and the sign provided the following information: report sexual abuse to the Unit Major, Office of Inspecter General or PREA Ombudsman P.O. Box 99, in Huntsville, TX 77342. The notice of audit was displayed and dated 2/2/2021. The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), & Notice of PREA audit 2/2/2021 for the inmate population.

The infirmary had the PREA information displayed on a bulletin board for the inmate population. There were four large security mirrors and cameras located throughout the infirmary for the prevention of blind spots. The infirmary had a DON, Dental Clinic, Mental Health, Charge Nurse, ICN, a doctor and the pill window.

Designated shower area: The designated shower area had a male officer assigned to the area and COVID-19 regulations were followed. The area was disinfected after every use with bleach. There was privacy with no cross-gender viewing. The shower hours were from 6AM-8PM Monday through Friday and 4AM-12PM on weekends. There were no cameras located in the area.

Food Service Department: The Food Service department had five FSM and three correctional officers assigned and 32 inmates scheduled throughout the day on different shifts. The auditor observed three employees working the inmate dining hall during the site review. There were surveillance cameras located in the food service department. The auditor observed the inmates and staff working through the site review utilizing all areas of the kitchen and continuous movement. The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English and Spanish), Notice of PREA audit 2/2/2021, for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor observed the serving line, production, dishwashing area/dish room, coolers, freezers, tool room (locked/secured), dry storage, meat cooler, good lighting, electrical and other closets, back dock, offices, and staff restrooms. The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit 2/2/2021, for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The strip searches are conducted by same gender staff in a designated area in the front area with privacy and no cross-gender viewing. There were a few lights out and the auditor requested the work order documentation provided by the facility. The officer dining room ODR had the PREA information displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English and Spanish), Notice of PREA audit 2/2/2021, for the inmate population and three security mirrors. The auditor observed staff restrooms (labeled), tables and chairs in the staff break area. The following offices were observed: records retention (restricted access), grievance office, parole offices, OIG/ACA/Operation Review, shift turnover and the pipe chase. The lower education hallway had a camera, STG office, and the Clinic medication treatment area (converted in January of 2021).
Maintenance Department: The maintenance department had five employees assigned to the area and 18 inmates assigned. The PREA information was displayed on a large bulletin board in yellow paper including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English and Spanish), & Notice of PREA audit 2/2/2021 for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The inmate restroom was labeled with a half door for privacy and prevention of cross-gender viewing. The strip search process was conducted in a designated area in a private and professional manner using privacy by same gender staff. There were cameras located in the maintenance department. The tool room was observed and the recycle area during the site review.

The back gate had an officer assigned to the area. The auditor observed cameras in the back gate. The PREA information was displayed on a large bulletin board in yellow paper including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English and Spanish), & Notice of PREA audit 2/2/2021 for the inmate population. The strip search designated area in the back gate had privacy all the way around with the prevention of cross-gender viewing and privacy.

The back slab had surveillance cameras and the auditor entered through the back dock during the site review. The auditor observed the process of inmate arrival: RH holding area, chain room, check point, line up process, review of travel cards/ID, COVID-19 temperature checks, hygiene, rapiscan, and the boss chair. The auditor observed PREA signs on the bulletin board when the inmate arrive, the risk assessments were conducted in a private setting on a one-on-one basis upon arrival. The upstairs area was utilized for storage. The property and chemical room had an officer and one inmate assigned. The PREA information was displayed, the area was clean, and the officer conducted pat-searches only. The property room hours were from 6AM to 2PM.

1, 2, 3, 4, 5, 6 Tank:
The auditor observed staff verbally make the announcement that a female was entering the dorm. The auditor randomly tested the phone lines which were in working condition. The auditor observed the living area to be open with visibility and the dayroom with TV’s, working phones for the inmate population. The showers had privacy shields and the toilets had individual dividers between the toilets for privacy and prevention of cross-gender viewing. The facility did a good job at placing positioning the privacy curtains/dividers providing overall privacy from cross-gender viewing. The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population. The craft shop was not in use.

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7. Multiple PREA information on the walls and bulletin boards specific.
8. Individual privacy walls in between toilet/urinals.
9. Large mobile privacy wall/metal privacy walls/large wooden frames used as privacy screens and standing stop signs utilized prior to the search, privacy screens for dayrooms, privacy screens-outside recreation area, and privacy mobile screens utilized for searches.
10. Staff/Inmate restrooms labeled for clear identification.

Each dorm had an officer in the control picket and an officer assigned to the dorms. There were surveillance cameras in the housing area with no direct view into the restroom area. The auditor randomly opened an electrical closet in the hallway and was restricted to authorized staff only. The auditor observed correctional staff working the dorms and making security rounds during daily operations. The strip searches are conducted in a private designated area where there is a privacy barrier conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.

Supply: The supply department had two employees and three inmates assigned to the area during the site review. There were no surveillance cameras in the supply area, one camera in the hallway and security mirrors for the prevention of blind spots. The PREA signs were displayed in both English and Spanish for the inmate population.

Tire Plant: The tire plant had the PREA signs displayed in the hallway in both English and Spanish for the inmate population. The auditor informally interviewed the Plant Manager during the site review. There were five employees and 38 inmates assigned in the department on different shifts. There were no surveillance cameras and a small security mirror in the area. There were two large partitions used for privacy during the strip search process conducted by male staff. The auditor observed the officer’s area, sensitive tool secured, and the tool room (2 inmates assigned. The buffing room had a small security mirror and the compression area had limited access. The PREA information was painted on the wall and the inmate restrooms had a half wall and individual stalls for privacy.

Education Department: The Education building was observed to have security mirrors and cameras in the area. There were six classes and Windham employees assigned to the department. The inmate restroom had door with privacy one at a time. The library was had the PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English and Spanish), and notice of PREA audit 2/2/2021 for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

A-Line Housing (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. The auditor observed the living area to be open with visibility and the dayroom with TV’s, working phones for the inmate population. The showers had privacy shields and the toilets had individual dividers between the toilets for privacy and prevention of cross-gender viewing. The facility did a good job at placing positioning the privacy curtains/dividers providing overall privacy from cross-gender viewing.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.
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6. The opposite gender was painted on the housing entrance: you are now entering a male housing location. All females must announce their presence upon entering.

7. Multiple PREA information on the walls and bulletin boards specific.

8. Individual privacy walls in between toilet/urinals.

9. Large mobile privacy wall/metal privacy walls/large wooden frames used as privacy screens and standing stop signs utilized prior to the search, privacy screens for dayrooms, privacy screens outside recreation area, and privacy mobile screens utilized for searches.

10. Staff/Inmate restrooms labeled for clear identification.

Each housing area had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the dorms and making security rounds during daily operations. Each row had two showers with privacy and a black cover for privacy and prevention of cross-gender viewing. The strip searches are conducted in a private designated area where there is a privacy barrier conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.

B-Line Housing (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. The auditor observed the living area to be open with visibility and the dayroom with TV’s, working phones for the inmate population. The showers had privacy shields and the toilets had individual dividers between the toilets for privacy and prevention of cross-gender viewing. The facility did a good job at placing positioning the privacy curtains/dividers providing overall privacy from cross-gender viewing.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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10. Staff/Inmate restrooms labeled for clear identification.

Each housing area had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the line and making security rounds during daily operations. Each row had two showers with privacy and a black cover for privacy and prevention of cross-gender viewing. The strip searches are conducted in a private designated area where there is a privacy barrier conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.

C-Line Housing (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. The auditor observed the living area to be open with visibility and the dayroom with TV’s, working phones for the inmate population. The showers had privacy shields and the toilets had individual dividers between the toilets for privacy and prevention of cross-gender viewing. The facility did a good job at placing positioning the privacy curtains/dividers providing overall privacy from cross-gender viewing.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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Each housing area had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the line and making security rounds during daily operations.
Each row had two showers with privacy and a black cover for privacy and prevention of cross-gender viewing. The strip searches are conducted in a private designated area where there is a privacy barrier conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.

D-Line Housing (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. The auditor observed the living area to be open with visibility and the dayroom with TV's, working phones for the inmate population. The showers had privacy shields and the toilets had individual dividers between the toilets for privacy and prevention of cross-gender viewing. The facility did a good job at placing positioning the privacy curtains/dividers providing overall privacy from cross-gender viewing.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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Each housing area had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the line and making security rounds during daily operations. Each row had two showers with privacy and a black cover for privacy and prevention of cross-gender viewing. The strip searches are conducted in a private designated area where there is a privacy barrier conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.

Commissary: There were five employees and seven inmates assigned to the commissary department during the site review. The auditor observed the PREA information displayed on the bulletin board in both English and Spanish for the inmate population. There were two security mirrors in the department. The inmates were waiting for supplies to arrive during the site review. The employee restroom was labeled, and the inmate restroom was labeled onsite. The strip searches were conducted in a designated area with privacy and by same gender staff.
Gym: The auditor entered the gym and observed one officer assigned to the gym. There were four inmates in the gym awaiting pre-release during the site review. There were four cameras and two security mirrors located in the gym. The inmate restroom had a modesty screen for privacy and prevention of cross-gender viewing. The PREA information was displayed for the inmate population.

Chapel: The chapel had a capacity of 12 inmates due to COVID-19 rules and regulations. The PREA information was displayed in both English and Spanish for the inmate population. There were four cameras located in the chapel. The inmate restroom was labeled and had a door for privacy.

Law Library: The law library had the PREA information displayed in both English and Spanish and the notice of audit dated 2/2/2021. There were no cameras or mirrors in the area. There were two correctional officers assigned to the library. The library capacity was 9 due to COVID-19. The inmates are allowed to request the following information: Rape Crisis Center directory, TDCJ SPP, and PREA standards as needed.

E-Line (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. The showers were located at the end of the run on each row. The dayroom had a urinal with privacy and prevention of cross-gender viewing. The auditor observed surveillance cameras throughout the housing area and in the officer picket. The dayroom had TV’s, tables and benches, working phones for the inmate population.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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10. Staff/Inmate restrooms labeled for clear identification.

Each unit had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the line and making security rounds during daily operations. The strip searches were conducted in a designated area with privacy conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.
F-Line (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. The showers were located at the end of the run on each row. The dayroom had a urinal with privacy and prevention of cross-gender viewing. The auditor observed surveillance cameras throughout the housing area and in the officer picket. The dayroom had TV’s, tables and benches, working phones for the inmate population.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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10. Staff/Inmate restrooms labeled for clear identification.

Each unit had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the line and making security rounds during daily operations. The strip searches were conducted in a designated area with privacy conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.

G-Line (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. There were no showers in the housing units, the inmates utilized the designated shower area. The dayroom had a urinal with privacy and prevention of cross-gender viewing. The auditor observed surveillance cameras throughout the housing area and in the officer picket. The dayroom had TV’s, tables and benches, working phones for the inmate population.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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Each unit had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the line and making security rounds during daily operations. The strip searches were conducted in a designated area with privacy conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.

I-Line (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. The housing units had the COVID-19 signs displayed for the inmate population. There were no showers in the housing units, the inmates utilized the designated shower area. The dayroom had a urinal with privacy and prevention of cross-gender viewing. The auditor observed surveillance cameras throughout the housing area and in the officer picket. The dayroom had TV’s, tables and benches, working phones for the inmate population.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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4. Notice of Audit dated 2/2/2021 (English and Spanish on orange paper)
5. Third Party reporting
6. The opposite gender was painted on the housing entrance: you are now entering a male housing location. All females must announce their presence upon entering.
7. Multiple PREA information on the walls and bulletin boards specific.
8. Individual privacy walls in between toilet/urinals.
9. Large mobile privacy wall/metal privacy walls/large wooden frames used as privacy screens and standing stop signs utilized prior to the search, privacy screens for dayrooms, privacy screens outside recreation area, and privacy mobile screens utilized for searches.
10. Staff/Inmate restrooms labeled for clear identification.

Each unit had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the line and making security rounds during daily operations. The strip searches were conducted in a designated area with privacy conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.

J-Line (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. The housing units had the COVID-19 signs displayed for the inmate population. There were no showers in the housing units, the inmates utilized the designated shower area. The dayroom had a urinal with privacy and prevention of cross-gender viewing. The auditor observed surveillance cameras throughout the housing area and in the officer picket. The dayroom had TV’s, tables and benches, working phones for the inmate population.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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10. Staff/Inmate restrooms labeled for clear identification.

Each unit had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the line and making security rounds during daily operations. The strip searches were conducted in a designated area with privacy conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.
K-Line (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. The housing units had the COVID-19 signs displayed for the inmate population. There were no showers in the housing units, the inmates utilized the designated shower area. The dayroom had a urinal with privacy and prevention of cross-gender viewing. The auditor observed surveillance cameras throughout the housing area and in the officer picket. The dayroom had TV’s, tables and benches, working phones for the inmate population.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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9. Large mobile privacy wall/metal privacy walls/large wooden frames used as privacy screens and standing stop signs utilized prior to the search, privacy screens for dayrooms, privacy screens - outside recreation area, and privacy mobile screens utilized for searches.
10. Staff/Inmate restrooms labeled for clear identification.

Each unit had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the line and making security rounds during daily operations. The strip searches were conducted in a designated area with privacy conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box.

L-Line (row 1, 2, 3): The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the line. The housing units had the COVID-19 signs displayed for the inmate population. There were no showers in the housing units, the inmates utilized the designated shower area. The dayroom had a urinal with privacy and prevention of cross-gender viewing. The auditor observed surveillance cameras throughout the housing area and in the officer picket. The dayroom had TV’s, tables and benches, working phones for the inmate population.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.
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10. Staff/Inmate restrooms labeled for clear identification.

Each unit had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area on each row. The auditor observed correctional staff working the line and making security rounds during daily operations. The strip searches were conducted in a designated area with privacy conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box. The recreation yard had two large privacy screens utilized to conduct strip searches by same gender staff. Recreation is conducted one row at a time with 46 inmates allowed at time. Recreation offers a handball court, basketball, tables and weights. There was a urinal with privacy for the inmate population.

Bible College was observed to have two correctional officers and Bible college staff assigned to the department. There were 150 inmates assigned to Bible College. There was a large library observed during the site review with inmates working in the area. There was a library, computer lab, classrooms, and a closet opened by the auditor during the site review. The inmates are pat-searched by staff entering and exiting the building. The staff and inmate restrooms were labeled with doors for privacy and prevention of cross-gender viewing. The stairwell had a large security mirror for the prevention of a blind spot. The Director of Programs was informally interviewed during the site review regarding the facility and PREA reporting process. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.
6. The opposite gender was painted on the housing entrance: you are now entering a male housing location. All females must announce their presence upon entering.

7. Multiple PREA information on the walls and bulletin boards specific

East 1 & East 2 Dorm: The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the dorm. The housing units had the COVID-19 signs displayed for the inmate population. The dayroom had a urinal with privacy and prevention of cross-gender viewing. The auditor observed surveillance cameras throughout the housing area. The dayroom had TV’s, tables and benches, working phones for the inmate population.

The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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2. Extortion signs (both English and Spanish)

3. Victims’ Rights (addresses/phone numbers displayed)

4. Notice of Audit dated 2/2/2021 (English and Spanish on orange paper)

5. Third Party reporting

6. The opposite gender was painted on the housing entrance: you are now entering a male housing location. All females must announce their presence upon entering.

7. Multiple PREA information on the walls and bulletin boards specific.

8. Individual privacy walls in between toilet/urinals.

9. Large mobile privacy wall/metal privacy walls/large wooden frames used as privacy screens and standing stop signs utilized prior to the search, privacy screens for dayrooms, privacy screens outside recreation area, and privacy mobile screens utilized for searches.

10. Staff/Inmate restrooms labeled for clear identification.

Each unit had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area with no direct view into the restrooms. The auditor observed correctional staff working the dorms and making security rounds during daily operations. The strip searches were conducted in a designated area with privacy conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box. The recreation yard had two large privacy screens utilized to conduct strip searches by same gender staff. Recreation is conducted one row at a time with 46 inmates allowed at time. Recreation offers a handball court, basketball, tables and weights. There was a urinal with privacy for the inmate population.

West 1 & West 2 Dorm: The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the dorm. The housing units had the COVID-19 signs displayed for the inmate population. The dayroom had a urinal with privacy and prevention of cross-gender viewing. The auditor observed surveillance cameras throughout the housing area. The dayroom had TV’s, tables and benches, working phones for the inmate population.
The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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10. Staff/Inmate restrooms labeled for clear identification.

Each unit had an officer in the control picket and an officer assigned to the housing unit. There were surveillance cameras in the housing area with no direct view into the restrooms. The auditor observed correctional staff working the line and making security rounds during daily operations. The strip searches were conducted in a designated area with privacy conducted by same gender staff. The auditor observed the grievance box, mailbox, and sick call box. The recreation yard had two large privacy screens utilized to conduct strip searches by same gender staff. Recreation offers a handball court, basketball, tables and weights. There was a urinal with privacy for the inmate population.

Boiler room: The auditor observed the boiler room to have one inmate assigned working upstairs. The inmate restroom had a half wall and a half door for privacy. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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10. Staff/Inmate restrooms labeled for clear identification.

Restrictive Housing had a capacity of 10 inmates in the area. The auditor observed video surveillance cameras located in RH. There was a privacy screen in RH as needed. The strip searches were conducted in cell by same gender staff. The cells were facilitated with a toilet for inmate use. The showers had a black covering providing privacy and preventing cross-gender viewing. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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10. Staff/Inmate restrooms labeled for clear identification.

Trusty Camp (one camp, two camp, three camp): The auditor observed the TC back dock, mechanical room and water heater during the site review. The food service department had eleven inmates assigned and a food service manager prepping for the lunch meal during the site review. The inmate dining hall had sixteen tables for the inmate population. The auditor observed, the serving line, small commissary area, a cooler, and the inmate restroom with a door that was labeled. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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6. The opposite gender was painted on the housing entrance: you are now entering a male housing location. All females must announce their presence upon entering.
7. Multiple PREA information on the walls and bulletin boards specific.

There were no surveillance cameras in the dorms and two security mirrors in each dorm for prevention of any blind spots. The food service department had two security mirrors and the laundry department had one security mirror. The auditor observed the opposite gender announcement displayed on each housing entrance for all staff. The auditor observed staff verbally make the announcement that a female was entering the dorm. The housing units had the COVID-19 signs displayed for the inmate population. The PREA information was painted on the walls for the inmate population. The dorms had six showers with half doors for privacy and no cross-gender view, seven toilets, two urinals with privacy, seven sinks and two security mirrors.

The inmate population shared the dayroom area that was separate from the dorm. The dayroom had a recreation area, chapel and the laundry department. The dayroom was divided into two sections and each section had tv’s, seats, and phone for the inmate use. The back room was facilitated with weights, benches, a barber area, and a restroom with half privacy wall and half doors. The recreation closet was secured and was observed with a light bulb that needed to be replaced. The facility provided a work order previously generated and documented. The TC had a designated strip search area with a door for privacy and multiple PREA information displayed for all inmates.

The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The auditor observed the sick call, grievance box and mailbox located in the area for the inmate population.

The facility had signs displayed very neatly organized on large bulletin boards for the inmate population.

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10. Staff/Inmate restrooms labeled for clear identification.
The visitation area had two security mirrors and the PREA information painted on the walls for the inmate population. The searches were conducted in a designated area with the door labeled, "Strip search in progress". The PREA signs were displayed on yellow paper for easy visibility, Zero-Tolerance, PREA Ombudsman and Notice of Audit dated 2/2/2021.

Perimeter site review: The auditor observed the BOQ, Regional Office, staff housing, farm shop, tractor shed, kennels, pig barn, old chicken houses and storages, warehouse, grain/harvest fields, old barn and kennel, a cold storage for eggs distributed throughout the state, horse barn, and green house.

The inmate population was comprised of male inmates with a facility capacity of 1740 on 3/17/2021. The auditor walked through the front entrance where all staff were required to sign in and present Identification prior to entering the compound and follow all CDC COVID-19 regulations. A workspace was provided for the auditor to conduct staff and inmate interviews to include the file reviews. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay.

**Employee Files:** The auditor reviewed 10 employee files using the PREA Audit-Prisons and Jails Documentation Review-Employee Files/Records for standards: 115.17, 115.31, 115.32, 115.34, and 115.35 for the onsite portion of the audit.

**Inmate Files:** The auditor reviewed 28 inmate files using the PREA Audit Prisons and Jails Documentation Review Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 1740 on 3/17/2021.

**Investigation Review:** The facility had a total of 32 investigations reported in the past 12 months, the auditor reviewed 13 allegations for inmate-on-inmate sexual abuse/harassment and staff/inmate allegations within the three-year timeframe. The auditor reviewed the investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations provided a description, status, and type of investigation completed.

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Type/OIG Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Allegations against inmates</td>
<td>Substantiated</td>
<td>Active/OIG referral</td>
</tr>
<tr>
<td>2. Allegations against inmates</td>
<td>Unsubstantiated</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>3. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>4. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>5. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>6. Allegations against staff</td>
<td>Unsubstantiated</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>7. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>8. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
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<td>Unfounded</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>10. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>11. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>12. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>13. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
</tr>
</tbody>
</table>

The information provided to the auditor included the following: PREA audit questionnaire, Auditor compliance tool, Instructions for PREA site review, Investigations, Sexual abuse screening tool, TDCJ/Darrington PREA policy, educational materials, Training curriculums, Organizational charts, Posters, Brochures, Reports, Resident population, Agreements, Community based contact information, Facility layout, and PREA files to demonstrate compliance with the Prison Rape Elimination Act standards.

**Staff Interviews:**
The auditor conducted the staff and inmate interviews on March 17-19, 2021, in a private setting on an individual basis with no distractions or delays. The staff selections consisted of employees on different shifts and specialized staff utilizing the Prisons and Jails which included the pre-audit questionnaire, auditor compliance tool and instructions for the interview protocols. All CDC COVID-19 rules and regulations were followed during the onsite visit while conducting staff interviews.

Specialized staff

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency head or designee</td>
<td>1</td>
</tr>
<tr>
<td>Warden or Designee</td>
<td>1</td>
</tr>
<tr>
<td>PREA Compliance Manager/Designated staff member charged with monitoring retaliation</td>
<td>1</td>
</tr>
<tr>
<td>Safe Prisons Officer</td>
<td>1</td>
</tr>
<tr>
<td>Intermediate or higher-level facility staff</td>
<td>5</td>
</tr>
<tr>
<td>Line staff who supervise youthful inmate if any</td>
<td>0</td>
</tr>
<tr>
<td>Education and program staff who work with youthful inmates if any</td>
<td>0</td>
</tr>
<tr>
<td>Medical and mental health staff</td>
<td>2</td>
</tr>
<tr>
<td>Administrative (human resources) staff</td>
<td>1</td>
</tr>
<tr>
<td>SAFE and SANE staff</td>
<td>None employed onsite</td>
</tr>
<tr>
<td>Volunteers who have contact with inmates</td>
<td>2</td>
</tr>
<tr>
<td>Contractors who have contact with inmates</td>
<td>2</td>
</tr>
<tr>
<td>Investigative staff</td>
<td>3</td>
</tr>
<tr>
<td>Staff who perform screening for risk of victimization and abusiveness</td>
<td>1</td>
</tr>
<tr>
<td>Staff who supervise inmates in segregated housing</td>
<td>1</td>
</tr>
<tr>
<td>Staff on the incident review team</td>
<td>1</td>
</tr>
<tr>
<td>First responder’s security staff</td>
<td>3</td>
</tr>
<tr>
<td>First responder’s non-security staff</td>
<td>9</td>
</tr>
<tr>
<td>Intake staff</td>
<td>1</td>
</tr>
<tr>
<td>Random Staff* (diverse cross-section of work assignments and one from each shift)</td>
<td>22</td>
</tr>
</tbody>
</table>

Inmate Interviews:
The auditor conducted the inmate interviews on March 17-19, 2021. The auditor selected a geographically diverse sample of male inmates from different housing units and inmates who met the criteria for the targeted interviews to ensure a fair overall selection. The Darrington Unit population on the first day of the audit was 1740.

<table>
<thead>
<tr>
<th>Facility population</th>
<th>1740</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Prisons and Jails</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Minimum Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Random</td>
</tr>
<tr>
<td>Minimum Targeted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breakdown of Targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youthful Inmates (no inmates assigned)</td>
</tr>
<tr>
<td>Inmates with a Physical Disability</td>
</tr>
</tbody>
</table>
The interviews were conducted in a private setting on an individual basis with privacy and enough time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment. The auditor conducted an exit meeting on 3/19/2021 with the Darrington Unit Administration to discuss the overall audit process. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies, and procedures.

The facility was prepared with primary documentation to include resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and inmate interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility. During the re-certification audit conducted on March 17-19, 2021, by Noelda Martinez, the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period after correction action for standard 115.41. The facility was determined to have four exceed standards: 115.11, 115.31, 115.33, and 115.54. 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor’s final determination.

The Agency’s Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.
Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, inmate 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 at 59 Darrington Road in Rosharon, Texas 77583. The facility was located four miles north of Rosharon on FM 521 in Brazoria County. The facility website with the PREA information is [https://www.tdcj.texas.gov/tbcj/prea.html](https://www.tdcj.texas.gov/tbcj/prea.html). The designated facility capacity was 1931 with a current capacity of 1740 during the first day of the onsite audit. The average population was 1691 with the age range of 18-72. The Darrington Unit was established in 1917. The Darrington Unit was under COVID restrictions following all protocols to minimize and reduce the spread and exposure of Coronavirus. The World Health Organization declared the virus a global health emergency and rated COVID-19’s global risk of spread and impact as “very high”. March 13, 2020, the governor declared a national state of emergency. The agency/facility followed the Centers for Disease Control and Prevention rules and regulations for the overall safety of the inmates and employees. The auditor was notified prior to the audit that all COVID-19 rules and regulations would be followed to minimize and reduce the risk of COVID-19 during the onsite portion of the audit. The auditor was required to wear a face mask prior to access of the facility and answer COVID-19 questions as part of the protocol, present identification as part of the process. The auditor was required to remain 6 feet apart from others, wear a mask covering the nose and mouth, the use of hand sanitizer, and wash hands frequently.

**Total Employees:** 546

**Security Employees:** 425

**Non-Security Employees:** 77

**Windham Education Employees:** 11

**Contract Medical and Mental Health Employees:** Medical = 28; Mental Health = 5

**Inmate Gender:** Male

**Capacity:** Unit: 1,610; Trusty Camp: 321

**Custody Levels Housed:** G1-G5, Security Detention, Outside Trusty, Transient

**Approximate Acreage:** 6,770

**Agricultural Operations:** Cow/Calf Operation, Edible and Field Crops, Egg Laying/Washing/Packaging Operations, Farm Shop, Security Horses, Security Pack Canines, Swine Finishing Operation, Cold Storage Facility, Grain Storage

**Manufacturing and Logistics Op.:** Tire Retreading Facility

**Facility Operations:** Unit Maintenance

**Additional Operations:** Windham Southern Region Administrative Office; Narcotic Canines
**Medical Capabilities:** 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, and CPAP accommodating housing available. Managed by UTMB.

**Educational Programs:** Literacy (Adult Basic Education/GED), Special Education, CHANGES/Pre-Release, Cognitive Intervention; Career and Technology Programs: Heating, Ventilation, Air Conditioning and Refrigeration; Automotive Specialization (Air Conditioning)

**Additional Programs/Services:** Southwestern Baptist Theological Seminary Program, Faith Based Dormitory, Adult Education Program (upon availability), Peer Education, Reentry Planning, Chaplaincy Services, Community Tours, GO KIDS Initiative

**Community Work Projects:** Services provided to city and county agencies, the area food bank, Habitat for Humanity, and Texas Parks and Wildlife.

**Volunteer Initiatives:** Substance Abuse Education, Life Skills, Support Groups, Religious/Faith Based Studies and Activities
Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

### Standards Exceeded

<table>
<thead>
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<th>Number of Standards Exceeded: 4</th>
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<tr>
<td>List of Standards Exceeded:</td>
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<td>§115.31 – Employee Training</td>
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<tr>
<td>§115.33 – Inmate Education</td>
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<td>§115.54 – Third-Party Reporting</td>
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### Standards Met

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<th>Number of Standards Met: 41</th>
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<td>§115.13 – Supervision and Monitoring</td>
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<td>§115.14 – Youthful Inmates</td>
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<td>§115.15 – Limits to Cross-Gender Viewing and Searches</td>
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<td>§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient</td>
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<td>§115.17 – Hiring and Promotion Decisions</td>
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<td>§115.21 – Evidence Protocol and Forensic Medical Examinations</td>
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<td>§115.22 – Policies to Ensure Referrals of Allegations for Investigations</td>
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<td>§115.35 – Specialized training: Medical and mental health care</td>
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<td>§115.41 –Screening for Risk of Victimization and Abusiveness</td>
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<td>§115.42 – Use of Screening Information</td>
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<td>§115.43 – Protective Custody</td>
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<td>§115.51 – Resident Reporting</td>
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<td>§115.52 – Exhaustion of Administrative Remedies</td>
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<td>§115.53 – Inmate Access to Outside Confidential Support Services</td>
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<td>§115.61 – Staff and Agency Reporting Duties</td>
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<td>§115.62 –Agency Protection Duties</td>
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<td>§115.63 – Reporting to Other Confinement Facilities</td>
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<td>§115.64 – Staff First Responder Duties</td>
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<td>§115.65 – Coordinated Response</td>
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<td>§115.66 – Preservation of ability to protect inmates from contact with abusers</td>
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<td>§115.67 - Agency Protection Against Retaliation</td>
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<td>§115.68 – Post-Allegation Protective Custody</td>
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<td>§115.71 – Criminal and Administrative Agency Investigations</td>
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<td>§115.78 – Disciplinary sanctions for inmates</td>
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<td>§115.81 – Medical and mental health screenings; the history of sexual abuse</td>
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<td>§115.82 – Access to emergency medical and mental health services</td>
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<tr>
<td>§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers</td>
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</table>
§115.86 – Sexual abuse incident reviews  
§115.87 – Data Collection  
§115.88 – Data Review for Corrective Action  
§115.89 – Data Storage, Publication, and Destruction  
115.401 – Frequency & Scope of Audits  
§115.403-Audit contents and findings  

<table>
<thead>
<tr>
<th>Standards Not Met</th>
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<tr>
<td>Number of Standards Not Met:</td>
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<tr>
<td>List of Standards Not Met:</td>
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**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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- Safe Prisons-PREA Plan
- Agency Organizational Chart
- SPP Operations Manual 06.01
- ED-03.03 Safe Prisons Program
- PO-07.150 Unit Safe Prisons PREA Manager
- BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement

Interviews:

- PREA Coordinator
- PREA Compliance Manager

Site Observations:

- Organizational Chart
- PREA Signs

Findings: Zero tolerance of sexual abuse and sexual harassment: PREA coordinator.

115.11 (a) Safe Prisons/PREA Plan 2019: The Texas Department of Criminal Justice (TDCJ) has a zero tolerance for all forms of sexual abuse and sexual harassment of offenders. The TDCJ shall take a proactive approach concerning the detection, prevention, response, and punishment of sexual abuse, including consensual sexual contact while in TDCJ custody. The TDCJ shall be vigilant in establishing a safe environment for staff and offenders at all secure correctional facilities and take immediate action to address the protective needs of offenders who have been victimized. Every attempt shall be made to prevent the sexual abuse and sexual harassment of offenders in accordance with agency policy. ED-03.03, “Safe Prisons/PREA Program,” directs the TDCJ to develop and implement a plan to govern the operation of the Safe Prisons/PREA Program. The TDCJ Safe Prisons/PREA Plan (plan) shall be applicable to all individuals, including visitors and volunteers, employed by, under contract with, or supervised by the TDCJ, including professional staff and any person who is involved, directly or indirectly, with the care and custody of offenders (ED-03.03 pg. 2, 7, 32.).

115.11 (b) Safe Prisons/PREA Plan 2019: The Administration and Designated Staff have the following assigned: A. Safe Prisons/PREA Management Office (SPPMO) The SPPMO is the central office established to monitor the incidence of offender sexual abuse and provide statistical analyses regarding the frequency of reports. B. TDCJ Safe Prisons/PREA Manager (TDCJ SPPM) Coordinate with unit and departmental staff within the TDCJ by providing technical support and assistance regarding efforts to comply with the requirements of the Safe Prisons/PREA Program. The Regional Safe Prisons PREA Managers (RSPPM) are under the management of the PREA Ombudsman Office.

Unit Safe Prisons/PREA Manager (USPPM) Each warden shall select a correctional officer with sufficient time and authority to perform the duties of the USPPM. The USPPM shall coordinate the implementation and monitoring of the Safe Prisons/PREA Program on the unit. The USPPM shall provide training, technical assistance, and support to unit correctional and departmental staff to ensure compliance with the Safe Prisons/PREA Program. The auditor conducted an interview with the PREA Compliance Manager during the onsite portion of the audit.
115.11 (c) Safe Prisons/PREA Plan 2019: Each warden shall select a correctional officer with sufficient time and authority to perform the duties of the USPPM. The USPPM shall coordinate the implementation and monitoring of the Safe Prisons/PREA Program on the unit. The USPPM shall provide training, technical assistance, and support to unit correctional and departmental staff to ensure compliance with the Safe Prisons/PREA Program. The Darrington Unit had a designated PREA Compliance Manager (USPPM) on the facility with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. The USPPM on the facility is a Sergeant and had two officers assigned to the Safe Prisons Department to assist with the daily operations.

Corrective Action: The auditor recommends no corrective action.

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.) ☒ 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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- Pre-Audit Questionnaire
- Secure Facilities-Solicitation, Offer & Award with modification of contract
- AD-02.46 Employees of Private Businesses and Governmental Entities Contracting with TDCJ

Findings: Contracting with other entities for the confinement of inmates.
115.12 (a) The unit is a State of Texas managed facility and the Texas Department of Criminal Justice does not contract with other entities for the confinement of inmates at the Darrington Unit.

115.12 (b) The unit is a State of Texas managed facility and the Texas Department of Criminal Justice does not contract with other entities for the confinement of inmates at the Darrington Unit.

Corrective Action: The auditor recommends no corrective action.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes □ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes □ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes □ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes □ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes □ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? ☒ Yes □ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes □ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ 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.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- TDCJ CID Safe Prisons/PREA Plan (2019)
- SOPM 08.01 Turnout Roster Management
- AD 11.52 Security Staffing
- PO-07.005 Sergeant of Correctional Officers
- PO-07.004 Lieutenant of Correctional Officers
- PO-07.002 Major of Correctional Officers
- PO-07.003 Captain of Correctional Officers
- Security Operations Annual Review of Turnout Roster Procedures
- PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees
- SOPM 07.02 Deletion, New Installation or Relocation of Video Surveillance Equipment

**Interviews:**
- Warden or Designee
- PREA Compliance Manager
- Intermediate- or Higher-Level Facility Staff

**Site Observations:**
- Unannounced Rounds
- Surveillance Cameras
- Staffing Plans

**Findings: Supervision and monitoring**

115.13 (a) Safe Prisons/PREA Plan 2019: Security Staffing. 1. The TDCJ shall ensure each unit develops, documents, and complies with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, units shall take into consideration TDCJ policies and procedures and
- Generally accepted detention and correctional practices.
- Any judicial findings of inadequacy.
- Any findings of inadequacy from federal investigative agencies.
- Any findings of inadequacy from internal or external oversight agencies.
- All components of the unit’s physical plant, including “blind spots” or areas where staff or offenders may be isolated,
Since August 20, 2012, or last PREA audit, whichever is later: The average daily number of inmates: 1691. The average daily number of inmates on which the staffing plan was predicated: 1931. The auditor conducted interviews with the Warden or Designee and PREA Compliance Manager during the onsite portion of the audit.

115.13 (b) Safe Prisons/PREA Plan 2019: In circumstances where the staffing plan is not complied with, the unit shall document and justify all deviations from the plan. The six most common reasons for deviating from the staffing plan in the past 12 months: 1. COVID 19 Recommendations 2. Unit to Unit Transfers 3. Constant Direct Observation 4. Inclement Weather 5. Medical Transport 6. Furlough – Funeral. The auditor conducted an interview with the Warden or Designee during the onsite portion of the audit.

115.13 (c) Safe Prisons/PREA Plan 2019: Each unit the TDCJ operates shall complete an assessment, whenever necessary, but no less frequently than once each year in consultation with the CID director, who serves as the PREA coordinator, and the TDCJ SPPM, to determine and document if the following require adjustments: The unit’s deployment of video monitoring systems and other monitoring technologies; or resources the unit has available to commit to ensure adherence to the staffing plan. The auditor conducted an interview with the PREA Coordinator and Warden during the onsite portion of the audit. The auditor reviewed the annual staffing plans with the Warden during the audit process.

115.13 (d) Safe Prisons/PREA Plan 2019: Supervising Offenders; Security supervisors at each unit shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds shall be conducted during all shifts in accordance with applicable post orders. The auditor reviewed the surveillance cameras demonstrating unannounced round and conducted interviews with the Intermediate- or Higher-Level facility staff. The auditor reviewed the unannounced rounds documented by intermediate staff during the site review.

Corrective Action: The auditor recommends no corrective action.

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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- PO-07.140 Courage
- UCP 04.19 Youthful Offenders
- Restrictive Housing Plan
- I-219 Exercise Pamphlet English
- I-219 Exercise Pamphlet Spanish
- SJYOP-01.02 Separation of Youth
- SJYOP-04.08 Alternative Programming
• UCP 16.15 State Jail Youthful Offenders
• PO-07.141 Youthful Offender Housing Area Officer
• PO-07.142 Youthful Offender Program Captain of Correctional Officers

**Interviews:** (no youthful inmates assigned to the unit for interviews)
- Line Staff who Supervise Youthful Inmates
- Youthful Inmates
- Warden or Designee
- Random Staff
- Education and Program Staff who Work with Youthful Inmates

**Findings: Youthful Inmates**

115.14 (a) N/A facility does not have youthful inmates.

115.14 (b) N/A facility does not have youthful inmates.

115.14 (c) N/A facility does not have youthful inmates.

**Corrective Action:** The auditor recommends no corrective action.

**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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☒ 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 if the facility does not have female inmates.)
  ☒ 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? (N/A if the facility does not have female inmates.)
  ☒ Yes ☐ No ☒ NA
115.15 (d)

- Does the facility have policies that enable 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 have procedures that enable 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.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

- TDCJ CID Safe Prisons Plan (2019)
- Examples of Post Orders
- AD-03.22 Offender Searches
- SM-02.25 On the Job Training Program
- ED-01.21 Policies and Procedures Systems
- SPPOM 02.05 Cross-Gender Searches and Log
- CTSD Curricula pre-service-Contraband Searches
- On-the-job training (OJT) Program Procedures Guide
- CTSD Curricula non-supervisor In-service LP Safe Prisons PREA
- CTSD Curricula Supervisor In-Service-Safe Prisons PREA Program
- SM-01.01 Correctional Institutions Division Security Policies and Procedure

**Interviews:**

- Non-medical staff (involved in cross-gender strip or visual searches)
- Random Sample of Staff
- Random Sample of Inmates
- Transgender/Intersex Inmates

**Site Observations:**

- File Review/Training documentation
- Shower/Toilet areas with privacy screens
- Strip Search areas/privacy
- Opposite Gender Announcement
- PREA information displayed in both English/Spanish
- Surveillance cameras/spot check for cross-gender searches

**Findings: Limits to cross-gender viewing and searches.**

115.15 (a) Safe Prisons/PREA Plan 2019: Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches, such as a search of the anal or genital opening, except in exigent circumstances or when performed by medical practitioners in accordance with AD-03.22, “Offender Searches.” In the past 12 months: The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0. The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0. No cross-gender strip searches were conducted in the past 12 months and no non-medical staff interviews were conducted during the onsite portion of the audit.

115.15 (b) Safe Prisons/PREA Plan 2019: Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches, such as a search of the anal or genital opening, except in exigent circumstances or when performed by medical practitioners in accordance with AD-03.22, “Offender Searches.” In the past 12 months: The number of pat-down searches of female inmates conducted by male staff: 0. The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0. The facility does not house female inmates on the unit.
The auditor conducted interviews with a Random Sample of Staff and Random Sample of Inmates during the onsite portion of the audit. The auditor reviewed the surveillance cameras with no view of cross-gender strip searches during the audit.

115.15 (c) Safe Prisons/PREA Plan 2019: Unit staff shall document all cross-gender strip searches and cross-gender visual body cavity searches for male offenders, and all cross-gender visual body cavity searches or pat-down searches for female offenders.

115.15 (d) Safe Prisons/PREA Plan 2019: Correctional officers shall make best efforts to allow offenders to shower, perform bodily functions, and change clothing without 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. Staff of the opposite gender shall announce their presence when entering an offender housing area in accordance with applicable post orders. Under no circumstances shall an offender search be conducted solely for the purpose of determining an offender’s genital status. The auditor conducted interviews with a Random Sample of Inmates and a Random Sample of Staff during the audit process. The auditor observed staff of the opposite gender verbally announce their presence prior entering the inmate housing area.

The facility had signs displayed and neatly organized on large bulletin boards for all inmates see clearly and this is also painted on the walls throughout the facility in large print with the different backgrounds with the following information.

1. Zero-Tolerance signs (orange paper in English and Spanish) The Texas Legislature has adopted a zero-tolerance policy regarding the sexual abuse, including consensual sexual contact, and sexual harassment of an offender in the custody of the department: Any such violation must be reported to the:
   - Unit Major
   - Office of the Inspector General
   - PREA Ombudsman/Correspondence shall be considered “Special Mail” and can be sent anonymous at P.O. Box 99, Huntsville, Texas 77342

2. Extortion signs (both English and Spanish)
3. Victims’ Rights (addresses/phone numbers displayed)
4. Notice of Audit dated 2/2/2021 (English and Spanish on orange paper)
5. Third Party reporting
6. The opposite gender was painted on every housing entrance: you are now entering a male housing location. All females must announce their presence upon entering.
7. To include multiple PREA information on the walls and bulletin boards specific.
8. Large mobile privacy wall/metal privacy walls/privacy screens for dayrooms, privacy screens outside recreation area, and white privacy mobile screens utilized for searches.
9. Large mobile screens for strip searches in the turnout location.
11. Large bulletin boards with multiple PREA signs in both English/Spanish

115.15 (e) Safe Prisons/PREA Plan 2019: During the intake process, non-medical staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversation with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner. If the offender’s genital status is unknown, it may be determined during conversation with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner. Offenders identified as transgender or intersex during intake shall be referred to medical in accordance with the TDCJ Intake Procedures Manual. The auditor conducted interviews with a Random Sample of Staff and Inmates during the onsite portion of the audit.
115.15 (f) Safe Prisons/PREA Plan 2019: Correctional staff shall be trained in the methods of conducting cross-gender, transgender, and intersex offender pat-down searches in order to ensure the searches are conducted professionally and respectfully, in the least intrusive manner possible, but with attention to security needs. The training shall be tailored to the gender of the offenders at the unit of assignment. The employee shall receive additional training when transferring to a unit with offenders of a different gender. The auditor conducted interviews with a Random Sample of Staff and Inmates assigned to the facility.

Corrective Action: The auditor recommends no corrective action.

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

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

115.16 (a)

▪ Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

▪ Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

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

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

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

▪ Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

▪ Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

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

115.16 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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 evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- Intake Procedures 6.05
- Health Services Liaison Facility Types
- Staff who speak foreign languages 2018
- Intake Procedures 1.10 Initial Orientation
- AD-06.25 Qualified Interpreter Services-ASL
- CMHC G-51.1 Offenders with Special Needs
- SM-05.50 Qualified Spanish Interpreters Guidelines
- TTUHSC CMH Quick Reference Guide to Access an Interpreter
- UTMB CMC Quick Reference Guide to Access an Interpreter
- Qualified Spanish Interpreter in TDCJ Administrative Offices 11-2019
- CMHC E-3705 Interpreter Services-Monolingual Spanish Speaking Offenders
- CMHC G-51.5 Certified American Sign Language (ASL) Interpreter Services
- AD-04.25 Language Assistance Services to Offenders Identifies as Monolingual Spanish
- CMHC A-08.03 Referral of Offenders to the Development Disabilities Program (DDP)
- SPPOM 02.03 Safe Prisons-PREA Program Postings and Brochures with attachments
- Example-Language Assessment Scales and Test for Spanish Interpreters

Interviews:

- Agency Head or Designee
- Inmates (with disabilities or who are limited English proficient)

Site Observations:

- Inmate Handbook
- PREA Orientation
- PREA Video
- PREA Intake/PREA assessments

Findings: Inmates with disabilities and inmates who are limited English proficient.

115.16 (a) Safe Prisons/PREA Plan 2019: Appropriate steps shall be taken to ensure offenders with disabilities, including offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of TDCJ efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff shall provide access to qualified interpreters, when necessary, to ensure effective communication with offenders who are deaf or hard of hearing. Written materials shall be provided in accordance with TDCJ policies and procedures, to ensure effective communication with offenders with disabilities, limited reading skills, or who are blind or have low vision. The auditor observed the PREA signs (on orange paper) in both English and Spanish displayed on the walls for the inmate population throughout the entire facility. The facility had large signs displayed on large bulletin boards for the inmate population to clearly see and was also painted on the walls throughout the facility in large print with the orange background with the following information:

Zero-Tolerance signs (orange paper/English and Spanish) The Texas Legislature has adopted a zero-tolerance policy regarding the sexual abuse, including consensual sexual contact, and sexual harassment of an offender in the custody of the department: Any such violation must be reported to the:

- Unit Major
Office of the Inspector General
PREA Ombudsman/Correspondence shall be considered “Special Mail” and can be sent anonymous at P.O. Box 99, Huntsville, Texas 77342

Photos of the PREA management team with the names, titles and department displayed in all areas of the facility for the inmate population.

- Extortion signs (both English and Spanish)
- Victims’ Rights (addresses/phone numbers displayed)
- Notice of Audit dated 2/2/2021 (English and Spanish on green paper)
- Third Party reporting
- The opposite gender was painted on every housing entrance: you are now entering a male housing location. All females must announce their presence upon entering (with an orange background).
- To include multiple PREA information on the walls and bulletin boards specific.
- Stop signs painted red with the following information: Strip Search in Progress STOP!

The auditor conducted interviews with the Agency Head and Inmates (with disabilities or who are limited English proficient) during the onsite portion of the audit.

115.16 (b) Safe Prisons/PREA Plan 2019: Offenders with limited English proficiency shall be provided meaningful access to information regarding TDCJ efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interviews were conducted with the Agency Head and Inmates (with disabilities or who are limited English proficient) as part of the audit process.

115.16 (c) Safe Prisons/PREA Plan 2019: When seeking interpreters, staff shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-response duties described within this plan, or the investigation of the offender’s allegations. Staff shall follow appropriate TDCJ policies and procedures for obtaining a qualified interpreter. In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties under §115.64, or the investigation of the resident’s allegations: 0. The auditor conducted interviews with a Random Sample of Staff regarding their responsibilities and reporting process. The auditor conducted interviews with Inmates (with disabilities or who are limited English proficient) during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

**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 who may have contact with inmates? ☒ Yes ☐ No

▪ Does the agency consider any incidents of sexual harassment in determining whether 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.
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- Criminal Background Checks
- PD-71 Selection Systems Procedures
- Applicant Criminal Background Checks
- Example of Verification on Former Employee
- PD-73 Selection Criteria for CO Applicants
- Example of Background check clearance for contractor
- PERS 282 TDCJ Employment Applicant Supplement
- Example of FACT Clearinghouse Background Check Notification
- Human Resources Lesson Plan on Fingerprinting Direct Hires
- PD-56 Request for and Release of Employment information or documents
- PERS 598 TDC Job Application Supplement for Agency Applicants
- PD-75 Applicants with pending criminal charges or prior criminal convictions
- PD-27 Employment Status Pending Resolution of Criminal Charges or Protective Order

**Interviews:**

- Agency Head or Designee
- Inmates (with disabilities or who are limited English proficient)
- Random Sample of Staff

**Site Observations:**

- Employee Files/Background checks

**Findings: Hiring and promotion decisions.**

**115.17 (a) Safe Prisons/PREA Plan 2019:** The TDCJ shall 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 previously: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42 USC 1997. Has been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent, refused, or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in Section VIII.A.1.b.

The auditor reviewed files of persons hires in the past 12 months for the proper criminal background criminal record background checks with the questions asked regarding the past conduct and answered. The auditor reviewed the PERS-631 for Windham and UTMB staff and the PERS-632 forms for the correctional officers assigned to the facility. The auditor reviewed new contract employees PERS-263 and new and former applicants PERS 282 Employment Application supplement. The auditor reviewed employee background clearance checks for all employees as part of the review.

**115.17 (b) Safe Prisons/PREA Plan 2019:** The TDCJ shall 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 offenders. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit. The auditor reviewed background checks and PERS 632 which is the Standard or Supplemental Safe Prisons/PREA Training Employee Acknowledgement form and Safe Prisons/PREA in Texas training video.
115.17 (c) Safe Prisons/PREA Plan 2019: Background Checks—Before hiring new employees who may have contact with offenders, the TDCJ shall: Perform a criminal background check; and Attempt 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, in accordance with federal, state, and local law. In the past 12 months: The number of persons hired who may have contact with inmates who have had criminal background record checks: 180. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit. The auditor reviewed files of personnel hired in the past 12 months for compliance.

115.17 (d) Safe Prisons/PREA Plan 2019: A criminal background check shall be performed before enlisting the services of any contractor who may have contact with offenders. In the past 12 months: The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 3. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit. The auditor reviewed records of background checks of contractors assigned to the unit.

115.17 (e) Safe Prisons/PREA Plan 2019: Criminal background checks shall either be conducted at least every five years for current employees and contractors who may have contact with offenders, or a system shall be in place to otherwise attain the information for current employees. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit and reviewed files for documentation of the background checks.

115.17 (f) Safe Prisons/PREA Plan 2019: The TDCJ shall directly ask all applicants and employees who may have contact with offenders about previous misconduct described in Section VIII.A.1. in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of employee review. The TDCJ shall also impose on employees a continuing affirmative duty to disclose knowledge of any such misconduct. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit and reviewed files for documentation of the background checks.

115.17 (g) Safe Prisons/PREA Plan 2019: Material omissions regarding misconduct of this nature, or the provision of materially false information, shall be grounds for termination. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit and reviewed files for documentation of the background checks.

115.17 (h) Safe Prisons/PREA Plan 2019: Unless prohibited by law, information shall be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee after receiving a request from an institutional employer for whom the employee has applied to work. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit and reviewed files for documentation of the background checks.

Corrective Action: The auditor recommends no corrective action.

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.*

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ CID Safe Prisons Plan (2019)
- SM-01.14 Operating and Monitoring Video Surveillance Systems
- SOPM 07.02 Deletion, New Installation or Relocation of Video Surveillance Equipment

Interviews:
- Warden or Designee

Site Observations:
- Surveillance cameras
- Security Mirrors
Findings: Upgrades to facilities and technology.
115.18 (a) Safe Prisons/PREA Plan 2019: When designing or acquiring any new unit and in planning any substantial expansion or modification of existing units, the TDCJ shall consider the effect of the design, acquisition, expansion, or modification on the ability to protect offenders from sexual abuse. Interviews were conducted with the Agency Head and the Warden or Designee during the audit process.

115.18 (b) Safe Prisons/PREA Plan 2019: When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, consideration shall be given as to how the technology may enhance the ability to protect offenders from sexual abuse. Interviews were conducted with the Agency Head and the Warden or Designee during the audit process.

Video Surveillance/Security Mirrors:
The Texas Department of Criminal Justice-Darrington Unit currently operates three pan-tilt zoom cameras which are located on the top of the building and 466 dome surveillance cameras with recording capabilities. The cameras record to closed network server storage. The dome cameras are located throughout the facility in the housing areas, work areas, and recreation areas. The cameras are not located in the shower or restroom areas or the bible college. The video surveillance recordings are maintained for 20 days. The auditor conducted a surveillance camera review with the surveillance Sergeant during the site review.

Corrective Action: The auditor recommends no corrective action.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

115.21 (b)
- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

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

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

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

115.21 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- 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 agency 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 always makes a victim advocate from a rape crisis center available to victims.) ☒ 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 following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- TDCJ CID Safe Prisons Plan (2019)
- TAASA Service Directory
- RCC Solicitation Letter
- Example of RCC MOU
- AD 16.03 Evidence Handling
- SPPOM 02.02 Offender Victim Representative
- Offender Victim Representative Training Handouts
- Offender Victim Representative Training PP2
- CMHC G-57.01 Sexual Assault Sexual Abuse
- OIG-04.05 Offender Sexual Assault Investigations
- SPPOM 05.01 Sexual Abuse Response and Investigation (attachment G)

**Interviews:**
- Random Sample of Staff
- PREA Compliance Manager
- Inmates who Reported a Sexual Abuse

**Site Observations:**
- Medical Notes
- Solicitation Letters
- Investigations
Findings: Evidence protocol and forensic medical examinations.

115.21 (a) Safe Prisons/PREA Operational Manual 05.01; Operational Procedures Manual OIG 04.05: Sexual Abuse Response and Investigation to establish procedures and guidelines related to the initial notification and response following a reported offender-on-offender or staff-on-offender sexual abuse incident utilizing the Required Procedures Log/Attachment G, Sexual Abuse Investigation Checklist. Required Procedures Log/Attachment. Notification process: immediately upon receiving knowledge of an alleged sexual abuse of an offender, the security supervisor responsible for notification shall ensure the following individuals notified. The auditor reviewed the uniformed evidence protocol for forensic medical examinations. The auditor reviewed sexual assault investigations and the auditor determined that the evidence protocol is followed. The auditor conducted interviews with a random sample of staff during the onsite portion of the audit.

115.21 (b) Safe Prisons/PREA Plan 2019: In accordance with the TDCJ Classification Plan and TDCJ Unit Classification Procedures Manual, youthful offenders shall not be placed in a housing unit where the youthful offenders will have sight, sound, or physical contact with any adult offenders through use of a shared dayroom or other common space, shower area, or sleeping quarters. Operational Procedures Manual OIG 04.05: This policy complies with the Department of Justice - Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents,” second edition.

115.21 (c) Safe Prisons/PREA Operational Manual 05.01: The facility offers all inmates who experience sexual abuse access to forensic medical examinations. The Office of Inspector General (OIG) will determine whether a forensic medical examination is required, in addition to other elements of the investigation, such as crime scene preservation. If the abuse occurred within 120 hours preceding the allegation, security staff shall request that the alleged victim and assailant(s), if known, not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. G-57.1 All offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined, and appropriately referred for required services. In the past 12 months: The number of forensic medical exams conducted: 1. The number of exams performed by SANEs/SAFEs: 1. The number of exams performed by a qualified medical practitioner: 0. Victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam.

115.21 (d) Safe Prisons/PREA Operational Manual 05.01: Following an allegation of sexual abuse, the security supervisor shall offer the offender a victim advocate, where available, or an OVR to accompany and provide the offender with emotional support services during the forensic examination and/or investigative interviews. If the offender accepts the services, the security supervisor shall immediately contact the advocacy center or OVR and provide the advocate with information regarding the location of the impending exam or interview. The notifying supervisor shall document the appropriate contact information on the required procedures log/attachment G. Operational Procedures Manual OIG 04.05: Victim Advocate-Offender Victim Services (OVS) Offender sexual assault victims, when requested, may have a victim advocate or qualified TDCJ staff member who is an offender victim through the forensic medical examination process and the investigatory interviews. The auditor conducted an interview with the PREA Compliance Manager and Inmates during the onsite portion of the audit. The auditor conducted interviews with staff designated as Offender Victim Representatives during the onsite portion of the audit.

115.21 (e) Safe Prisons/PREA Operational Manual 05.01: Following an allegation of sexual abuse, the security supervisor shall offer the offender a victim advocate, where available, or an OVR to accompany and provide the offender with emotional support services during the forensic examination and/or investigative interviews. If the offender accepts the services, the security supervisor shall immediately contact the advocacy center or OVR and provide the advocate with information regarding
the location of the impending exam or interview. Upon request, the USPPM shall provide the offender victim with contact information for the Rape Crisis Center. This list is available in the unit law library and in the USPPM’s office. The auditor conducted an interview with the PREA Compliance Manager and Inmates during the onsite portion of the audit.

115.21 (f) Safe Prisons/PREA Plan 2019: Sexual abuse and sexual harassment investigations alleged against staff shall only be conducted by a staff member with the rank of captain or above. Unit administrators shall ensure the investigating staff member is at least one rank above the accused staff member. If the OIG conducts administrative investigations against staff, the investigation shall be performed in accordance with OIG policies and procedures. When the evidence supports criminal prosecution, OIG shall conduct compelled interviews only after consulting with prosecutors to ensure the interviews do not impede subsequent criminal prosecution.

115.21 (g) N/A

115.21 (h) Safe Prisons/PREA Plan 2019: Written policy and procedure require the TDCJ to make available to an offender victim of sexual assault, a victim advocate from a rape crisis center. When an advocate from a rape crisis center is not available to provide emotional support advocacy services following an allegation of sexual assault, the TDCJ shall upon request of the offender victim, provide an OVR to support the offender victim through the forensic medical examination process and investigatory interviews. The OVR shall provide emotional support, crisis intervention, information, and referrals during and after the investigation. OVR’s shall be approved by the unit warden to serve in this role and shall receive the necessary training concerning sexual assault and forensic examination issues. Each unit shall have a minimum of two trained OVR’s per facility. Wardens shall ensure prospective OVR’s are screened for appropriateness to serve in this role, keeping in mind his or her emotional stability when providing emotional support services to sexual assault victims. The OVR may only provide the offender victim of sexual assault with counseling and other emotional support services but shall not delay or otherwise impede the screening or stabilization of an emergency medical condition.

Corrective Action: The auditor recommends no corrective action.

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 the policy 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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- OIG-04.05 Offender Sexual Assault
- BP-01.07 Inspector General Policy Statement
- PD-29 Sexual Misconduct with Offenders
- AD-02.15 Operations of the EAC and Reporting procedures
- SPPOM 05.05 Completing the Offender Protection Investigation
- SPPOM 05.01 Sexual Abuse Response and Investigation
- AD-16.20 Reporting Incidents & Crimes to the Office of the Inspector General

Interviews:

- Agency Head
Site Observations:
- Investigative Staff

Findings: Policies to ensure referrals of allegations for investigations.
115.22 (a) Safe Prisons/PREA Operational Manual 05.05: Requests for Offender Protection. Following a request for offender protection, a complete and thorough investigation shall be conducted to determine the validity of the allegation and whether the offender requires protection. Alleged, suspected, or reported staff-on-offender sexual abuse, voyeurism, sexual harassment, staff neglect, or violation of responsibilities, shall be reported in accordance with SPPOM 05.01 Sexual Abuse Response & Investigation and, if necessary, PD-29, Sexual Misconduct with Offenders. Investigations shall be conducted in accordance with SPPOM 05.11 Completing the Staff-on-Offender Sexual Abuse Investigative Worksheet and in accordance with AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. Staff may also report sexual abuse, voyeurism, and sexual harassment violations directly to the unit warden, the Unit Office of Inspector General, or the PREA Ombudsman. In the past 12 months: The number of allegations of sexual abuse and sexual harassment that were received: 32. The number of allegations resulting in an administrative investigation: 32. The number of allegations referred for criminal investigation: 32. Interviews were conducted with the Agency Head during the audit process. The auditor reviewed documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings.

115.22 (b) Safe Prisons/PREA Plan 2019: The highest-ranking security supervisor on duty shall notify the OIG for all allegations of sexual abuse in accordance with AD-16.20, Reporting Incidents/Crimes to the Office of the Inspector General; and provide the OIG with specific details of the alleged abuse. The supervisor shall document the date, time, and full name of the OIG investigator contacted on the Required Procedures Log/Attachment G. BP-01.07, “Inspector General Policy Statement,” designates the OIG as the principal law enforcement agency for the TDCJ. As such, the OIG has primary jurisdiction for investigating criminal offenses occurring on TDCJ property or affecting TDCJ property or pecuniary interest, including criminal offenses where the TDCJ is the victim or has an authorized interest. The auditor conducted interviews with the Investigative Staff during the onsite portion of the audit.

115.22 (c) Safe Prisons/PREA Plan 2019: BP-01.07, “Inspector General Policy Statement,” designates the OIG as the principal law enforcement agency for the TDCJ. As such, the OIG has primary jurisdiction for investigating criminal offenses occurring on TDCJ property or affecting TDCJ property or pecuniary interest, including criminal offenses where the TDCJ is the victim or has an authorized interest. The PREA policy describes the investigative responsibilities of both agency and the separate entity that conducts criminal investigations.

115.22 (d) N/A

115.22 (e) N/A

Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

- TDCJ CID Safe Prisons Plan (2019)
- SM-02.25 OJT program
- OJT Program Procedures Guide
- ED-12.10 TDCJ Training Database
- PD-97 Training and Staff Development
- PD-29 Sexual Misconduct with Offenders
- Safe Prisons Plan in Texas-Video Script
- CTSD B1 Pre-Service Lesson Plan-Sexual Abuse
- CTSD Supervisor In-Service Lesson Plan-Safe Prisons-PREA
- CTSD B3 Pre-Service Lesson Plan-OJT Program-Peer Acceptance
- CTSD Correctional Awareness-Staff Survivor-Safe Prisons-PREA
- CTSD In-Service Non-Supervisor Lesson Plan-Safe Prisons PREA Program
- SPPOM 06.01 Unit Safe Prisons PREA Program Awareness Training
- AD 12.20 Implementation & Operation of the TDCJ In-service program

**Interviews:**
Site Observations:
Employee Files/Records

Findings: Employee training.
115.31(a) Safe Prisons/PREA Plan 2019: Employee Training All Safe Prisons/PREA Program training and education shall be performed in accordance with the Correctional Training and Staff Development program schedule, the SPPOM, and this plan. All employees who may have contact with offenders shall receive the following information in accordance with Safe Prisons/PREA requirements:

- The TDCJ's zero tolerance policy on sexual abuse and sexual harassment.
- Methods for fulfilling responsibilities under the TDCJ sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- The right of offenders to be free from sexual abuse and sexual harassment.
- The right of offenders and staff to be free from retaliation for reporting sexual abuse and sexual harassment.
- The characteristics of sexual abuse and sexual harassment in confinement.
- The common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with offenders.
- How to communicate effectively and professionally with offenders, including LGBTI, or gender nonconforming offenders.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, and
- The common characteristics of victims and predators, sometimes referred to as red flags.

The auditor conducted interviews with a Random Sample of Staff and reviewed a Sample of training records and signature rosters during the onsite portion of the audit. All employees have been trained as first responders and are required to carry the PREA trifold card as part of their uniform. The employees interviewed during the onsite portion of the audit were knowledgeable of their duties and responsibilities regarding sexual abuse and sexual harassment.

115.31 (b) Safe Prisons/PREA Plan 2019: The training shall be tailored to the gender of the offenders at the unit of assignment. The employee shall receive additional training when transferring to a unit with offenders of a different gender. The USPPM shall ensure all unit staff are knowledgeable of the agency zero-tolerance policy regarding sexual abuse, voyeurism, and sexual harassment, as well as methods for the prevention, detection, reporting, and response to allegations of sexual abuse, voyeurism, sexual harassment, extortion, and other acts of offender aggression. In addition to the Correctional Training and Staff Development (CTSD) curriculum provided during Pre-Service, In-Service, and specialized leadership development training, the USPPM shall provide awareness education to unit staff and be available to answer any questions or concerns regarding the operational procedures of the Safe Prisons/PREA Program. The auditor conducted interviews with a random sample of staff and reviewed a Sample of training records and signature rosters of the received training during the onsite portion of the audit.

115.31 (c) Safe Prisons/PREA Plan 2019: Employee Training Design and Efficacy-All employees who have contact with offenders, including medical and mental health care practitioners, shall receive training as outlined in Section VI.B.1, at least every two years. In the interim years, employees shall be provided refresher information on current sexual abuse and sexual harassment policies. The auditor conducted interviews with a random sample of staff and reviewed a Sample of training records and
signature rosters of the received training during the onsite portion of the audit. The number of staff employed by the facility who may have contact with inmates, who were trained or retrained on the PREA requirements enumerated above: 500. The auditor reviewed the contractors, volunteers and employee annual training and signed acknowledgment during the onsite portion of the audit.

115.31 (d) Safe Prisons/PREA Plan 2019: All training shall be documented, through employee signature or electronic verification, confirming that employees understand the training and information they have received. The auditor conducted interviews with a random sample of staff and reviewed a Sample of training records and signature rosters of the received training during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- TTUHSC PREA Training
- Handbook for Volunteers
- Volunteer Services Plan
- UTMB PREA Specialized Training
- PD-97 Training and Staff Development
- Safe Prisons PREA in Texas-Video Script
- PD-29 Sexual Misconduct with Offenders
- AD-07.35 Administration of Volunteer Services
- UTMB OIG-UTMB New Employee Orientation
- CMHC C-19.1 Continuing Education-Staff Development
- CMHC C-25.1 Orientation Training for Health Service Staff
- AD-02.46 Employees of Private Business and Governmental Entities Contracting with TDCJ

Interviews:

- Volunteer(s) or Contractor(s) who have Contact with Inmates

Findings: Volunteer and contactor training.

115.32 (a) Safe Prisons/PREA Plan 2019: All volunteers and contractors who have contact with offenders shall be trained regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures in accordance with the TDCJ Volunteer Services Plan, PD-29, “Sexual Misconduct with Offenders,” and this plan. The auditor conducted interviews with Volunteer(s) and Contractor(s) who have Contact with Inmates during the onsite portion of the audit. The auditor reviewed a Sample of training records of volunteers and contractors who have contact with inmates who were trained, signed the acknowledgement understanding the PREA laws, rules, and regulations. The number of volunteers and individual contractors, who have contact with inmates, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: (25) and Contractors: Medical (32), Windham (8), and College (12).

115.32 (b) Safe Prisons/PREA Plan 2019: The level and type of training provided to volunteers and contractors shall be specific to the services provided and the level of contact with offenders; however, all volunteers and contractors who have contact with offenders shall be notified of the TDCJ’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures for reporting incidents. The auditor reviewed a Sample of training records of volunteers and contractors who have contact with inmates who were trained, signed the acknowledgement understanding the PREA laws, rules, and regulations.

115.32 (c) Safe Prisons/PREA Plan 2019: Training documentation confirming the volunteers and contractors have received and understand the training shall be maintained in accordance with the TDCJ Records Retention Schedule. Documentation verifying that medical and mental health practitioners have received all necessary training referenced in this plan, either from the TDCJ or from outside sources, shall be maintained by the TDCJ. The auditor reviewed documentation confirming that volunteers/contractors understand the training they have received and the signed acknowledgement of understanding by volunteers/contractors during the onsite portion of the audit.
Corrective Action: The auditor recommends no corrective action.

**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 the comprehensive education referenced in 115.33(b)? ☒ 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 following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- Offender SAA Video Script
- IPM 01.10 Initial Orientation
- SPPOM 06.02 with attachment Q
- Offender Orientation Handbook
- Offender Video Instruction Letter
- CMHC Policy E-37.5 Interpreter Services
- CMHC Policy G-51.01 Offender with Special Needs
- CMHC Policy G-51.5 Certified ASL Interpreter Services
- UCPM-05.00 Unit Orientation Procedures with attachments
- AD-06.25 Qualified Interpreter Services-American Sign Language
- SPPOM 02.03 with attachments A, AS, B1-6, B1-6S, C and CS
AD-04.25 Language Assistance Services to offender identified as monolingual Spanish-speaking
SM-05.50 Qualified Spanish Interpreters Guidelines Staff who speak Foreign Languages

Interviews:
- Random Sample of Staff

Site Observations:
- Employee Files/Records
- PREA Information (English/Spanish)
- Inmate Handbook (English/Spanish)

Findings: Inmate education.
115.33 (a) Safe Prisons/PREA Plan 2019: During the intake process, offenders shall be provided with educational information explaining the TDCJ’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment in accordance with the TDCJ Classification Plan and TDCJ Unit Classification Procedures Manual. In addition to providing offenders with education either in person or through video, the USPPM shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks and other written material.

The USPPM at all intake (non-intake) facilities shall ensure all offenders view the training video within 30 days of arrival into the TDCJ. The video can be presented in part with the SAA peer education course or individually as outlined. Of inmates admitted during the past 12 months: The number who were given this information at intake: 652. The auditor conducted interviews with the Intake Staff, and a Random Sample of Inmates during the onsite portion of the audit. The auditor reviewed inmate files for training received and signature of the training during the onsite portion of the audit.

115.33 (b) Safe Prisons/PREA Plan 2019: Within 30 days of intake, the USPPM shall ensure offenders are provided with comprehensive education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, and any retaliation for reporting these incidents; and regarding TDCJ policies and procedures from responding to these incidents in accordance with the SPPOM. The training verification records are contained within the offenders ITP. Of inmates admitted during the past 12 months whose length of stay in the facility was for 30 days or more: The number who received such education within 30 days of intake: 652. The auditor conducted interviews with the Intake Staff and a Random Sample of Inmates during the onsite portion of the audit.

115.33 (c) Safe Prisons/PREA Plan 2019: Offenders shall receive information as described in Section VI.A.1, if transferred to a different facility, to the extent that the policies and procedures of the new facility differ from those of the previous facility, or if there is no documented record the offender received the information. The following information was provided to the inmates during the following activities:
- Enclosed within the offender orientation packet during intake
- Offered during the Safe Prisons/PREA program incoming chain interview
- Offered during the sexual abuse awareness peer education class as an education handout
- In conjunction with viewing of the sexual abuse awareness video
- Following a report of sexual abuse at the time of the investigation
- Upon request from an offender
The auditor conducted interviews with the Intake Staff and reviewed Logs and other records corroborating that current inmates received comprehensive PREA education within one year of the effective date of the PREA standards. Inmates receiving the information are required to sign and the USPPM enters the training on the ITP screen.

**115.33 (d)** Safe Prisons/PREA Plan 2019: Offenders shall be provided education in formats accessible to all offenders, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. The offender sexual abuse/PREA Awareness video presentation shall be provided in English and Spanish versions on all state operated and contract units. The USPPM shall ensure presentation of the video in the language format appropriate for offender needs.

**115.33 (e)** Safe Prisons/PREA Plan 2019: The USPPM shall maintain documentation of completion rosters in accordance with the TDCJ Records Retention Schedule and record the information in accordance with the TDCJ Individualized Treatment Plan Procedures Manual. The USPPM shall ensure each offender signs an attendance roster at the time of training and retain copies of each roster in the appropriate PREA Compliance folder. The USPPM shall utilize, maintain, and keep on file a copy of the sexual abuse/PREA awareness training roster. All inmate trainings received are documented and filed, the auditor verified the process during the onsite portion of the audit.

**115.33 (f)** Safe Prisons/PREA Plan 2019: Educational posters and brochures regarding sexual abuse and sexual harassment prevention and reporting shall be displayed and made available to offenders in accordance with the SPPOM. The auditor observed the following signs displayed:

- Zero-Tolerance policy poster (English and Spanish),
- Sexual Abuse, Sexual Harassment, and Extortion Awareness Posters
- Extortion-You can’t afford it
- Do not live in darkness, shine the light on sexual abuse and sexual harassment
- Sexual Abuse in an act of violence, reporting sexual abuse…road to recovery/staff member
- Breaking the silence of abuse
- End the silence
- No means No

The PREA signs were displayed in the warden’s office, administrative offices, employee break rooms, offender and employee dining areas, law library, general library, inmate housing areas, inmate work and educational areas, visitation, and many other locations throughout the facility for the inmate population. The auditor observed the education and informational materials provided to the inmates through posters, handbook, pamphlets, and many different methods for the inmate population.

**Corrective Action:** The auditor recommends no corrective action.

**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 receive training in conducting such investigations in confinement settings? (N/A if
the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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 evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

- TDCJ CID Safe Prisons Plan (2019)
- AD-16.03 Evidence Handling
- OIG Roster NIC PREA Training
- PD-97 Training and Staff Development
- OIG OPM 02.15 Training Procedures
- ED-12.10 Training Records and Database
- BP-01.07 Inspector General Policy Statement
- OIG LP3201-Sexual Assault Investigative Topics
- CMHC C-25.1 Orientation Training for Health Service Staff
- OIG LP2029-Interviewing and Interrogation Lesson Plan
- SPPCTI Conducting a Thorough Investigation Training FY2020

**Interviews:**

- Investigative Staff

**Site Observations:**

- Investigative Reports

**Findings: Specialized training: Investigations.**

**115.34 (a) Safe Prisons/PREA Plan 2019:** Sexual abuse and sexual harassment investigations alleged against staff shall only be conducted by a staff member with the rank of captain or above. Unit administrators shall ensure the investigating staff member is at least one rank above the accused staff member. If the OIG conducts administrative investigations against staff, the investigation shall be performed in accordance with OIG policies and procedures. All newly promoted Sergeants, Food Service, Laundry managers and unit investigators receive the training for Conducting a Thorough Investigation. The Office of Inspector General had 140 approved trained investigators through the NIC PREA training with passing results. The facility had 37 staff trained as investigators to conducted administrative investigations.

**115.34 (b) Safe Prisons/PREA Plan 2019:** Specialized training shall include 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 Investigation- All interviews with the alleged victim, suspected perpetrator, witnesses, and any informal interviews necessary to understand the context of the allegation; The collection and preservation of evidence, including forensic evidence in any crime scenes, any documentary or video evidence, any additional evidence such as contraband, etc.; and The review of any applicable past reports or records that may have bearing on the case, including past complaints and reports of abuse involving the alleged victim and suspected perpetrator. These reports may show a pattern of behavior with perpetrators. C. Determination of the Findings The findings will determine whether the allegation is: Substantiated, Unsubstantiated, Unfounded. The auditor conducted interviews with staff who had been trained in specialized training for conducting sexual abuse and sexual harassment during the onsite portion of the audit.

**115.34 (c) Safe Prisons/PREA Plan 2019:** The agency maintains documentation showing that investigators have completed the required training.
The number of investigators the agency currently employed: OIG 140. The number of investigators currently employed who have completed the required training: Unit 37. The Office of Inspector General had 140 approved trained investigators through the NIC PREA training with passing results. The facility investigators received the SPPCTI and documented on the TDCJ Summary of Courses on a database.

115.34 (d) N/A

**Corrective Action:** The auditor recommends no corrective action.

**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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

**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 or the agency does not employ medical staff.) ☐ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  ☒ Yes  ☐ No  ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  ☒ 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 following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- TDCJ CID Safe Prisons Plan (2019)
- AD-16.03 Evidence Handling
- UTMB PREA Specialized Training
- PD-97 Training and Staff Development
- Statement of Fact-Forensic Exams
- CMHC C-19.1 Continuing Education-Staff Development
- Contractor TTUHSC PREA Medical and MH Training
- CMHC C-25.1 Orientation Training for Health Services Staff
- OIG-UTMB New Employee Orientation PREA Training

**Interviews:**
- Medical and Mental Health Staff

**Site Observations:**
- Employee Training/Medical Staff
Findings: Specialized training: Medical and mental health care.

115.35 (a) Safe Prisons/PREA Plan 2019: All employees who have contact with offenders, including medical and mental health care practitioners, shall receive training as outlined in Section VI.B.1, at least every two years. In the interim years, employees shall be provided refresher information on current sexual abuse and sexual harassment policies.

- How to detect and assess signs of sexual abuse and sexual harassment.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor conducted interviews with the Medical and Mental Health Staff during the onsite portion of the audit.

The auditor reviewed training records and personnel records to verify that medical and mental health staff have been trained.

115.35 (b) N/A the agency medical staff at the facility do not conduct forensic exams. The auditor conducted interviews with the Medical and Mental Health Staff and verified through interviews and documentation that Forensic exams are not conducted onsite.

115.35 (c) Safe Prisons/PREA Plan 2019: The auditor conducted interviews with the Medical and Mental Health Staff during the onsite portion of the audit. The auditor reviewed training records and personnel records to verify that medical and mental health staff have been trained. Completion of the orientation is documented and kept in the employee's personnel file. The documentation of attendance is placed in the employee's personnel file.

115.35 (d) Safe Prisons/PREA Plan 2019: The orientation should focus on the similarities as well as the differences between providing health care in the community and the correctional setting. Topics presented in orientation include security, classification, health care needs of the offender population, offender social system, organization of Health Services and the Department of Criminal Justice, infection control, the Patient Liaison Program, the detection, assessment, and response to offender-victims of sexual abuse and sexual harassment, the preservation of physical evidence, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor conducted interviews with the Medical and Mental Health Staff during the onsite portion of the audit. The auditor reviewed training records and personnel records to verify that medical and mental health staff have been trained.

Corrective Action: The auditor recommends no corrective action.

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

<table>
<thead>
<tr>
<th>115.41 (b)</th>
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<tbody>
<tr>
<td>Do intake screenings ordinarily take place within 72 hours of arrival at the facility?</td>
</tr>
<tr>
<td>☒ Yes ☐ No</td>
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<tr>
<th>115.41 (c)</th>
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<tr>
<td>Are all PREA screening assessments conducted using an objective screening instrument?</td>
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<tr>
<td>☒ Yes ☐ No</td>
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<th>115.41 (d)</th>
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<tr>
<td>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?</td>
</tr>
<tr>
<td>☒ Yes ☐ No</td>
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| 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, as 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, as 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, as 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 an incident of sexual abuse? ☒ Yes ☐ No

▪ Does the facility reassess an inmate’s risk level when warranted due to 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.*

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- TDCJ CID Safe Prisons Plan (2019)
- CMHC A-09.01 Privacy of Care
- IPM-CL 69 Psychological Screening Interview
- IPM-5.06 Intake Procedure Security Referrals
- SPPOM 03.01 Offender Assessment Screening
- CMHC E-35.01 Mental Health Appraisal for Incoming Offenders

**Interviews:**
- Staff Responsible for Risk Screening
- Random Sample of Inmates
- PREA Compliance Manager

**Site Observations:**
- Risk Assessments

**Findings: Screening for risk of victimization and abusiveness.**

115.41 (a) Safe Prisons/PREA Plan 2019: All offenders shall be assessed during intake, and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders. The auditor conducted interviews with the Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite portion of the audit for the determination of the completion of the risk assessments.

115.41 (b) Safe Prisons/PREA Plan 2019: Intake screening shall take place within 24 hours of arrival at the unit in accordance with the SPPOM. In the past 12 months: The number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72
hours of their entry into the facility: 645. The auditor conducted interviews with Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite portion of the audit.

115.41 (c) Safe Prisons/PREA Plan 2019: The facility utilizes different screening tools to assess the inmate population to include the SPPANS system database. The agency had a new system implemented called SPPANS which is a database that captures all the risk screening information upon arrival. The 72 hour and Temporary assessments shall be completed in SPPANS as follows: 1. For all newly received intake offenders, no later than 72 hours after their arrival at the unit. 2. For all incoming newly assigned offenders, no later than 72 hours after their arrival at the unit and prior to the initial assignment to the unit committee review conducted by the UCC. Offender Assessment Screening A. The 72 Hour assessment/ Attachment E is a dual-purpose objective screening form designed for use at both intake and non-intake units. The SPPANS Special assessment, is an objective screening for use in conjunction with sexual abuse investigations. Assignments shall be made through the collaborative efforts of intake staff, the USPPM, and medical and mental health services by using objective screening instruments. a. The intake screening shall include, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

1. Any mental, physical, or developmental disability.
2. The age of the offender.
3. The physical build of the offender.
4. Previous incarceration.
5. Whether the criminal history is exclusively nonviolent.
6. Prior convictions for sex offenses against an adult or child.
7. Perception of the offender as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
8. Previous sexual victimization; and
9. The offender’s own perception of vulnerability.

The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the TDCJ, in assessing offenders for risk of being sexually abusive. c. After completion of the screening instrument, the USPPM shall forward a copy to the intake coordinator, for intake facilities, and the original shall be provided to the unit classification department for review.

115.41 (d) Safe Prisons/PREA Plan 2019: The intake screening shall 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.
2. The age of the inmate.
3. The physical build of the inmate.
4. Whether the inmate has previously been incarcerated.
5. Whether the inmate’s criminal history is exclusively nonviolent.
6. Whether the inmate has prior convictions for sex offenses against an adult or child.
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
8. Whether the inmate has previously experienced sexual victimization.
9. The inmate’s own perception of vulnerability; and
10. Whether the inmate is detained solely for civil immigration purposes.

The agency had a new system implemented called SPPANS which is a database that captures all the risk screening information upon arrival. The 72 hour and Temporary assessments shall be completed in SPPANS as follows:
1. For all newly received intake offenders, no later than 72 hours after their arrival at the unit.
2. For all incoming newly assigned offenders, no later than 72 hours after their arrival at the unit and prior to the initial assignment to the unit committee review conducted by the UCC.

Offender Assessment Screening

A. The 72 Hour assessment/Attachment E is a dual-purpose objective screening form designed for use at both intake and non-intake units. The SPPANS Special assessment, is an objective screening for use in conjunction with sexual abuse investigations. The auditor conducted interviews with the Staff Responsible for Risk Screening during the onsite portion of the audit.

115.41 (e) Safe Prisons/PREA Plan 2019: Safe Prison Referrals—If there is information found regarding assaultive behavior or victimization which was not identified on the Safe Prison Intake Interview Form Attachment E, notify the Unit Safe Prison Coordinator by mainframe email. A copy of the email should be printed and maintained for the sociologist’s records. The auditor conducted interviews with Staff Responsible for Risk Screening during the onsite portion of the audit.

115.41 (f) Safe Prisons/PREA Plan 2019: Within a period of time not to exceed 30 days from the offender’s arrival at an intake facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information received by the TDCJ since the initial intake screening. Offender Re-Assessment, 72-hour Assessment, Attachment E A.

To identify an offender’s potential risk for victimization or abusiveness, no sooner than 15 calendar days, but no later than 30 calendar days from the offender’s arrival at any unit/facility, the reviewer will review available resources to determine whether any previously unknown triggering event or information has become available. The reviewer shall review the following resources:

- (02) HOUSING/JOB ASSIGNMENT HISTORY
- (06) DISCIPLINARY RECORDS • (07) CURRENT INSTITUTIONAL ADJUSTMENT RECORDS
- (11) CUSTODY HOUSING ASSIGNMENT HISTORY
- GROO GRIEVANCE CASE TRACKING SCREEN
- I-214 REFERRAL TO MENTAL HEALTH SERVICES

In the past 12 months: The number of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 569. The auditor conducted interviews with Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite portion of the audit. The auditor reviewed records of initial assessment and reassessment for risk of sexual victimization or abusiveness during the onsite portion of the audit. The auditor reviewed twenty-eight inmate files and one of the inmate files did not have the 30-day reassessment.

Inmate Files: The auditor reviewed 28 inmate files using the PREA Audit Prisons and Jails Documentation Review Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 1740 on 3/17/2021.

115.41 (g) Safe Prisons/PREA Plan 2019: An offender’s risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of additional information that may affect the offender’s risk of sexual victimization or abusiveness. Identified additional or new information that bears on the offender’s risk of sexual victimization or abusiveness from other sources (e.g. mental health assessments, disciplinary reviews, or offender protection investigations) indicates the need to assess the offender’s risk of victimization or abusiveness. The reviewer shall forward this information to unit classification to determine unit, housing/bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of...
being sexually abusive. The auditor conducted an interview with Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite portion of the audit.

115.41 (h) Safe Prisons/PREA Plan 2019: Offenders shall not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to Section III.B.3. Not discipline any offender for refusing to answer, or for not disclosing complete information in response to the questions listed on the form. The auditor conducted an interview with Staff Responsible for Risk Screening and reviewed the inmate risk assessments and there were no inmates disciplined for failure to provide information during the risk assessment.

115.41 (i) Safe Prisons/PREA Plan 2019: Staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan within the units, ensuring that sensitive information is not exploited to the detriment of any offender by staff or other offenders. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Due to the sensitive nature of the questions, the USPPM or designated alternate(s) shall conduct one-on-one interviews in a confidential setting ensuring responses are not overheard by other offenders. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening during the onsite portion of the audit.

Corrective Action: The auditor recommended the following corrective action. Finding: 115.41 (f) Within a set time period, not to exceed 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The auditor conducted a Documentation Review-Inmate Files/Records for PREA Standard 115.33, 115.41, and 115.81. 1 of 28 inmate files did not have the reassessment conducted within 30-days of the inmate’s arrival. The facility explained part of the corrective action plan and created a spreadsheet to track the PREA risk assessments and reassessments within the 30-day timeframe.

The facility administration, PREA manager and auditor discussed the standard and worked together towards accomplishing compliance with the standard. The facility conducted training as part of the corrective plan to include Offender Re-Assessment, 72-hour Assessment, Attachment E A. To identify an offender’s potential risk for victimization or abusiveness, no sooner than 15 calendar days, but no later than 30 calendar days from the offender’s arrival at any unit/facility, the reviewer will review available resources to determine whether any previously unknown triggering event or information has become available. The reviewer shall review the following resources:

- (02) HOUSING/JOB ASSIGNMENT HISTORY
- (06) DISCIPLINARY RECORDS
- (07) CURRENT INSTITUTIONAL ADJUSTMENT RECORDS
- (11) CUSTODY HOUSING ASSIGNMENT HISTORY
- GROO GRIEVANCE CASE TRACKING SCREEN
- I-214 REFERRAL TO MENTAL HEALTH SERVICES

The auditor required the facility to provide the following: The auditor conducted a Documentation Review-Inmate Files/Records for PREA Standard 115.33, 115.41, and 115.81.1 of 28 inmate files did not have the reassessment conducted within 30-days of the inmate’s arrival. The facility explained part of the corrective action plan and tracking process on the SPPANS data system. Plan of Action: Train on procedures the facility has in place, Designate individuals responsible for the assessments, Training conducted with the individuals responsible for the assessments, Signature logs, Sample of
assessments and reassessments conducted within the 30-day required time frame. The facility provided the required documentation to the auditor upon completion. The auditor requested for the Facility Administrator to monitor the process for a 30-day duration. The corrective action plan was completed, and no further action is required for this specific standard.

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

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ 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 following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** *(Policies, directives, forms, files, records, etc.)*

- TDCJ CID Safe Prisons Plan (2019)
- CMHC E-35.01
- TDCJ Classification Plan
- UCPM 4.00 Offender Housing Assignments
- SPPOM 03.02 Special Population Review
- AD 04.18 Offender Jobs Assignments, Job Descriptions
- AD 04.17 Offender Housing Assignment Criteria and Procedures
- SPPOM 03.01 Offender Assessment Screening
- CMHC G-51.11 Treatment of Offenders with Intersex Conditions, or Gender Dysphoria,

**Interviews:**

- PREA Compliance Manager
- Staff Responsible for Risk Screening
- Transgender/Intersex Inmates
- Transgender/Intersex/Gay/Lesbian Inmates

**Findings:** *Use of screening information.*

115.42 (a) Safe Prisons/PREA Plan 2019: The Unit Classification Committee (UCC), or a similarly designed committee for units without a UCC, shall use information from the risk screening document required by Section III.B of this plan to make housing, bed, work, education, and program assignments with the goal of separating offenders at high risk of being sexually victimized from offenders at high risk of being sexually abusive in accordance with the TDCJ Classification Plan and the TDCJ Unit Classification Procedures Manual. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening during the onsite portion of the audit.

115.42 (b) Safe Prisons/PREA Plan 2019: The committee shall make individualized determinations regarding how to ensure the safety of each offender. The following staff were interviewed regarding the Transgender/Intersex UCC committee SPP-14 which is conducted every six months for all inmates who disclose or identify as Transgender or Intersex during the initial assessment, reassessment or throughout their incarceration. The auditor conducted interviews with Staff Responsible for Risk Screening during the onsite portion of the audit.

115.42 (c) Safe Prisons/PREA Plan 2019: When deciding to assign a transgender or intersex offender to a unit for male or female offenders, and when making other housing and programming assignments, consideration shall be made on a case-by-case basis with regard to the health and safety of the
offender and potential management or security problems. Housing determinations shall not be made solely on the basis of LGBTI status. The auditor conducted interviews with the PREA Compliance Manager, Chief of Classification and Inmates during the onsite portion of the audit.

115.42 (d) Safe Prisons/PREA Plan 2019: Placement and programming assignments for each transgender or intersex offender shall be reassessed semiannually to review any threats to safety experienced by the offender. The following staff were interviewed regarding the Transgender/Intersex UCC committee SPP-14 which is conducted every six months for all inmates who disclose or identify as Transgender or Intersex during the initial assessment, reassessment or throughout their incarceration. The auditor conducted interviews with inmates who identified as transgender and Staff Responsible for Risk Screening during the onsite portion of the audit to verify the transgender committee reviews. The auditor confirmed the 6 months reviews by documentation review of the inmate files and assessments.

115.42 (e) Safe Prisons/PREA Plan 2019: A transgender or intersex offender’s views with respect to his or her own safety shall be given serious consideration. The auditor conducted interviews with the PREA Compliance Manager, Staff Responsible for Risk Screening and Inmates during the onsite portion of the audit.

115.42 (f) Safe Prisons/PREA Plan 2019: Offenders identified as transgender, or intersex shall be given the opportunity to shower separately from other offenders in accordance with Correctional Managed Health Care (CMHC) polices. The auditor conducted interviews with the PREA Compliance Manager, Staff Responsible for Risk Screening and Inmates during the onsite portion of the audit. The auditor observed the Inmate living units and accommodations made for transgender and intersex inmates to shower separately from other inmates during the onsite portion of the audit.

115.42 (g) Safe Prisons/PREA Plan 2019: LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely on the basis of this identification or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders. The auditor conducted interviews with the PREA Coordinator, PREA Compliance Manager and inmates during the onsite portion of the audit. The auditor conducted a review of inmate housing locators and inmates were housed throughout general population by their custody levels and not by their gender.

Corrective Action: The auditor recommends no corrective action.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

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
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 evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.):**
- TDCJ CID Safe Prisons Plan (2019)
- Restrictive Housing Plan
- Restrictive Housing Documenting Records
- AD 04.63 Transient Status Offenders
- Protective Safe Keeping Plan with attachments
- SPPOM 05.05 Offender Protection Investigation Attachment J

**Interviews:**
- Warden or Designee
- Staff who Supervise Inmates in Segregated Housing
- Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse/no inmates assigned)

**Findings: Protective custody.**

115.43 (a) Safe Prisons/PREA Plan 2019: Offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. The auditor conducted an interview with the Warden or Designee during the onsite portion of the audit.

115.43 (b) Safe Prisons/PREA Plan 2019: Offenders placed in protective safekeeping for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the unit restricts access to programs, privileges, education, or work opportunities, the unit shall document a. The opportunities that have been limited, b. The duration of the limitations; and c. The reasons for the limitations. The auditor conducted interviews with Staff who Supervise Inmates in Segregated Housing and no inmates were assigned in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite portion of the audit for interviews.
115.43 (c) Safe Prisons/PREA Plan 2019: Offenders shall be assigned to protective safekeeping only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days. In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0. The auditor conducted interviews with the Warden or Designee and Staff who Supervise Inmates in Segregated Housing during the onsite portion of the audit. There were no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the audit process for interviews.

115.43 (d) Safe Prisons/PREA Plan 2019: If a protective safekeeping housing assignment is made pursuant to Section III.C.3, the unit shall clearly document: a. The basis of the concern for the offender’s safety; and b. The reason why no alternative means of separation can be arranged. From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: A statement of the basis for facility’s concern for the inmate’s safety; and the reason or reasons why alternative means of separation could not be arranged: 0.

115.43 (e) Safe Prisons/PREA Plan 2019: Every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the offender from the general population. The auditor conducted interviews with the Staff who Supervise Inmates in Segregated Housing and there were no Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

**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? (N/A if the facility never houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- TBCJ PREA Brochure
- SPPOM 02.03 with Attachments A-C
- ED-02.10 PREA Complaints and Inquiries
- PD-29 Sexual Misconduct with offenders
- BP-03.91 Uniform Offender Correspondence Rules
• Email on sealed and uninspected mail to PREA Ombudsman
• General Information Guide for Families of Offenders
• Offender Orientation Handbook (English & Spanish)

Interviews:
• Random Sample of Staff
• Random Sample of Inmates

Site Observations:
The following information was provided to the inmates during the following activities:
• Enclosed within the offender orientation packet during intake
• Offered during the Safe Prisons/PREA program incoming chain interview
• Offered during the sexual abuse awareness peer education class as an education handout
• In conjunction with viewing of the sexual abuse awareness video
• Following a report of sexual abuse at the time of the investigation
• Upon request from an offender

The auditor observed the following signs displayed:
• Zero-Tolerance policy poster (English and Spanish),
• Sexual Abuse, Sexual Harassment, and Extortion Awareness Posters
• Extortion—You can’t afford it
• Do not live-in darkness, shine the light on sexual abuse and sexual harassment
• Sexual Abuse in an act of violence, reporting sexual abuse…road to recovery/staff member
• Breaking the silence of abuse
• End the silence
• No means No

The PREA signs were displayed in the warden's office, administrative offices, employee break rooms, offender and employee dining areas, law library, general library, inmate housing areas, inmate work and educational areas, visitation, and many other locations throughout the facility for the inmate population. The auditor observed the education and informational materials provided to the inmates through posters, handbook, pamphlets, and many different methods for the inmate population.

Findings: Inmate reporting.
115.51 (a) Safe Prisons/PREA Plan 2019: Offenders shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including, but not limited to, extortion and violence. a. Offenders may report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to the incidents. The auditor conducted interviews with a Random Sample of Staff and a Random Sample of Inmates during the onsite portion of the audit.

The following information was provided to the inmates during the following activities:
• Enclosed within the offender orientation packet during intake
• Offered during the Safe Prisons/PREA program incoming chain interview
• Offered during the sexual abuse awareness peer education class as an education handout
• In conjunction with viewing of the sexual abuse awareness video
• Following a report of sexual abuse at the time of the investigation
• Upon request from an offender
The auditor observed the following signs displayed:
- Zero-Tolerance policy poster (English and Spanish),
- Sexual Abuse, Sexual Harassment, and Extortion Awareness Posters
- Extortion—You can’t afford it
- Do not live in darkness, shine the light on sexual abuse and sexual harassment
- Sexual Abuse in an act of violence, reporting sexual abuse…road to recovery/staff member
- Breaking the silence of abuse
- End the silence
- No means No

The PREA signs were displayed in the warden’s office, administrative offices, employee break rooms, offender and employee dining areas, law library, general library, inmate housing areas, inmate work and educational areas, visitation, and many other locations throughout the facility for the inmate population. The auditor observed the education and informational materials provided to the inmates through posters, handbook, pamphlets, and many different methods for the inmate population.

115.51 (b) Safe Prisons/PREA Plan 2019: Offenders may report allegations directly to the major, the Office of Inspector General (OIG), or the PREA ombudsman. Reports to the PREA ombudsman may be made confidentially and in accordance with ED-02.10, “Prison Rape Elimination Act Complaints and Inquiries.” Offenders may remain anonymous upon request when reporting allegations of sexual abuse and sexual harassment to the PREA Ombudsman. The auditor conducted interviews with the PREA Compliance Manager and a Random Sample of Inmates during the onsite portion of the audit.

115.51 (c) Safe Prisons/PREA Plan 2019: Staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports. All staff have been trained as a first responder for responding and reporting sexual abuse and sexual harassment. The auditor conducted a Random Sample of Staff and a Random Sample of Inmates during the onsite portion of the audit.

115.51 (d) Safe Prisons/PREA Plan 2019: A method shall be provided for staff to privately report sexual abuse and sexual harassment of offenders. Staff shall accept reports made verbally; in writing, including by letter, Inmate Request to Official (I-60), sick call form, or a grievance submitted through the grievance process; anonymously; and from third parties. All verbal reports shall be promptly documented. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit.

The auditor observed the PREA signs (on orange and green paper) in both English and Spanish displayed on the walls for the inmate population throughout the entire facility. The facility had signs displayed very neatly organized on large bulletin boards for all inmates see clearly and this is also painted on the walls throughout the facility in large print with the different backgrounds with the following information in the ODR, Commissary, A-Dorm, B-Dorm, C-Dorm, Education, Maintenance, and Laundry.

1. Zero-Tolerance signs (orange paper in English and Spanish) The Texas Legislature has adopted a zero-tolerance policy regarding the sexual abuse, including consensual sexual contact, and sexual harassment of an offender in the custody of the department: Any such violation must be reported to the:
   - Unit Major
   - Office of the Inspector General
   - PREA Ombudsman/Correspondence shall be considered “Special Mail” and can be sent anonymous at P.O. Box 99, Huntsville, Texas 77342
2. PREA information on orange paper.
3. Extortion signs (both English and Spanish)
4. Victims’ Rights (addresses/phone numbers displayed)
5. Notice of Audit dated 2/2/2021 (English and Spanish)
6. Third Party reporting
7. The opposite gender was painted on every housing entrance: you are now entering a male housing location.
8. To include multiple PREA information on the walls and bulletin boards specific.
10. Large mobile privacy wall/metal privacy walls/privacy screens for dayrooms, privacy screens outside recreation area, and white privacy mobile screens utilized for searches.
11. Large mobile screens for strip searches in the turnout location.
12. Staff/Inmate restrooms labeled for clear identification.

Corrective Action: The auditor recommends no corrective action.

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

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 file such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (f)

▪ Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

▪ After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

▪ After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- BP-03.77 Offender Grievances
- OGOM 01.04 PREA Allegations
- Examples of Offender Grievances
- OGOM Section 9 Third Party Grievances
- OGOM Section 4.00 Grievance Timelines
- AD-03.82 Management of Offender Grievances
- OGOM Appendix U-Third Party Preliminary Investigation Form
- OGOM Appendix B Instructions on How to write and submit grievances
Interviews:
- Inmates who Reported a Sexual Abuse

Site Observations:
- Grievances
- PREA Investigation

Findings: Exhaustion of administrative remedies.

115.52 (a) Safe Prisons/PREA Plan 2019: Grievances determined to involve an offender protection or extortion issue shall be processed in accordance with the TDCJ Safe Prisons/PREA Operations Manual. BP-03.77 Offender Grievances: The resolution support manager shall establish and maintain the Offender Grievance Operations Manual (OGOM) to provide guidance to employees regarding the offender grievance procedure. An OPI may be requested by anyone who has information that an offender may be in need of protection. This information can come from the offender in need of protection, other offenders, the offender’s family, TDCJ staff, or others. An OPI shall be conducted in accordance with the procedures outlined in the SPPOM. All offenders shall be entitled to use the offender grievance procedure. Forms used for processing offender grievances, including the I-127, Step I Offender Grievance Form, and I-128, Step 2 Offender Grievance Form, shall be readily available to all offenders.

115.52 (b) Safe Prisons/PREA Plan 2019: Offenders shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including, but not limited to, extortion and violence. Emergency grievances shall be processed regardless of any of the following requirements or screening criteria. The inmate handbook provides relevant information on how to report submit a grievance. Offenders may report allegations directly to the major, the Office of Inspector General (OIG), or the PREA ombudsman. Reports to the PREA ombudsman may be made confidentially and in accordance with ED-02.10, “Prison Rape Elimination Act Complaints and Inquiries.”

115.52 (c) Safe Prisons/PREA Plan 2019: An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and a grievance of this nature shall not be referred to a staff member who is the subject of the complaint.

115.52 (d) Safe Prisons/PREA Plan 2019: A final decision shall be made on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. a. Computation of the 90-day time period shall not include time used by offenders for preparing an administrative appeal. b. If the 90-day time period is insufficient to make an appropriate decision, an extension of up to 70 days may be granted. The offender shall be notified in writing of the extension and a date by which the decision will be made. In the past 12 months: The number of grievances filed that alleged sexual abuse: 18. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 18. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0.

115.52 (e) Safe Prisons/PREA Plan 2019: Third Party Grievances A third party grievance received from a fellow offender on behalf of an alleged victim that includes allegations of sexual abuse shall be processed as an emergency grievance. The alleged offender victim shall be given an opportunity to agree or disagree with the allegations and to have the request processed on the offender's behalf. The offender's decision will be documented on the Third-Party Preliminary Investigation form. The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate’s decision to decline: 0.
115.52 (f) Safe Prisons/PREA Plan 2019: Emergency grievances are not eligible for extensions and shall be completed within the 40-day time limit. Responses to grievances shall clearly state the result of the investigation and the reasons for the decision. When a grievance response specifies that an action is to be taken, it shall include a date for completing the action, when possible, and resources required to resolve the issue when appropriate. When no corrective action is warranted, an explanation shall be provided to the offender. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0.

The number of those grievances in that had an initial response within 48 hours: 0. The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days: 0. Emergency Grievances Every grievance shall be reviewed by the unit grievance investigator; at which time, the determination shall be made as to the category of the complaint. Grievances alleging sexual abuse shall be coordinated with the unit warden, major, chief of unit classification, Unit Safe Prisons PREA Program manager, Office of the Inspector General (OIG), and Prison Rape Elimination Act (PREA) ombudsman as provided for in the TDCJ Safe Prisons/PREA Plan.

115.52 (g) Safe Prisons/PREA Plan 2019: An offender may be disciplined for filing a grievance related to alleged sexual abuse only when the investigation determines the offender filed the grievance in bad faith. In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.

Corrective Action: The auditor recommends no corrective action.

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? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- 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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: *(Policies, directives, forms, files, records, etc.)*

- TDCJ CID Safe Prisons Plan (2019)
- SPPOM 02.03 Attachment C & CS
- RCC Solicitation Letters 2018, 2019, 2020
- Offender Orientation Handbook (English/Spanish)
- BP-03.91 Uniform Offender Correspondence Rules
- Texas Association Against Sexual Assault -Rape Advocacy Centers
- Statement of Fact Access to Outside Confidential Support Services

Interviews:

- Random Sample of Inmates
- Inmates who Reported a Sexual Abuse (no inmates assigned)

Findings: Inmates access to outside confidential support services.

115.53 (a) Safe Prisons/PREA Plan 2019: Offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. The auditor conducted interviews with a Random Sample of Inmates during the onsite portion of the audit.
115.53 (b) Safe Prisons/PREA Plan 2019: Offenders shall be informed, prior to giving them access, of the extent to which these communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The auditor conducted interviews with a Random Sample of Inmates during the onsite portion of the audit.

115.53 (c) Safe Prisons/PREA Plan 2019: Attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services. The auditor conducted interviews with a Random Sample of Inmates during the onsite portion of the audit.

Observation: The facility attempted to partner and provide the required services. The facility currently does not have a Memorandum of Understanding or agreement however is attempting to partner with the local rape crises center. The agency maintains documentation of the attempts to enter into such agreements and is working towards obtaining the agreement. The auditor reviewed the attempt and two-way communication between both parties attempting to resolve the PREA standards requirements. The agency and PREA Ombudsman management team have been working with outside Rape Crisis Centers by sending out solicitation letters and reaching out in attempts to obtain those services required by the standard. The agency and facility were currently working with the Houston Area Women’s Center E.D Director of Counseling and Advocate to obtain the services required. A solicitation letter was sent out to the Houston Area Women’s Center on September 17, 2020, by the agency. The facility Warden made contact with the Houston Area Women’s Center on 1/19/2021 at two locations: Lake Jackson in Pearland, Texas and was advised about Texas Forensic Nurse Examiners Program who could possibly assist us with other current needs. On 1/25/2021 the Warden contacted the Houston Women’s Center in Alvin, Texas and left a message requesting information regarding assistance in providing support and counseling to inmates who were victims of sexual assault. The Warden contacted the Texas Women’s Center in Freeport, Texas on 1/25/2021 and left a message regarding assistance in providing support and counseling to inmates who were victims of sexual assault. The Warden contacted the Texas Women’s Center in Angleton, Texas on 1/25/2021 and left a message regarding assistance in providing support and counseling to inmates who were victims of sexual assault. The TWC in Angleton returned the Warden’s call and advised that they would not be able to provide assistance with the required needs. The agency contacted the Texas Women’s Crisis Center on 1/26/2021 and were told they thought the Warden at the Darrington Unit was requesting a forensic medical exam however, the TWC did not provide those services. The Warden was notified on 2/1/2021 by the TDCJ agency that there was an MOU in progress with the Houston Women’s Center for the Darrington Unit. The Warden reached out to the Director of Counseling and Advocacy regarding the MOU on 3/12/2021 and left a message. On 3/16/2021, the Warden called and left a voice message for the Director of Counseling and Advocacy regarding the MOU. On 3/16/2021, the Houston Women’s Center Director of Counseling contacted the Warden and stated the everything was in place on her end for the MOU. The Director of Counseling was requesting information regarding the number of incidents to determine the number of man hours needed. The facility/agency was in the process of developing an MOU corresponding by phone, emails and constant communication in attempts to provide inmates with the required services. The agency/facility and Director of Counseling for the Houston Area Women’s Center were working together to obtain the Memorandum of Understanding for the required services.

Corrective Action: The auditor recommends no corrective action.

Standard 115.54: Third-party reporting
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

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 evidence was analyzed in making compliance determination:

Documentation Reviewed: *(Policies, directives, forms, files, records, etc.)*

- TDCJ CID Safe Prisons Plan (2019)
- ED-02.03 Ombudsman Program
- ED-02.10 PREA Complaints and Inquiries
- Offender Orientation Handbook (English/Spanish)
- General Information Guide for Families of Offenders pg. 35
- BP 02.09 Prison Rape Elimination Act Ombudsman Policy Statement
- SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency

Findings: Third-party reporting.

115.54 (a) Safe Prisons/PREA Plan 2019: The General Information for Families of Offenders Brochure (available online):

http://www.tdcj.texas.gov/ks_offender.html
http://www.tdcj.texas.gov/tbcj/prea.html

The information is provided in the inmate handbooks, posters, and orientation. Contacting the PREA Ombudsman A. Offenders The notice in Attachment A, which provides information about the PREA and how to contact the PREA ombudsman, shall be posted at each correctional facility and made continually and readily available and visible to the offender population. B. Public The contact, mailing...
address, and phone number for directing inquiries and complaints to the PREA ombudsman shall be available on the TDCJ website.

**Responsibilities of the PREA Ombudsman**

- Monitor the agency's efforts to eliminate sexual abuse and sexual harassment in TDCJ correctional facilities.
- Ensure the agency's policies and procedures are in compliance with federal and state laws and standards.
- Respond to public inquiries regarding allegations of sexual abuse and sexual harassment in TDCJ correctional facilities.

**Reporting Sexual Abuse and Sexual Harassment**

Family and friends of offenders, and the general public, are encouraged to report allegations of sexual abuse and sexual harassment that occur in TDCJ correctional facilities to the PREA Ombudsman Office or the TDCJ Ombudsman Office. Public inquiries regarding allegations of sexual abuse or sexual harassment are referred to the PREA Ombudsman Office for investigation and response. All allegations of sexual abuse or sexual harassment received in the PREA Ombudsman Office are referred to the Office of Inspector General for possible criminal investigation. When reporting allegations of sexual abuse and sexual harassment, please provide the following information, if possible:

- Name of the unit where the alleged victim is assigned.
- Date and time the alleged incident occurred.
- Name and TDCJ number of the alleged offender victim.
- Name and TDCJ number of the alleged assailant and witnesses.
- A brief summary of the allegation.
- Copies of any correspondence that could assist in the investigation.

For expediency with the reporting process, any allegations unrelated to sexual abuse, sexual harassment, or the PREA, should be reported directly to the TDCJ Ombudsman Office.

**PREA Ombudsman Publications**

- PREA Ombudsman Publications

**Corrective Action:** The auditor recommends no corrective action.

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**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

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

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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 evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ CID Safe Prisons Plan (2019)
- PD-29 Sexual Misconduct with Offenders
- OIG 04.05 Offender Sexual Assault Investigations
- CMHC Policy G-57.01 Sexual Assault-Sexual Abuse
- CMHC Policy E-35.02 Mental Health Evaluation
- COURAGE YOP Operations Manual 02.05 Requirement to contact DFPS
- AD 16.20 Reporting Incidents Crimes to the Office of the Inspector General
- SPPOM 05.01 Sexual Abuse Response and Investigation

Interviews:
- Random sample of staff
- Warden or Designee
- PREA Compliance Manager
- Medical/Mental Health staff

Findings: Staff and agency reporting duties.
115.61 (a) Safe Prisons/PREA Plan 2019: Staff and Third-Party Reporting of Allegations 1. All staff members shall immediately report, according to TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit.

115.61 (b) Safe Prisons/PREA Plan 2019: Staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit.

115.61 (c) Safe Prisons/PREA Plan 2019: Unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse pursuant to Section IV.B.1 of this plan, and to inform offenders of the practitioner’s duty to report, as well as the limitations of confidentiality. The auditor conducted interviews with Medical and Mental Health Staff during the onsite portion of the audit.

115.61 (d) Safe Prisons/PREA Plan 2019: The facility does not house youthful inmates at the Darrington Unit. The auditor conducted interviews with the Warden or Designee and the PREA Compliance Manager during the onsite portion of the audit.

115.61 (e) Safe Prisons/PREA Plan 2019: Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan. The auditor conducted an interview with the Warden or Designee and reviewed a Sample of reports during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.
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.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- SPPOM 02.04 Intervention Practices
- SPPOM 05.01 Sexual Abuse Response and Investigation
- AD 02.15 Operation of the EAC & Reporting Procedures for Serious or Unusual Incidents
- SPPOM 05.03 Time Frames Associated with Offender Protection Investigation

**Interviews:**

- Agency Head
- Warden or Designee
- Random Sample of Staff

**Findings: Agency protection duties.**

115.62 (a) Safe Prisons/PREA Plan 2019: When an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response shall be provided within 48 hours of receipt, and a final decision rendered within five calendar days. The initial response and final decision shall document whether the offender is in substantial risk of imminent sexual abuse and the action taken. Information related to this item may be found in the TDCJ Offender Grievance Operations Manual.
In the past 12 months, the number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse: 0. If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: 0. The auditor conducted interviews with the Agency Head, Warden or Designee and a Random Sample of Staff during the audit process.

**Corrective Action:** The auditor recommends no corrective action.

### 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.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
Interviews:
- Agency head
- Warden or designee

Findings: Reporting to other confinement facilities.

115.63 (a) Safe Prisons/PREA Plan 2019: Reporting to Other Confinement Facilities. After receiving an allegation that an offender was sexually abused while confined at another facility, such as a county jail or out of state facility, the individual taking the initial report shall immediately notify the USPPM. The USPPM shall provide the SPPMO with the details of the alleged incident so the SPPMO may initiate notification to the appropriate office of the outside agency where the alleged abuse occurred. In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0. The auditor reviewed investigations during the onsite portion of the audit.

115.63 (b) Safe Prisons/PREA Plan 2019: The SPPMO shall provide the notification to the appropriate agency as soon as possible, but no later than 72 hours after receiving the allegation. The auditor reviewed investigations during the onsite portion of the audit.

115.63 (c) Safe Prisons/PREA Plan 2019: The SPPMO shall document the notification. The auditor reviewed investigations during the onsite portion of the audit.

115.63 (d) Safe Prisons/PREA Plan 2019: Any TDCJ warden or departmental office receiving notification from an outside agency that an offender in the outside agency’s custody alleged sexual abuse while assigned to TDCJ custody shall ensure the allegation is forwarded to the PREA ombudsman in accordance with ED-02.10, “Prison Rape Elimination Act Complaints and Inquiries,” for possible investigation. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 1. The auditor conducted interviews with the Agency head and Warden or designee during the audit process. The auditor reviewed investigations during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ CID Safe Prisons Plan (2019)
- AD 16.03 Evidence Handling
- SPPOM 05.01 Sexual Abuse Response and Investigation

Interviews:
- Security Staff and Non-Security Staff First Responders
- Inmates who Reported a Sexual Abuse (no inmates assigned)
- Random Sample of Staff
Findings: Staff first responder duties.

115.64 (a) Safe Prisons/PREA Plan 2019: Response to Reports of Sexual Abuse 1. After learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

- Notify a security supervisor.
- Separate the alleged victim and assailant.
- Preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence.
- Be required to request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.
- Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

In the past 12 months, the number of allegations that an inmate was sexually abused: 30. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 30. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 20. Of these allegations, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report: 3. The auditor conducted interviews with the Security Staff and Non-Security Staff First Responders and Inmates during the onsite portion of the audit.

115.64 (b) Safe Prisons/PREA Plan 2019: If the first staff responder is not a correctional officer, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and shall immediately notify a correctional officer. Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0. Of those allegations responded to first by a non-security staff member, the number of times that the staff member: 0. The auditor conducted interviews with the Security Staff and Non-Security Staff First Responders and Inmates during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- RCC Solicitation Letter 2018, 2019, 2020
- Sexual Abuse Coordinated Response Plan Unit
- SPPOM 05.01 Sexual Abuse Response and Investigation

Interviews:

- Warden or Designee

Findings: Coordinated response.

115.65(a) Safe Prisons/PREA Plan 2019: Response to Reports of Sexual Abuse 1. After learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

- Notify a security supervisor.
- Separate the alleged victim and assailant.
- Preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence.
- Be required to request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.
- Ensure that the alleged abuser does not take any actions that could destroy physical evidence and shall immediately notify a correctional officer.

If medical and mental health staff are not available at the time the allegation is made, staff first responders shall take preliminary steps to protect the victim and shall notify on-call medical or mental health staff. The nature and scope of treatment shall be determined by medical and mental health practitioners in accordance with CMHC policies and Section II.G of this plan. g. As appropriate, the services of a victim advocate or an OVR shall be made available in accordance with this plan. h. Additional information regarding coordinated response procedures may be found in the SPPOM. If the first staff responder is not a correctional officer, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and shall immediately notify a correctional officer. The auditor conducted an interview with the Warden or Designee during the onsite portion of the audit.
Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- PD-29 Sexual Misconduct with Offenders
- PD-35 Independent Dismissal Mediation and Dispute Resolution
- PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees

Findings: Preservation of ability to protect inmates from contact with abusers

115.66 (a) Safe Prisons/PREA Plan 2019: The Texas Department of Criminal Justice does not collectively bargain nor enter into collective bargaining agreements that limits the agency’s ability to
protect inmates from contact with abusers (i.e., staff sexual abusers pending the outcome of an investigation or a determination of whether or not and to what extent discipline is warranted).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and site review. The facility does not collectively bargain nor enter into collective bargaining agreements that limits the agency’s ability to protect inmates from contact with abusers. The auditor concluded that the facility complies with the standard for the relevant recertification period.

115.66 (b) N/A

Corrective Action: The auditor recommends no corrective action.

**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 inmates 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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ CID Safe Prisons Plan (2019)
- PD-29 Sexual Misconduct with Offenders
- SPPOM 02.04 Intervention Practices
- PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees
- SPPOM 05.08 90-day Monitoring for retaliation with attachments NO (offenders) & NS (Staff)

Interviews:
- Agency Head
- Warden or Designee
- Designated Staff Member Charged with Monitoring Retaliation (or Warden if not available)
- Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)
- Inmates who Reported a Sexual Abuse (no inmates assigned)

Findings: Agency protection against retaliation.

115.67 (a) Safe Prisons/PREA Plan 2019: Offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours. Every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the offender from the general population. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The auditor interviewed staff designated to conducted monitoring for retaliation which included the Warden, Assistant Warden, Majors, and Captains.

115.67 (b) Safe Prisons/PREA Plan 2019: As appropriate, multiple protective measures may be taken, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offender or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Protection from Retaliation. Offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. The USPPM shall monitor for incidents of retaliation in accordance with the SPPOM. The auditor conducted interviews with the Agency Head, Warden or Designee and Designated Staff Member Charged with Monitoring Retaliation (or Warden during the onsite portion of the audit. There were no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite portion of the audit. The auditor conducted interviews with Inmates during the onsite portion of the audit.
115.67 (c) Safe Prisons/PREA Plan 2019: For at least 90 days following a report of sexual abuse, the USPPM shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse, and of offenders who were reported to have been victims of sexual abuse, for changes that may indicate possible retaliation by offenders or staff and shall act promptly to address any retaliation. The auditor conducted interviews with the Warden or Designee and Designated Staff Member Charged with Monitoring Retaliation during the onsite portion of the audit.

115.67 (d) Safe Prisons/PREA Plan 2019: The monitoring shall also include periodic status checks of offenders. The auditor conducted interviews with the Designated Staff Member Charged with Monitoring Retaliation during the onsite portion of the audit.

115.67 (e) Safe Prisons/PREA Plan 2019: If any other individual who cooperates with an investigation expresses a fear of retaliation, the TDCJ shall take appropriate measures to protect that individual against retaliation. If the TDCJ investigation determines the allegation to be unfounded, the monitoring shall be discontinued. The auditor conducted interviews with the Agency Head and Warden or Designee during the onsite portion of audit.

115.67 (f) N/A

Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
Interviews:
- Warden or Designee
- Staff who Supervise Inmates in Segregated Housing
- Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse/no assigned)

Findings: Post-allegation protective custody.
115.68 (a) Safe Prisons/PREA Plan 2019: Offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours. If a protective safekeeping housing assignment is made pursuant to Section III.C.3, the unit shall clearly document.

The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. In the past 12 months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0. From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: A statement of the basis for facility’s concern for the inmate’s safety; and the reason or reasons why alternative means of separation could not be arranged: 0. Every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the offender from the general population.

Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- AD 16.03 Evidence Handling
Interviews:

- Investigative Staff
- Inmates who Reported a Sexual Abuse (no inmates assigned)
- Warden or Designee
- PREA Compliance Manager

Site Review:

Investigation Review: The facility had a total of 32 investigations reported in the past 12 months, the auditor reviewed 13 allegations for inmate-on-inmate sexual abuse/harassment and staff/inmate allegations within the three-year timeframe. The auditor reviewed the investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations provided a description, status, and type of investigation completed.

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Type/OIG Status</th>
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</thead>
<tbody>
<tr>
<td>1. Allegations against inmates</td>
<td>Substantiated</td>
<td>Active/OIG referral</td>
</tr>
<tr>
<td>2. Allegations against inmates</td>
<td>Unsubstantiated</td>
<td>No case opened/OIG referral</td>
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<tr>
<td>3. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
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</tr>
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</table>

Findings: Criminal and administrative agency investigations.

115.71 (a) Safe Prisons/PREA Plan 2019: Investigations of sexual abuse, threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The auditor conducted interviews with Investigative Staff and reviewed a Sample of investigative records/reports for allegations of sexual abuse or sexual harassment during the onsite portion of the audit.

115.71 (b) Safe Prisons/PREA Plan 2019: Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan. The auditor conducted interviews with investigative staff during the onsite portion of the audit.
115.71 (c) Safe Prisons/PREA Plan 2019: Investigations A. General Considerations. All allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.71 (d) Safe Prisons/PREA Plan 2019: When the evidence supports criminal prosecution, OIG shall conduct compelled interviews only after consulting with prosecutors to ensure the interviews do not impede subsequent criminal prosecution. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.71 (e) Safe Prisons/PREA Plan 2019: An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation. The credibility of an alleged victim, assailant, or witness shall be assessed on an individual basis and not on the status as an offender or staff member. The auditor conducted interviews with Investigative Staff and reviewed a Sample of investigative records/reports for allegations of sexual abuse or sexual harassment during the onsite portion of the audit. The auditor conducted interviews with inmates during the onsite portion of the audit.

115.71 (f) Safe Prisons/PREA Plan 2019: Staff shall document the description of physical and testimonial evidence in the body of the report, the reasoning behind credibility assessment, and investigative facts and findings. Information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report. Administrative investigations shall: a. Include an effort to determine if staff actions or inactions contributed to the abuse; and b. Be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The auditor conducted interviews with Investigative Staff and reviewed a Sample of investigative records/reports for allegations of sexual abuse or sexual harassment during the onsite portion of the audit.

115.71 (g) Safe Prisons/PREA Plan 2019: Criminal investigations shall be documented in accordance with OIG policies and procedures. The auditor conducted interviews with Investigative Staff and reviewed a Sample of investigative records/reports for allegations of sexual abuse or sexual harassment during the onsite portion of the audit.

115.71 (h) Safe Prisons/PREA Plan 2019: Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution in accordance with OIG policies and procedures. The auditor conducted interviews with Investigative Staff and reviewed a Sample of investigative records/reports for allegations of sexual abuse or sexual harassment during the onsite portion of the audit. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA Audit whichever is later: 0.

115.71 (i) Safe Prisons/PREA Plan 2019: All administrative and criminal investigations shall be retained in accordance with the TDCJ Records Retention Schedule.

115.71 (j) Safe Prisons/PREA Plan 2019: The departure of the alleged assailant or victim from employment of custody of the TDCJ shall not be the basis for terminating an investigation. The auditor conducted interviews with the investigative staff during the onsite portion of the audit.

115.71 (k) N/A

115.71 (l) Safe Prisons/PREA Plan 2019: Unit staff conducting OPIs shall cooperate with the OIG when applicable, to avoid interfering with possible criminal investigation related to the same incident.
The auditor conducted interviews with the Warden or Designee, PREA Compliance Manager and investigative Staff during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

### 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.*

### The following evidence was analyzed in making compliance determination:

#### Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ CID Safe Prisons Plan (2019)
- FY 2020 SPPCT PPT
- SPPCTI Conducting a Thorough Investigation Training FY2020

#### Interviews:
- Investigative Staff

### Findings: Evidentiary standards for administrative investigations.

**115.72 (a) Safe Prisons/PREA Plan 2019:** No standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated. The auditor conducted interviews with investigative staff and reviewed sexual abuse investigations during the onsite portion of the audit.

### Corrective Action: The auditor recommends no corrective action.
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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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**

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The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- TDCJ CID Safe Prisons Plan (2019)
- SPPOM 05.05 Attachment J-Offender Protection Investigation
- SPPOM 05.05 Attachment M-UCC Notification of OPI outcome
- SPPOM 05.11 Attachment F-Staff on Offender Sexual Abuse Investigation
- SPPOM 05.10 Reporting Sexual Abuse Criminal Case Status to Offenders

**Interviews:**
- Warden or Designee
- Investigative Staff
- Inmates who Reported a Sexual Abuse (no inmates assigned)

**Findings: Reporting to inmates.**

115.73 (a) Safe Prisons/PREA Plan 2019: Following an OPI committee review, the committee shall inform the offender if the allegations were determined to be substantiated, unsubstantiated, or unfounded. In the past 12 months: The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility: 30. Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 30.
The auditor conducted interviews with the Warden or Designee, Investigative Staff, and there were no Inmates who Reported a Sexual Abuse during the onsite portion of the audit.

Investigation Review: The facility had a total of 32 investigations reported in the past 12 months, the auditor reviewed 13 allegations for inmate-on-inmate sexual abuse/harassment and staff/inmate allegations within the three-year timeframe. The auditor reviewed the investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations provided a description, status, and type of investigation completed.

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<td>Substantiated</td>
<td>Active/OIG referral</td>
</tr>
<tr>
<td>2. Allegations against inmates</td>
<td>Unsubstantiated</td>
<td>No case opened/OIG referral</td>
</tr>
<tr>
<td>3. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
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<tr>
<td>4. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
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<td>5. Allegations against staff</td>
<td>Unfounded</td>
<td>No case opened/OIG referral</td>
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<tr>
<td>6. Allegations against staff</td>
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<td>No case opened/OIG referral</td>
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<tr>
<td>7. Allegations against staff</td>
<td>Unfounded</td>
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<td>8. Allegations against staff</td>
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<td>9. Allegations against staff</td>
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<td>10. Allegations against staff</td>
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<td>11. Allegations against staff</td>
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<tr>
<td>13. Allegations against staff</td>
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</tbody>
</table>

115.73 (b) Safe Prisons/PREA Plan 2019: The TDCJ SPPM shall ensures the relevant criminal information is received from the OIG in order to inform the offender. In the past 12 months: The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency: 0. The number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0. The auditor reviewed a random sample of investigations during the onsite portion of the audit.

115.73 (c) Safe Prisons/PREA Plan 2019: If an offender is determined to have been a victim of staff-on-offender sexual abuse, the warden shall inform the offender when: a. The staff member is no longer assigned to the offender’s unit, or b. The staff member is no longer employed by the TDCJ. 5. If an offender is determined to have been a victim of staff-on-offender sexual abuse and the abuse is determined criminal, the SPPMO shall inform the offender when: a. The staff member has been indicted on a charge related to sexual abuse within the unit, or b. The staff member has been convicted on a charge related to sexual abuse within the unit. The auditor conducted interviews with inmates who reported sexual abuse during the onsite portion of the audit. The auditor randomly reviewed a sample of investigations and the outcome during the onsite audit.

115.73 (d) Safe Prisons/PREA Plan 2019: If an offender alleges to have been a victim of offender-on-offender sexual abuse, the SPPMO will subsequently inform the alleged victim when: The alleged assailant has been indicted on a charge related to sexual abuse within the unit; or b. The alleged assailant has been convicted on a charge related to sexual abuse within the unit. The staff member has been convicted on a charge related to sexual abuse within the unit. The auditor conducted interviews with inmates who reported sexual abuse during the onsite portion of the audit. The auditor randomly reviewed a sample of investigations and the outcome during the onsite audit.

115.73 (e) Safe Prisons/PREA Plan 2019: All offender notifications or attempted notifications described in items 4-6 of this section shall be documented.
The requirement to provide offender notification shall terminates if the offender is released from the custody of the TDCJ. In the past 12 months: The number of notifications to inmates that were provided pursuant to this standard: 30. The number of those notifications that were documented: 30.

115.73 (f) N/A

Corrective Action: The auditor recommends no corrective action.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

▪ Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
Does Not Meet Standard *(Requires Corrective Action)*

**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 evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- TDCJ CID Safe Prisons Plan (2019)
- WBP-07.15 Sexual Misconduct with Offenders
- PD-29 Sexual Misconduct with Offenders
- WBP-07.44 Professional Standards of Conduct and Disciplinary Guidelines
- AD 16.20 Reporting Incidents Crimes to the Office of Inspector General
- PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees

**Findings: Disciplinary sanctions for staff.**

115.76 (a) Safe Prisons/PREA Plan 2019: Disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations shall be handled in accordance with PD-22, “General Rules of Conduct and Disciplinary Action Guidelines for Employees.”

115.76 (b) Safe Prisons/PREA Plan 2019: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

115.76 (c) Safe Prisons/PREA Plan 2019: Disciplinary sanctions for violations of TDCJ policies relating to sexual abuse or sexual harassment, that do not involve actual sexual abuse, shall be 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. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0.

115.76 (d) Safe Prisons/PREA Plan 2019: All terminations for violations of TDCJ sexual abuse or sexual harassment policies, or resignations in lieu of termination, shall be reported to the OIG, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.77: Corrective action for contractors and volunteers**

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

115.77 (a)
• Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

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

• Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

**115.77 (b)**

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

**Auditor Overall Compliance Determination**

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

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

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

**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 evidence was analyzed in making compliance determination:**

**Documentation Reviewed:** *(Policies, directives, forms, files, records, etc.)*

- TDCJ CID Safe Prisons Plan (2019)
- Volunteer Services Plan
- PREA Violations by Volunteers
- Volunteer Training Facilitators Guide
- PD-29 Sexual Misconduct with Offenders
- PREA Violations by Contract Staff Texas Tech
- PREA Violations by Windham School District Staff
- Acknowledgement of Volunteer Training Orientation
- Chaplaincy Manual 13.03 Ecclesiastical Endorsement

**Interviews:**

- Warden
**Findings: Corrective action for contractors and volunteers.**

115.77 (a) Safe Prisons/PREA Plan 2019: Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates: 0.

115.77 (b) Safe Prisons/PREA Plan 2019: The unit shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies by a contractor or volunteer. The auditor conducted an interview with the Warden or designee during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

**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)

If the agency prohibits all sexual activity between inmates, 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.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- Sex Offender Treatment Program 01.04
- Disciplinary Rules and Procedures for Offenders-English
- Disciplinary Rules and Procedures for Offenders-Spanish
- CMHC Policy A-08.1 Decision Making Mental Health Patients

Interviews:

- Warden
- Medical and Mental Health Staff

Findings: Disciplinary sanctions for inmates.

115.78 (a) Safe Prisons/PREA Plan 2019: Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse in accordance with the TDCJ Disciplinary Rules and Procedures for Offenders. In the past 12 months: The number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 1. The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0.
115.78 (b) Safe Prisons/PREA Plan 2019: Sanctions shall be appropriate to the nature of abuse committed, the offender’s disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories. The auditor conducted an interview with the Warden or designee during the onsite portion of the audit.

115.78 (c) Safe Prisons/PREA Plan 2019: The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor conducted an interview with the Warden or designee during the onsite portion of the audit.

115.78 (d) Safe Prisons/PREA Plan 2019: If the unit offers therapy, counseling, or other interventions designed to address and correct possible underlying reasons or motivations for the abuse, consideration shall be made to determine if participation should be a requirement for access to programming or other benefits. The auditor conducted interviews with Medical and Mental Health Staff during the onsite portion of the audit.

115.78 (e) Safe Prisons/PREA Plan 2019: An offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.

115.78 (f) Safe Prisons/PREA Plan 2019: A report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. When the preponderance of evidence exists supporting a false allegation, the offender involved in the false allegation shall be disciplined in accordance with the TDCJ Disciplinary Rules and Procedures for Offenders.

115.78 (g) Safe Prisons/PREA Plan 2019: Sexual misconduct between offenders is prohibited and shall result in disciplinary sanctions in accordance with the TDCJ Disciplinary Rules and Procedures for Offenders. However, sexual misconduct between offenders shall not constitute sexual abuse if it is determined the activity is consensual.

Corrective Action: The auditor recommends no corrective action.

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

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

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

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

Auditor Overall Compliance Determination

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

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

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

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 evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

- TDCJ CID Safe Prisons Plan (2019)
- SPPOM 03.01 Attachment E
- SPPOM 03.01 E1 (Transfer)
Interviews:
- Inmates who Disclose Sexual Victimization at Risk Screening
- Staff Responsible for Risk Screening

Findings: Medical and mental health screenings; history of sexual abuse.
115.81 (a/c) Safe Prisons/PREA Plan 2019: If the screening pursuant to this section indicates an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The auditor conducted interviews with Inmates who Disclose Sexual Victimization at Risk Screening and Staff Responsible for Risk Screening during the onsite audit process.

115.81 (b) Safe Prisons/PREA Plan 2019: If the screening pursuant to this section indicates an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The auditor interviewed Staff Responsible for Risk Screening during the audit.

115.81 (d) Safe Prisons/PREA Plan 2019: Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

115.81 (e) Safe Prisons/PREA Plan 2019: In accordance with CMHC policies, medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. The auditor conducted interviews with the Medical and Mental Health Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** *(Policies, directives, forms, files, records, etc.)*

- TDCJ CID Safe Prisons Plan (2019)
- CMHC A 01.01 Access to Care
- SPPOM 05.01 Sexual Abuse Response and Investigation
- CMHC Policy G-57.1 Sexual Assault Sexual Abuse
- I-214 Referral to Mental Health Services

**Interviews:**
- Medical and Mental Health Staff
- Inmates who Reported a Sexual Abuse (no inmates assigned)
- Security staff and non-security staff first responders
Findings: Access to emergency medical and mental health services.

115.82 (a) Safe Prisons/PREA Plan 2019: Offender victims of sexual abuse shall 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 in accordance with CMHC policies. The auditor conducted interviews with Medical and Mental Health Staff and Inmates during the onsite portion of the audit.

115.82 (b) Safe Prisons/PREA Plan 2019: If no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders shall take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners. The auditor conducted interviews with Security Staff and Non-Security Staff First Responders during the audit.

115.82 (c) Safe Prisons/PREA Plan 2019: Offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate, in accordance with CMHC policies. The auditor conducted interviews with Medical and Mental Health Staff and Inmates during the onsite portion of the audit.

115.82 (d) Safe Prisons/PREA Plan 2019: Treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Corrective Action: The auditor recommends no corrective action.

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. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ 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. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ CID Safe Prisons Plan (2019)
- CMHC E-44.1 Continuity of Care
- CMHC G-57.01 Sexual Assault-Sexual Abuse

Interviews:

- Medical and Mental Health Staff
- Inmates who Reported a Sexual Abuse (no inmates assigned)

Findings: Ongoing medical and mental health care for sexual abuse victims and abusers.

115.83 (a) Safe Prisons/PREA Plan 2019: All offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.

115.83 (b) Safe Prisons/PREA Plan 2019: The evaluation and treatment of such offender victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in other units in accordance with CMHC policies or their release from custody. The auditor conducted interviews with the Medical and Mental Health Staff and Inmates during the onsite portion of the audit. The auditor reviewed medical records documentation that demonstrated victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care.

115.83 (c) Safe Prisons/PREA Plan 2019: Offender victims shall be provided medical and mental health services consistent with the community level of care. The auditor conducted interviews with the Medical and Mental Health Staff and Inmates Abuse during the onsite portion of the audit. The auditor reviewed medical records documentation that demonstrated victims receive follow-up services and appropriate treatment.

115.83 (d) The facility does not house female inmates.

115.83 (e) The facility does not house female inmates.

115.83 (f) Offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies. The auditor conducted interviews with Inmates during the onsite portion of the audit. The auditor reviewed sexual abuse investigations for medical records or secondary documentation as part of the audit.

115.83 (g) Treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The auditor conducted interviews with Inmates during the onsite portion of the audit.

115.83 (h) A mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies. The auditor conducted interviews with the Medical and Mental Health Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.
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.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ CID Safe Prisons Plan (2019)
- SPPOM 02.01 Role of the Unit Investigation Team
- Instructions for Reporting Alleged Sexual Abuse and Sexual Harassment
- AD 02.15 Operations of the EAC and Reporting Procedures for Serious or Unusual Incidents

Interviews:
- Warden
- PREA Compliance Manager
- Incident Review Team

Findings: Sexual abuse incident reviews.

115.86 (a) Safe Prisons/PREA Plan 2019: An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 7.

115.86 (b) Safe Prisons/PREA Plan 2019: An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 7.

115.86 (c) Safe Prisons/PREA Plan 2019: The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners. The auditor conducted interviews with the Warden or designee during the onsite portion of the audit.

115.86 (d) Safe Prisons/PREA Plan 2019: The review shall be conducted in accordance with AD-02.15, “Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual
115.86 (e) Safe Prisons/PREA Plan 2019: The unit shall implement recommendations that result from the review or document the reasons for not doing so.

Corrective Action: The auditor recommends no corrective action.

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.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**

- TDCJ CID Safe Prisons Plan (2019)
- SPPOM 08.01 Attachment S
- Survey of Sexual Victimization 2017
- SPPOM 01.01 Safe Prisons PREA Management Office
- OIG 04.05 Offender Sexual Assault Investigations
- SPPOM 08.01 Monthly Safe Prisons PREA Report
- AD 02.15 Operations of the EAC and Reporting Procedures
- BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement

**Findings: Data collection.**

115.87 (a/c) Safe Prisons/PREA Plan 2019: Accurate, uniform data shall be collected for every incident of sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions.

115.87 (b) Safe Prisons/PREA Plan 2019: Incident-based sexual abuse data shall be aggregated at least annually.

115.87 (d) Safe Prisons/PREA Plan 2019: All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV.

115.87 (e) The Darrington Unit does not contract for the confinement of its inmates.

115.87 (f) Safe Prisons/PREA Plan 2019: Once requested, the TDCJ shall provide all relevant data from the previous calendar year to the Department of Justice. The incident-based data collected shall include, at a minimum, information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

**Corrective Action:** The auditor recommends no corrective action.

**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 following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ CID Safe Prisons Plan (2019)
- Safe Prisons-PREA Program Annual Report-2019
- BP 02.09 Prison Rape Elimination Act Ombudsman Policy Statement

Interviews:
- Agency Head
- PREA Compliance Manager

Findings: Data review for corrective action.
115.88 (a) Safe Prisons/PREA Plan 2019: The TDCJ shall review data collected pursuant to Section VII.A of this plan in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by: a. Identifying problematic areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of findings and corrective actions for each unit, as well as the TDCJ as a whole, in collaboration with the OIG and PREA ombudsman. The auditor conducted interviews with the Agency Head and PREA Compliance Manager during the onsite portion of the audit.

115.88 (b) Safe Prisons/PREA Plan 2019: The annual report shall include a comparison of the data and corrective actions from the current year with those from prior years and shall provide an assessment of the progress made in addressing sexual abuse.

115.88 (c) Safe Prisons/PREA Plan 2019: Annual reports shall be approved by the TDCJ executive director and made readily available to the public through the TDCJ website. Interviews with the Agency head were conducted as part of the audit process.

115.88 (d) Safe Prisons/PREA Plan 2019: Personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit, while maintaining the nature of the material. The auditor conducted interviews with the PREA Compliance Manager during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

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 following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

• TDCJ CID Safe Prisons Plan (2019)
• Safe Prisons-PREA Program Annual Reports
• ED 02.29 Records Management
• TDCJ Records Retention Schedule

Interviews:

• Agency Head
• PREA Compliance Manager

Findings: Data storage, publication, and destruction.

115.89 (a) Safe Prisons/PREA Plan 2019: All data collected pursuant to Section VII.A shall be securely maintained. The auditor conducted interviews with the Agency Head and PREA Compliance Manager during the onsite portion of the audit.

115.89 (b) Safe Prisons/PREA Plan 2019: Aggregated sexual abuse data, from all TDCJ operated facilities, including privately contracted facilities, shall be readily available to the public at least annually, through a website or other means. The agency makes its annual report readily available to the public at least annually through its website. www.tdcj.texas.gov/tbcj/prea.html.

115.89 (c) Safe Prisons/PREA Plan 2019: Personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the
safety and security of a unit, while maintaining the nature of the material. The auditor conducted an interview with the Agency Head.

115.89 (d) Safe Prisons/PREA Plan 2019: All sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise. The auditor conducted an interview with the PREA Compliance Manager during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

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 prior three-year audit period, 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? (Note: The response here is purely informational. A “no” response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

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, inmates, 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 Texas Department of Criminal Justice-Darrington Unit demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor interviewed a representative sample of inmates, staff, supervisors, and administrators. The auditor was permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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 Texas Department of Criminal Justice publishes reports on their agency website and has otherwise made publicly available all Final PREA Audit Reports within 90 days of issuance by auditor. The agency website is https://www.tdcj.texas.gov/divisions/arrm/rev_stan_prea.html. The facility is compliant with the reporting process and standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.
I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Noelda Martinez ___________________________ 6/11/2021
Auditor Signature Date

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