

PREA Facility Audit Report: Final

Name of Facility: Duncan Unit

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/15/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Cynthia Swier	Date of Signature: 04/15/2025

AUDITOR INFORMATION	
Auditor name:	Swier, Cynthia
Email:	swierconsultants@gmail.com
Start Date of On-Site Audit:	03/05/2025
End Date of On-Site Audit:	03/07/2025

FACILITY INFORMATION	
Facility name:	Duncan Unit
Facility physical address:	1502 South First Street, Diboll, Texas - 75941
Facility mailing address:	2 Financial Plaza Suite 105, Huntsville, Texas - 77340

Primary Contact

Name:	Brenda German
Email Address:	Brenda.German@tdcj.texas.gov
Telephone Number:	9364373439

Warden/Jail Administrator/Sheriff/Director	
Name:	Bob Castleberry
Email Address:	Bob.Castleberry@tdcj.texas.gov
Telephone Number:	936-829-2295

Facility PREA Compliance Manager	
Name:	Shawana Bell
Email Address:	shawana.bell@tdcj.texas.gov
Telephone Number:	936-829-2295

Facility Health Service Administrator On-site	
Name:	Laura Flowers
Email Address:	Ljflower@utmb.edu
Telephone Number:	936-829-2616

Facility Characteristics	
Designed facility capacity:	530
Current population of facility:	479
Average daily population for the past 12 months:	475
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	24-85
Facility security levels/inmate custody levels:	G1, G2, Transient, Geriatric
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	157
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	20
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	231

AGENCY INFORMATION

Name of agency:	Texas Department of Criminal Justice
Governing authority or parent agency (if applicable):	
Physical Address:	861 Interstate 45, Huntsville, Texas - 77320
Mailing Address:	PO Box 99, Huntsville, Texas - 77340
Telephone number:	8005350283

Agency Chief Executive Officer Information:

Name:	Bryan Collier
Email Address:	bryan.collier@tdcj.texas.gov
Telephone Number:	936-437-2101

Agency-Wide PREA Coordinator Information			
Name:	Cassandra McGilbra	Email Address:	cassandra.mcgilbra@tdcj.texas.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
3	<ul style="list-style-type: none"> • 115.16 - Inmates with disabilities and inmates who are limited English proficient • 115.31 - Employee training • 115.33 - Inmate education
Number of standards met:	
37	
Number of standards not met:	
0	
Not audited at the facility level: Audited at the agency-level, and not relevant to the facility-level audit because the facility	5

has no independent responsibility for the operation of these standards.

AGENCY AUDIT FINDINGS

Summary of Audit Findings

These standards were audited at the agency-level. For more information, please see the attached agency audit report found at the end of this document.

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

10

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

97. Start date of the onsite portion of the audit:	2025-03-05
97. End date of the onsite portion of the audit:	2025-03-07

Outreach

97. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
97. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor sent an electronic test email to the PREA Ombudsman via the form on the TDCJ website. The auditor also sent an email to Just Detention International.

AUDITED FACILITY INFORMATION

97. Designated facility capacity:	530
97. Average daily population for the past 12 months:	475
97. Number of inmate/resident/detainee housing units:	24
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	481
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	30
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	4
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	11
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	52
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	11

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>4</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>As of the dates of the on-site audit, there were no inmates with cognitive disabilities, not transgender inmates and no inmates who had reported sexual abuse. These interviews were supplemented by interviewing additional targeted groups of inmates.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>154</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>231</p>

<p>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>20</p>
<p>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>N/A</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>26</p>
<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected inmates randomly from each housing unit, paying attention to ensuring a diversity in race and ethnicity.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	As of the dates of the on-site audit, there were no inmates with cognitive disabilities, not transgender inmates and no inmates who had reported sexual abuse. These interviews were supplemented by interviewing additional targeted groups of inmates.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	13
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A list of medical inmates was reviewed and verified that there were no inmates that were identified as cognitively impaired.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>

<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>50. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews were conducted with both staff and inmates as well as observations during the site review were made. It was concluded by the auditor that there were no transgender or intersex inmates at the facility as of the dates of the on-site audit.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>52. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>53. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>A review of the master list of inmates did not contain the name of the inmate who was the victim of sexual abuse.</p>

<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>56. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>57. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not house inmates in segregation for this reason. This was verified through interviews with both staff and inmates as well as observation by the auditor of the special housing unit.</p>
<p>58. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The targeted groups of inmates who were not represented at the facility during the dates of the onsite were supplemented by interviewing targeted populations from other categories.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>59. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>30</p>

<p>60. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>61. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>62. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>N/A</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>63. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>64. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

66. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

68. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
69. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
70. Enter the total number of VOLUNTEERS who were interviewed:	1
71. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
72. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Enter the total number of CONTRACTORS who were interviewed:	2
74. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
75. Provide any additional comments regarding selecting or interviewing specialized staff.	N/A

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

76. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
77. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
80. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>81. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor tested the following critical functions: phone access mail access staffing levels grievance process intake process risk screening process camera coverage language interpretation - staff translators and Languageline</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>82. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>83. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>N/A</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

84. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	1	1	1
Total	1	1	1	1

85. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

86. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

87. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	1	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

88. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

89. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

90. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

<p>91. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>92. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>93. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>94. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>95. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>96. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>97. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>98. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no reports of sexual harassment in the previous 12 months.</p>
<p>100. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>101. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>103. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>104. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>106. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>107. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no reports of staff on inmate sexual harassment in the 12 months preceding the audit.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

108. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

Non-certified Support Staff

109. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

110. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Identify the name of the third-party auditing entity

Corrections Consulting Services (F/K/A PAOA)

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Safe Prisons/PREA Plan 3. Executive Directive ED-03.03, Safe Prisons Program 4. Agency and Facility Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator (PC) 2. PREA Compliance Manager (PCM) <p>Findings (By Provision):</p> <p>115.11 (a): The agency has a comprehensive PREA Policy: Safe Prisons/PREA Plan as well as the Executive Directive, and other policies and procedures that supplement the PREA Plan. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. Agency policies address</p>

"Preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "Detecting" sexual abuse

and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "Responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (including notification of licensing agencies), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PREA Coordinator (PC) position is an upper-level position and is agency-wide. The Executive Order confirms the PC responsibilities. The PREA Coordinator is identified as the PREA Ombudsman, who reports to the Texas Board of Criminal Justice. The PC was interviewed during the agency audit and stated that her primary job responsibility is PREA compliance. She stated that she has direct access to Executive Leadership and can implement policies and practices as necessary to ensure sexual safety requirements. There are 6 regional coordinators who monitor and support prison operations and report to her. Together, they develop recommendations to operations managers to correct policies, procedures and practices to comply with PREA standards. There are 125 unit PREA managers, who relay PREA related information to their respective regional PREA coordinators. The Safe Prisons / PREA Managers, one in each unit, report to their respective Wardens, not to the regional PREA managers or Ms. McGilbra. All unit PREA compliance managers have access to the PREA Coordinator with any PREA related investigations or issues.

115.11 (c): The facility has a staff member responsible for ensuring PREA compliance (Unit Safe Prisons PREA Manager - USPPM). The facility organizational chart confirms a staff member is responsible for PREA compliance and that staff member reports to the Warden. The interview with the Compliance Manager indicated she has sufficient time to coordinate the facility's PREA compliance. Staff consistently stated during interviews that the PCM was constantly training and educating them on PREA through various methods such as verbal discussions, memos, etc. The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PC as verified through the organizational chart and has a PREA Compliance Manager as verified through the organizational chart.

Based on the review of the PAQ, the interview with the agency PREA Coordinator and the unit PREA compliance manager, as well as a review of the Safe Prisons PREA Plan, ED-03.03, and the facility and agency organization charts, PREA implementation appears to comply with the standard. The overall incorporation of institutionalized sexual safety practices demonstrates that the PC and PCM have sufficient time and authority to accomplish PREA responsibilities for the agency and facility.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Contracts for Confinement of Inmates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator <p>Findings (By Provision):</p> <p>115.12 (a): The agency has 27 contracts related to the confinement of inmates: These include secure private facilities, residential reentry and transitional treatment centers. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the contracts confirmed that all had language requiring compliance with PREA standards (either directly stated PREA compliance or via compliance with department policy and/or federal law).</p> <p>115.12 (b): The agency has 27 contracts related to the confinement of inmates. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the contracts confirmed that all had language requiring compliance with PREA standards (either directly stated PREA compliance or via compliance with department policy and/or federal law). The interview with the agency contract administrator indicates that the agency has one full time TDCJ employee responsible for on-site contract monitoring for the eight (8) secure facilities. The contract monitors provide continuous monitoring. The residential and transitional centers also have contract monitors. Each monitor has up to three (3) facilities to monitor.</p> <p>Based on the review of the PAQ, the interview with the agency contract administrator and the language within the agency’s contracts, this standard is determined to be compliant.</p>

115.13	Supervision and monitoring
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-11.52, Security Staffing
4. Security Operations Procedures Manual SOPM-08.06, Security Operations Annual Review of Turnout Rosters Procedures
5. Employee and Visitor Log (Showing Unannounced Rounds)
6. TDCJ Institutions Division, Prisons and Jail Operations, Annual Staffing Plan / Roster Review, Duncan Unit, 2022, 2023, 2024
7. TDCJ Correctional Institutions Division, Statement of Participation, Annual Staffing Plan Review, 2022, 2023, 2024
8. Unit Staffing Plan
9. Unit Staffing Rosters
10. Security Operations Procedures Manual SPOM - 08.01, Turnout Roster Management

Interviews:

1. Warden
2. PREA Compliance Manager
3. PREA Coordinator
4. Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Security Rosters for all Shifts - Unannounced rounds documented on all shifts
3. Staff line of Sight
4. Camera locations
5. Frequency of cell checks

6. Camera Monitoring

7. Informal Conversations with Staff regarding supervision practices

8. Informal Conversations with Inmates regarding staffing presence

Findings (By Provision):

115.13 (a): AD-11.52 indicates that the Security Operations Department is responsible for approving staffing plans and shift turnout rosters for each state operated unit. The staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The current staffing plan was reviewed and indicated that staffing was based on the facility's average daily number of inmates (475). Each shift has a building Lieutenant and a building Sergeant that serve as the shift supervisors. A building Captain and a building Major are on-site Monday through Friday and serve as the highest security supervisory level staff. A dorm rover is responsible for two dorms each shift, while a floor rover is responsible for security of all dorms and areas on that specific floor. Additional officers are assigned to other areas to include: recreation, shakedown, escort, kitchen, intake, transport, visitation, utility, etc. Interviews with the Warden and the PC confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis.

115.13 (b): The facility indicated in the PAQ that deviations from the staffing plan had occurred and indicated these occurrences were due to medical transports, hospital security, unit assist, training, property and armory. The SOPM-08.01 indicated on page 2 that all deviations from the staffing plan are required to be documented on the back side of the security roster. A review of a sample of security rosters indicated that any deviations were documented on the back of the roster and that the Warden was required to approve any deviations via email. The interview with the Warden indicated that all deviations are documented on the back of the daily rosters and that anytime a deviation occurs the Warden was required to obtain approval through the Region Office. These approvals by the Regional Director were reviewed and copies provided to the auditor. During the site review, the auditor observed the staffing and placement of video surveillance. Both staffing and video surveillance appeared to be sufficient. Line of sight was noted, and blind spots were addressed through video surveillance and staff roving. The level of supervision by staff appeared to be adequate. The facility vacancies for staff are augmented by video surveillance and staff working overtime to accommodate and satisfy staffing needs. Informal

	<p>conversations with inmates as well as staff indicated that there are times when the facility is short staffed, however, additional staff are brought in for overtime.</p> <p>115.13 (c): The annual staffing plans were reviewed for 2022, 2023, and 2024 and were signed by the Regional Director, the Warden, the Assistant Director of Security Operations, the PREA Ombudsman and the Staffing Coordinator for Security Operations. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the unit’s deployment of video monitoring technologies and/or the resources the unit had available to commit to ensuring adherence to the staffing plan. SOPM 08.06 and the Safe Prison/PREA Plan, page 10-11, describe the required annual review. The PC confirmed in the interview that the review is completed annually, and that leadership assesses, determines and documents whether adjustments are necessary.</p> <p>115.13 (d): The SAFE Prison/PREA Plan, page 9, section B, indicates that security supervisors are required to conduct and document unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. Unannounced rounds are conducted by the building Sgt., Lt. and/or Captain and are documented at the bottom of the shift turnout roster. It was noted during the on-site audit that rounds are documented in the housing unit log books as “PREA Rounds.” Interviews conducted with intermediate/higher level staff indicated that supervisors are required to make unannounced rounds daily. A review of the PAQ supplemental documentation as well as a review of the shift rosters on-site indicated that supervisory rounds were being made and documented on all shifts. Additionally, the SAFE Prisons/PREA Plan prohibits staff from alerting other staff members about the rounds unless the announcement is related to legitimate operational functions of the unit. During the interviews, supervisory staff indicated that they deviate their times and locations to prohibit staff from alerting other staff about the rounds.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-11.52, SOPM 08.06, SOPM 08.01, the staffing plan, the security rosters, documentation of unannounced rounds, observations made during the site review and interviews with supervisory staff, this standard is determined to be compliant.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

2. Unit Classification Procedure, 04.19

3. TDCJ Safe Prisons PREA Plan

4. CYPOM 01.02, Separation of Youth

Interviews:

1. Warden

2. PREA Compliance Manager

Site Review Observations:

1. Observations in Housing Units Related to Age of Inmates - None under the age of 18

Findings (By Provision):

115.14 (a): The Safe Prisons/PREA, Plan page 10, section C, as well as Unit Classification Procedure 4.19, and CPOM 01.02 describes the procedures for Youthful Inmates. Policies indicates that youthful offenders shall not be placed in housing units where the youthful offender will have sight, sound or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area or sleeping quarters. While the agency does house youthful inmates, the Duncan Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the site review, it was observed that no inmates under the age of 18 were housed at the facility.

115.14 (b): The Safe Prisons/PREA Plan, page 10, section C, as well as Unit Classification Procedure and CYPOM 01.02 describes the procedures for youthful inmates. Policies indicates that when youthful offenders are outside of the housing areas, correctional staff shall maintain sight and sound separation between youthful offenders and adult offenders as well as provide direct supervision when youthful offenders and adult offenders have any sight, sound or physical contact. While the agency does house youthful inmates, the Duncan Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the site review, it was observed that no inmates under the age of 18 were housed at the facility.

115.14 (c): The Safe Prisons/PREA Plan page, 10, section C, indicates that the agency (TDCJ) shall make best efforts to avoid placing youthful offenders in isolation for the purpose of maintaining sight and sound separation. It also indicates that daily large muscle exercise and legally required special education services required to comply

with the standard shall not be denied except in exigent circumstances. Additionally, youthful inmates shall have access to other programs and work opportunities to the extent possible. While the agency does house youthful inmates, the Duncan Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the site review, it was observed that no inmates under the age of 18 were housed at the facility.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Unit Classification Procedure 4.19, CYPOM 01.02, daily population reports and observations made during the site review this standard is determined to be compliant.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Safe Prisons/PREA Plan 3. Administrative Directive AD-03.22, Offender Searches 4. Cross Gender Statement of Fact 5. Search Log 6. Post Order PO-07.006, Restrictive Housing Officer 7. Post Order PO-07.023, Cellblock Officer 8. Post Order PO-07.027, Dorm Officer 9. TLDD Correctional Training and Staff Development (CTSD) Safe Prisons / PREA Program In-Service Training Curriculum 10. TLDD Correctional Training and Staff Development (CTSD) Safe Prisons / PREA Program Supervisor In-Service Training Curriculum 11. TLDD Correctional Training and Staff Development (CTSD) Pre-Service Training Block 1, Legal Responsibilities: Contraband and Searches 12. Security Memorandum SM 02-25, On-the-Job Training Program

13. Staff Training Records

14. Executive Directive ED-12.10, Training and Records Database

Interviews:

1. Random Staff
2. Random Inmates
3. Transgender/Intersex Inmates (none at facility)

Site Review Observations:

1. Observations of Privacy Barriers in Bathroom Areas
2. Observation of Absence of Female Inmates
3. Observation of Cross Gender Announcements
4. Informal Conversations with Staff
5. Informal Conversations with Inmates

Findings (By Provision):

115.15 (a): The Safe Prisons/PREA Plan, page 9, section B as well as AD-03.22, page 2, prohibit staff from conducting cross gender strip searches and cross gender body cavity searches except in exigent circumstances. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months and that the facility does not conduct these types of searches in general. Interviews with staff indicated that inmates are strip searched by male staff only. Interviews with inmates indicated that none had been naked in front of female staff. Informal Conversations with staff and inmates regarding search procedures indicated that strip searches are conducted by male staff and are conducted in a private area with privacy barriers. Transgender inmates are searched last, and searches are conducted with privacy barriers. There were no transgender or intersex inmates at the facility as of the dates of the on-site audit.

115.15 (b): AD-03.22, page 2, prohibit staff from conducting cross gender pat searches of female inmates. The PAQ indicated that no female inmates are housed at the facility and therefore this section of the standard would not apply. A review of the daily population report for the previous twelve months as well as observations made during the site review indicated that no female inmates are or were housed at the

facility in the previous twelve months.

115.15 (c): The Safe Prisons/PREA Plan, page 9 and AD-03.22 page 4, requires staff to document all cross-gender strip searches, cross gender visual body cavity searches and cross gender pat searches of female inmates by the security supervisor through the approving Warden. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female inmates are not housed at the facility.

115.15 (d): The Safe Prisons/PREA Plan, page 9, section B as well as Post Orders 07.006, 07.023 and 07.27, indicate that the facility enables inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, they require staff of the opposite gender to announce their presence prior to entering a housing unit. Interviews with random inmates and interviews with random staff indicated that inmates have privacy when showering, using the restroom and changing clothes via privacy barriers. Interviews also confirm that staff of the opposite gender announce their presence when entering a housing unit. Some inmates interviewed stated that they didn't hear or didn't pay attention to an announcement by female staff. During the site review, the auditor observed postings on the door of all housing units reminding opposite gender staff to announce their presence prior to entering. When the auditor entered a housing unit during the site review, staff announced, "female in the dorm". The auditor observed that all dorms had showers with some form of privacy barrier. Additionally, there were several portable privacy barriers which were constructed out of PVC pipe and placed in each bathroom for privacy. The restrictive housing had toilets within the cell. The cells had a solid door with a small window for safety and security. The shower areas in this dorm had a barrier across the front for privacy.

115.15 (e): The Safe Prisons/PREA Plan, page 16 and AD-03.22, page 2, prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. There were no transgender inmates at the facility as of the dates of the on-site audit. Informal conversations with staff as well as observations during the site review indicated that there were no cameras with direct viewing capability in the showers or toilets. Informal conversations with inmates during the site review indicated that they were able to have privacy when showering, using the toilet and changing clothes.

115.15 (f): The Safe Prisons/PREA Plan, page 33 and AD-03.22 page 2 indicate that security staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The Contraband and Searches Training, page 8-15 as well as the Safe Prisons/PREA Program In-Service Training, pages 4-6 and 9-11 outline these professional and respectful search techniques. The PAQ indicated that 100% of security staff had received this training. A review of a random sample of training records indicated that staff had received the PREA training, which included a video on searches. Interviews with a random sample of staff indicated that they received this training and that they

	<p>conduct all searches in a professional and respectful manner.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.22, Post Order PO-07.006, Post Order PO-07.023, Post Order PO-07.027, the Safe Prisons/PREA Program In-Service Training, the Executive Directive ED-12.10, a random sample of staff training records, observations made during the site review to include the presence of opposite gender announcement postings, privacy barriers, shower curtains and the opposite gender announcement as well as information from interviews related to inmate privacy in the bathroom as well as staff's training on professional and respectful searches, this standard is determined to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Safe Prisons/PREA Plan 3. Intake Procedures 1.10, Initial Orientation 4. Safe Prisons / PREA Operations Manual 02.03, Safe Prisons / PREA Program Posting and Brochures 5. English Version PREA Script Braille 6. Spanish Version PREA Script Braille 7. Offender Orientation Safe Prisons Video Script (English, Spanish and Braille) 8. Health Services Liaison Facility Types List 9. UTMB Quick Reference Guide to Access an Interpreter 10. Correctional Managed Health Care Policy Manual A-08.3, Referral of Offenders to the Developmental Disabilities Program (DDP) 11. TDCJ Training and Leader Development Division, Pre-Service Training Block 1 12. Correctional Managed Health Care Policy Manual G-51.1, Inmates with Special Needs

13. TDCJ Training and Leader Development Division, In-Service Training, Safe Prisons / PREA Program Lesson Plan

14. Security Memorandum SM-05.50, Qualified Spanish Interpreter Guidelines

15. Administrative Directive, AD-04.25, Language Assistance Services to Offenders Identified as Monolingual Spanish Speaking

16. SPPOM 02.03, Attachments (PREA Signage in Spanish)

Interviews:

1. Agency Head

2. Inmates with Disabilities

3. LEP Inmates

4. Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

2. Testing of access to interpretation services

3. Assess availability of interpretation services

4. Assess accessibility of interpretation services

5. Observe location of interpretation services

6. Informal conversations with staff regarding accessibility of interpretation services

7. Informal conversations with inmates regarding accessibility of interpretation services

Findings (By Provision):

115.16 (a): The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual G-51.1 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing are provided information in American Sign Language (ASL) while inmate who are blind or have an intellectual/cognitive disability would be read PREA information. Interviews with the Agency Head and inmates who have a disability indicated that inmates receive PREA information in a format that they can understand. Additionally, the auditor was able to utilize staff interpreters during the audit. A review of a sample of LEP inmate files indicated that they received PREA

information and understood the information. During the site review, the PREA signage was observed to be in large text and in bright colors.

115.16 (b): The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual E-37.5 establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The agency has a staff translator list that is utilized by the facility for any inmates who are LEP. They can also utilize Language Line, a service they can call that will translate information between the staff member and LEP inmate. Policy and interviews indicate that the agency's PREA information is available in numerous formats to include written (English and Spanish), video, American Sign Language, etc. and that PREA information is available throughout the facility in English and Spanish. Interviews with the Agency Head and inmates who are LEP indicated that inmates received PREA information in a format that they can understand. Additionally, the auditor was able to utilize staff interpreters during the audit. A review of a sample of files for LEP inmates indicated that they received PREA information, and they understood the information. During the site review, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): The Safe Prisons/PREA Plan, page 21, prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were no instances where an inmate was utilized. Interviews with a random sample of staff indicated that inmates are not utilized to translate for PREA purposes. Staff indicated that they had a list of staff they could utilize to translate in these circumstances. Interviews with LEP inmates indicated that other inmates were not utilized to translate for them or provide assistance. The facility also provided a list of staff both at the facility and in the agency of staff who speak and can translate in languages other than English.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-04.25, CMHPCM G-51.1, CMHPCM E-37.5, the staff translator list, the Safe Prisons/PREA Program brochure, the observations made during the site review to include the PREA signage as well as interviews with the Agency Head and LEP inmates, this standard appears to be compliant and is rated as exceeds.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-75, Applicants with Pending Criminal Charges or Prior Criminal Convictions
4. Employment Applicant Supplement for Agency Applicants PERS 598
5. Employment Application Supplement PERS 282
6. Executive Directive PD-71, Selection System Procedures
7. Executive Directive PD-56, Request for Release of Employment Information and Documents
8. Duncan Unit New Hire List
9. Executive Directive PD-27, Employment Status Pending Resolution of Criminal Charges or Protective Orders
10. Personnel Files of Staff
11. Contractor Background Files
12. Volunteer Background Files
13. TDCJ Standard or Supplemental Safe Prisons / PREA Training, Employee Acknowledgement Form (signed staff forms)
14. Executive Directive PD-73, Selection Criteria for Correctional Officer Applicants

Interviews:

1. Human Resource Staff
2. Agency Human Resource Staff

Site Review Observations:

1. Employee Personnel Files
2. Contractor Personnel Files

Findings (By Provision):

115.17 (a): The Safe Prisons/PREA Plan, page 27, section 1 as well as Executive Directive PD-75, indicates that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of personnel files of staff indicated that all staff are asked about the above incidents in their application. Additionally, all staff and contractors have a criminal background completed prior to being authorized to work at the facility.

115.17 (b): The Safe Prisons/PREA Plan, page 27, indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The Safe Prisons/PREA Plan, page 39, indicates that the agency is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with inmates. The PAQ indicated that 100% (58) of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of personnel files indicated 100% of the random sample reviewed had a criminal background completed initially and annually thereafter. Additionally, all staff are fingerprinted, and any future arrest is automatically reported to the agency through the Fingerprint-based Applicant Clearinghouse of Texas (FACT). Human Resource staff indicated that all staff are required to have a criminal background check before they are hired and that all law enforcement agencies are contacted related to information on any prior substantiated allegations of sexual abuse or resignations while under investigation.

115.17 (d): The Safe Prisons/PREA Plan, page 39, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been two (2) contracts at the facility within the past twelve months. Of those contracts, 100% of the staff have had a criminal background check prior to enlisting services. A review of a random sample of contractor personnel files indicated that criminal background checks had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the facility.

115.17 (e): The Safe Prisons/PREA Plan, page 39, outlines the system that is in place

to capture criminal background information. The agency utilizes the FACT process. All staff and contractors are fingerprinted and anytime an individual in this system is arrested the TDCJ is immediately notified. This system is more efficient than annual background checks as it is live information, and the agency is notified immediately and able to terminate employment. All staff have an annual background completed each year in addition to the FACT process. The interview with Human Resource staff confirmed that all staff and contractors are entered into the FACT system and that any arrests are immediately reported to the agency.

115.17 (f): The Safe Prisons/PREA Plan, page 38, indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of personnel files of staff indicated that all staff were asked about the above incidents in their supplemental application. Additionally, the interview with Human Resource staff confirmed that these questions are contained on the employment application supplement that is required for all applicants.

115.17 (g): The Safe Prisons/PREA Plan, page 38, indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

115.17 (h): Executive Directive PD-56 indicates that the agency will provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Human resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-27, PD-56, PD-71, PD-73, PD-75, the Unit New Hire List, a review of personnel files for staff, contractors and volunteers and information obtained from the Human Resource staff interviews, this standard is determined to be compliant.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. List of Cameras indicating location
3. Facility Schematics

Interviews:

1. Agency Head
2. Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility. The PAQ as well as interviews with the Agency Head and Warden confirmed there have not been any modifications to the facility since August 20, 2012. During the site review, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The facility has not installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. The PAQ as well as interviews with the Agency Head and Warden confirmed there have not been any upgrades or installation of video monitoring technology. Cameras were noticed by the auditor throughout the facility.

Based on the interviews with the Agency Head as the Warden, the facility schematics, the list of cameras and observations of the facility during the site review, this standard is determined to be compliant.

115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Administrative Directive AD-16.03, Evidence Handling 3. Correctional Managed Health Care Policy Manual CMHCPM-G-57.01, Sexual Assault / Sexual Abuse 4. TDCJ Office of the Inspector General, Operational Procedures Manual OIG-7.13, Inmate Sexual Assault Investigations 5. Offender Victim Representative (OVR) Training Handouts / PowerPoint Training 6. TDCJ Correctional Institutions Division, Inter-Office Communications, Inmate Victim Representatives 7. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 8. Email - Requests to Obtain Victim Advocacy Services by an Outside Provider 9. Statement of Fact 10. TDCJ Board Policy, BP-01.07, Inspector General Policy Statement 11. The Safe Prisons PREA Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff 2. PREA Compliance Manager 3. Inmates Who Reported Sexual Abuse 4. SAFE / SANE Staff: (Exams are conducted at the local hospital. These staff were not able to be interviewed) <p>Findings (By Provision):</p> <p>115.21 (a): AD-16.03, Evidence Handling, and OIG-7.13 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All investigators follow the</p>

same evidence protocol no matter the crime. The PAQ indicated that the facility is responsible for conducting administrative investigations while the Office of the Inspector General (OIG) is responsible for conducting administrative and criminal investigations. Interviews with random staff indicated they are aware of evidence protocol; however, they do not collect evidence, rather the OIG does. They indicated they were aware of how to preserve evidence. A review of the uniform evidence protocol indicates that there is sufficient technical detail to aid responders in obtaining usable physical evidence.

115.21 (b): AD-16.03 and OIG-7.13 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per the PAQ as well as the Safe Prisons/PREA Plan this was developed appropriate for youth and was adapted from the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents".

115.21 (c): The Safe Prisons/PREA Plan, page 13-14, section 5 indicates that all inmate victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. Rather the inmate is transported to a local hospital where the forensic examination is performed by nurses with specialized training. The PAQ indicated that during the previous twelve months, there have been no forensic exams conducted.

115.21 (d): The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two Offender Victim Representatives (OVR) to serve as the TDCJ qualified staff member to provide advocacy services. The facility provided documentation of their efforts to obtain outside advocacy services. Mental Health staff and OVR staff are the qualified staff members at the facility who provide advocacy services. A memo was provided to the auditor specifying the staff who are the designated OVR staff. Interviews with the inmates and staff indicated the OVR is available to provide advocacy services if needed or requested. Inmates interviewed were aware of this information. Advocates will offer support, information and referrals, help victims understand their options and understand and exercise their rights as a victim of a crime.

115.21 (e): The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two OVRs to serve as the TDCJ qualified staff member to provide advocacy services. Mental Health Staff and OVR staff are the qualified staff members at the facility who provide advocacy services when necessary. The facility has made attempts to obtain an outside provider for victim advocacy services but has been unable to do so. Interviews with the inmates and the OVR staff indicated the OVR is available to provide advocacy services during the forensic medical examinations and investigatory interviews if needed or requested.

	<p>115.21 (f): The facility is responsible for conducting administrative investigations while the Office of the Inspector General is responsible for conducting administrative and criminal allegations. The OIG is independent of the agency, however policies including OIG-04.05, indicate they are required to comply with all federal PREA standards.</p> <p>115.21 (g): The facility is responsible for conducting administrative investigations while the Office of the Inspector General is responsible for conducting administrative and criminal allegations. The OIG is independent of the agency, however policies including OIG-04.05, indicate they are required to comply with all federal PREA standards.</p> <p>115.21 (h): The Safe Prisons PREA Plan outlines the requirements for offender victim representatives. Those authorized to serve in this capacity receive specialized training via the Offender Victim Representative Training and include mental health practitioners, sociologists, chaplains, social workers and case managers. These staff are required to be trained in the standard response to a victim’s report of or request for help related to sexual abuse.</p> <p>Based on a review of the PAQ, The Safe Prisons/PREA Plan, OIG-7.13, AD-16.03, CMHCG 57.01, BP-01.07the Safe Prisons PREA Plan, Offender Victim Representative Training, documentation of efforts to obtain an outside victim advocacy provider, documentation of designated Offender Victim Representatives, and information from interviews with the PREA Compliance Manager, and interview response from inmates, this standard is determined to be compliant.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Safe Prisons/PREA Plan 3. TDCJ Office of the Inspector General, Operational Procedures Manual, OIG-7.13, Inmate Sexual Assault Investigations 4. Administrative Directive AD-16.20, Reporting Incidents to the Office of the Inspector General

5. Board Policy BP-01.07, Inspector General Policy Statement

6. Investigative Reports

7. Administrative Directive AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents

8. Safe Prisons / PREA Operations Manual 05.01, Sexual Abuse Response and Investigation

Interviews:

1. Agency Head

2. Investigative Staff

Findings (By Provision):

115.22 (a): OIG-7.13, AD-16.20, BP-01.07, AD-02.15 and the Safe Prisons/PREA Plan, outlines the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The OIG is notified of all allegations of sexual abuse and harassment. If the allegation requires an administrative investigation, the supervisor or Warden will ensure an Administrative Incident Review is completed promptly. All allegations will be forwarded to the OIG for investigation. The PAQ indicated that there was one (1) allegation reported within the previous twelve months. The OIG has this one (1) as an open/active criminal case. The interview with the Agency Head indicated that all allegations are taken seriously and are investigated either administratively by a trained staff member at the facility or criminally by the Office of the Inspector General. The interview also indicated all criminal investigators had received specialized investigator training.

115.22 (b): AD-02.15 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment.

The policy regarding investigations is published on the agency's website: <https://www.tdcj.texas.gov/divisions/oig/index.html>.

The interview with the OIG investigator affirmed that they do the criminal investigations and work closely with the facilities. A review of the investigations documents the referrals to the OIG.

115.22 (c): BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the

	<p>field of investigations in a government environment. The policy outlines the responsibilities of the OIG as it relates to investigations.</p> <p>115.22 (d): BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment. The policy outlines the responsibilities of the OIG as it relates to investigations.</p> <p>115.22 (e): This provision does not apply as no Department of Justice entity is responsible for conducting investigations.</p> <p>Based on a review of the PAQ, AD-16.20, AD-02.15, BP-01.07, OIG 7.13, SPPM 05.01, the Safe Prisons/PREA Plan, the agency’s website and information obtained via interviews with the Agency Head and Investigators, and a review of the investigative report, this standard is determined to be compliant.</p>
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan 3. Executive Directive PD-29, Sexual Misconduct with Offenders 4. Security Memorandum SM-02.25, On the Job Training Program 5. TDCJ Standard or Supplemental Safe Prisons / PREA Training, Employee Acknowledgement Form 6. TDCJ Training and Leader Development Division Correctional Training, On-the-Job Training (OJT) Program Procedures Guide 7. Administrative Directive AD-12.20, Implementation and Operation of TDCJ In-Service and Staff Survivor Training 8. Executive Directive PD-97, Training and Staff Development 9. Safe Prisons / PREA Operations Manual 06.01, Unit Safe Prisons / PREA Program Awareness Training 10. TDCJ Correctional Training and Staff Development, Gender Specificity Training (GST)

11. TDCJ Training and Leader Development Division, In-Service Training, Safe Prisons / PREA Program Lesson Plan

12. TDCJ Training and Leader Development Division, Pre-Service Training, Safe Prisons Module: Safe Prisons / PREA Program Lesson Plan

13. Documentation of Staff Training

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): PD-29 and the Safe Prisons/PREA Plan, page 33-35 indicate that all staff are required to receive PREA training at least every two years. A review of the PREA training curriculums confirm that the agency trains all employees who may have contact with inmates on the following matters: its zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, 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 relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training. Additionally, records indicated that staff received training weekly at shift turnout. The PCM ensures that staff are trained on a different section of PREA monthly. Interviews with random staff confirmed that they had received PREA training within the previous twelve months and that they continuously receive PREA training. The staff were exceptionally knowledgeable on PREA.

115.31 (b): The Safe Prisons/PREA Plan, page 33-35 and SM-02.25, page 16, indicate that the training shall be tailored to the gender of the offenders at the unit of assignment and that the employee shall receive additional training when transferring to a unit with offenders of a different gender. The facility houses only male inmates and as such the staff receive training tailored to male inmates. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training.

115.31 (c): The PAQ indicated that 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated

	<p>that in between trainings staff are provided PREA information at shift turnouts. A review of documentation confirmed that all staff received PREA training and that they receive an annual refresher training during in-service. A sample of staff training records indicate that all the staff reviewed received the PREA training. Interviews with random staff confirm that they received training.</p> <p>115.31 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. Training courses are approved through the TDCJ training database. Employees are required to enroll and complete courses through this database. If the training is a classroom setting, the trainer of the class or designee is required to ensure the course is entered into the database. Additionally, a supplemental training record is kept for all classroom style training. A review of the training records indicate that all staff sign an acknowledgement of training once completed.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, PD-97, the PREA Training Curriculums, the Training Video Script, the OJT and GSA trainings, SPPM06.01, a review of a sample of staff training records as well as interviews with random staff, this standard is determined to be compliant and rated as exceeds.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan 3. Executive Directive PD-29, Sexual Misconduct with Offenders 4. UTMB Part 4 PREA Specialized Training 5. TDCJ Volunteer Services, Handbook for Volunteers 6. Executive Directive PD-97, Training and Staff Development 7. Sample of Training Records 8. TDCJ Training and Leader Development Division Correctional Training Department, Windham Annual Security Training, Safe Prisons / PREA

9. Volunteer Training Facilitator Guide

Interviews:

1. Volunteers

2. Contractors

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the Safe Prisons PREA in Texas training video and receive information from the Volunteer Services Training Program (pages 32-33) as well as information in the volunteer handbook (pages 12-13). PD-29 and the Safe Prisons/PREA Plan, page 35, describe the required training and indicate that the training is based on the type and level of services provided and the level of contact with offenders. The PAQ indicated that 251 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of sample training documents for contractors and volunteers indicated that 100% of those reviewed received PREA training. Additionally, the interviews conducted with the contract staff and volunteer confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

115.32 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the Safe Prisons PREA in Texas training video and receive information from the Volunteer Services Training Program (pages 32-33) as well as the volunteer handbook (pages 12-13). Both the training and the handbook provide information on the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. PD-29 and the Safe Prisons/PREA Plan, page 35, describe the required training and indicate that the training is based on the type and level of services provided and the level of contact with offenders. Interviews with contractors and volunteers indicated that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

115.32 (c): The PAQ and a review of sample training documents for contractors and volunteers indicated that 100% of those reviewed had signed the TDCJ Volunteer Services Acknowledgment of Volunteer Training/Orientation. This form documents that they received and understood the training.

	<p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, the PREA training video transcript, the volunteer handbook, the Volunteer Services Training Program, the Windham training curriculum, a review of a sample of contractor and volunteer training records as well as and interviews with contractors and volunteers, this standard is determined to be compliant.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Safe Prisons/PREA Plan 3. Safe Prison/PREA Operations Manual SPPOM 06.02, Offender Sexual Abuse Awareness Training 4. TDCJ Correctional Institutions Division, Intake Procedures 1.10, Initial Orientation 5. TDCJ Offender Orientation Handbook 6. Unit Classification Procedure 5.00, Orientation Procedures 7. CMHC Policy G-51.5 Certified ASL Interpreter Services 8. TDCJ Correctional Institutions Division, 05.50, Qualified Spanish Interpreter Guidelines 9. CMHC, A-08.03, Referral of Offenders to the Developmental Disabilities Program 10. CMHC, Offenders with Special Needs, 51.01 11. Unit Orientation Packet <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Inmates <p>Site Review Observations:</p>

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish
3. Informal Conversations with staff
4. Location of interpretation services
5. Informal Conversations with inmates
6. Observation of comprehensive education process

Test Processes:

1. How the facility provides necessary PREA information to all confined persons, regardless of ability and language (written, interpreters utilized, read by staff, cognitive)
2. Interpretation Services for LEP Inmates
3. If inmates must self-identify (enter PIN, provide name / ID number)
4. Accessibility of interpretation services
5. Availability of interpretation service

Findings (By Provision):

115.33 (a): Intake Procedures 1.10 and the Safe Prisons/PREA Operations Manual 02.03 outline the requirement for inmates to receive PREA education, specifically information on the agencies zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. Inmates receive orientation within seven calendar days of arrival and receive five hours of peer education, to include sexual assault awareness. The PAQ indicated that 239 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of documentation indicated the offender orientation handbook as well as the Safe Prisons/PREA Program brochure included information on the zero-tolerance policy and the reporting methods. Both documents are provided to inmate at intake. A review of a sample of inmate files indicated that 100% of those reviewed had been documented that they received PREA information at intake. During the site review, the auditor observed the intake area and was provided an overview of the intake process. Inmates were provided a handout/brochure and were also asked the risk screening questions during this time. The interview with intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via the orientation

packet. Random inmates that were interviewed indicated that they received PREA information at the time of intake. Interviews with inmates who were LEP and inmates with cognitive disabilities indicated that they were all provided assistance relative to their situation in a manner that they were able to understand. The facility provides certified interpretation services to inmates who are LEP. Many staff at this facility are bi-lingual. If a language other than Spanish is needed, the language interpretation services are utilized. The written information is also provided in English and in Spanish. Staff assist inmates if they are unable to see or read. Mental Health and education staff assist inmates who may have cognitive or functional disabilities.

115.33 (b): The Safe Prisons/PREA Operations Manual outlines the requirement for inmates to receive PREA education, specifically the comprehensive education that is provided to the inmates. The manual indicates that the Sexual Abuse/PREA Awareness video will be shown to all offenders within 30 days of arrival into the TDCJ and if the inmate is received at a facility and it is determined that he/she has not seen the video, they are to receive it immediately. A review of the video transcript indicated that inmates were educated on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. The video also goes over the agency's policies and procedures related to prevention, detection and response. The PAQ indicated that 189 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100%. Staff indicated that numerous inmates receive education prior to the 30 days and as such inmates who are there less than 30 days have also received the PREA comprehensive education. A review of a sample of inmate files indicated that 100% of those reviewed had been documented that they received comprehensive PREA education. Interviews with the intake staff and random inmates confirmed that all inmates receive comprehensive PREA education.

115.33 (c): A review of a sample of inmate records indicated that 100% of those sampled received comprehensive PREA education. All inmates that are received by the facility receive PREA training and education. Interviews with intake staff indicate all inmates receive PREA education.

115.33 (d): The Safe Prisons/PREA Plan, page 20-21 and CMHC A-08.03, CMHC G-51.01 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing are provided information in American Sign Language (ASL) while inmates who are blind or have an intellectual/cognitive disability would be read PREA information. The Safe Prisons/PREA Plan, page 20-21, establishes the procedure to ensure meaningful access to all the aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The agency has a staff translator list that is utilized by the facility for any inmates who are LEP. They can also utilize the language line, a service they can call that will translate information between the staff member and LEP inmate. A review of a sample of LEP inmate files indicated that they received PREA information, and they understood the information. The auditor interviewed LEP inmates during the on-site audit. Some of these inmates understood sufficient English. All were assisted by an

	<p>interpreter. During the site review, the PREA signage was observed to be in large text, bright colors and in Spanish. The facility also provides Inmate PREA information in Braille for low vision or blind inmates. This Braille information is in English and Spanish.</p> <p>115.33 (e): Initial intake is completed when the inmate signs the orientation sign-in sheets (SSP-117). Comprehensive PREA education is documented via the offender sexual abuse awareness education sign-in roster. This information is then entered into the offender’s individual treatment plan. A review of inmate’s files indicate that all inmates have been provided comprehensive PREA education.</p> <p>115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility had PREA information via the offender orientation handbook, the Safe Prisons/PREA Program Brochure and through PREA signage. During the site review, the auditor observed the PREA signage in each housing unit and in common areas. The signage included the audit notice, how to report sexual abuse and sexual harassment, and access to outside victim emotional support services. This signage was in common areas and was accessible and consistent. Informal conversations during the site review with both staff and inmates indicated that they knew about PREA and how to report and access outside services.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Safe Prison/PREA Operations Manual 06.02, Intake Procedures 1.10, the Unit Orientation Packet, CMHC E-37.5 Interpretation Services, Security Memorandum 05.50 Qualified Spanish Interpreter Guidelines, Offenders with Special Needs 51.01, CMHC, A-0/.03 Developmental Disabilities, the offender orientation handbook, the Safe Prisons/PREA Program Brochure, the staff translator list, the safe prisons offender video transcript, a sample of inmate records, observations made during the site review to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates, this standard is determined to be compliant and is rated as exceeds.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

3. TDCJ Safe Prisons PREA Plan

4. Investigator Training Records / Documentation

5. Safe Prisons / PREA Program, Conducting a Thorough Investigation

6. Executive Directive PD-97, Training and Staff Development

Interviews:

1. Investigative Staff

Findings (By Provision):

115.34 (a): The Safe Prisons PREA Plan requires that all investigators receive mandatory training for sexual assault investigations as well as in-service training specifically related to sexual assaults within the prison facilities. This training is completed through two curriculums: Safe Prisons/PREA Investigator Training and Sexual Assault Investigative Topics. A review of investigator training records indicated that all investigators have completed the specialized investigator training.

115.34 (b): The Safe Prisons PREA Plan requires that all investigators receive mandatory training for sexual assault investigations as well as in-service training specifically related to sexual assaults within the prison facilities. This training is completed through two curriculums: Safe Prisons/PREA Investigator Training and Sexual Assault Investigative Topics. The training curriculums included the following: 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 criminal prosecution. A review of investigator training records indicated that all investigators have received the required trainings.

115.34 (c): The PAQ indicated that there are 13 investigators who completed the required training. A review of the training documents indicated that all investigators have received specialized training through the agency. The interviews with investigative staff indicated that they received specialized training and it was documented.

115.34 (d): Criminal investigations are conducted by the OIG which is a separate entity from TDCJ.

Based on a review of the PAQ, Safe Prisons/PREA Investigation Training Curriculum, Sexual Assault Investigation Topics Curriculum, a review of investigator training records as well as interviews with investigative staff, this standard is determined to be compliant.

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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Correctional Managed Health Care Policy Manual CMHCPM C-25.1, Orientation Training for Health Services Staff 3. Correctional Managed Health Care Policy Manual CMHCPM C-19.1, Continuing Education / Staff Development 4. Executive Directive PD-97, Training and Staff Development 5. UTMB Part 4 PREA Specialized Training 6. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 7. Specialized Training Documentation for Medical / Mental Health staff <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff: <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.35 (a): Correctional Managed Health Care Policy Manual C-25.1, requires that all medical and mental health care staff complete an orientation within 90 days. The orientation includes security, classification and health care topics and specifically discusses the detection, assessment and response to offender/victim sexual abuse and sexual harassment. This is specified in the UTMB Part 4 PREA training and is also a requirement per PD 97. Medical and mental health services are provided through the University of Texas Medical Branch (UTMB). The Managed Care PREA Annual Training is required to be completed within the first quarter by all staff and includes</p>

the following topics: 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 whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 19 medical and mental health staff and that 100% of these staff received the specialized training. A review of medical and mental health training records indicated that all those reviewed received the specialized training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility’s medical staff. Inmates are transported to a local hospital, where nurses with specialized training complete the forensic medical examination. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of sample training documents for medical and mental health care staff confirms that staff who complete the specialized training are required to complete a post text quiz and that a certificate is printed showing the test score and completion of the training. The certificate of completion is added to each staff members training file.

115.35 (d): All medical and mental health care staff are considered contractors. The PAQ indicated that contractors who have contact with inmates have been trained on their responsibilities under the facility’s policies and procedures on sexual abuse and sexual harassment. The PREA training provided to medical and mental health staff is the initial NEO Training: Safe Prisons/Sexual Assault. Additionally, all contractors are required to view the Safe Prisons/PREA in Texas training video and sign that they understand the information received. A review of sample training documents for medical and mental health care staff indicated that 100% of those reviewed completed and signed the training. Additionally, the interview conducted with medical and mental health staff confirmed that they had received PREA training.

Based on a review of the PAQ, CMHC C-25.1, CMHC 19.1, UTMB Part 4 training curriculum, PD-97, the Safe Prisons PREA Program a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff, this standard is determined to be compliant.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 03.01, Offender Assessment Screening
4. Offender Assessment Screening (Attachment E and E-2)
5. Inmate Assessment and Re-Assessment Records
6. Safe Prisons / PREA Automated Network System (SPPANS) Assessments, Users Guide

Interviews:

1. Staff Responsible for Risk Screening
2. Random Inmates
3. PREA Coordinator
4. PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located
3. Confirmation of Who is Responsible for Risk Screening
4. Confirmation of Privacy
5. Confirmation of Use of Screening Instrument
6. Confirmation of affirmatively asking questions about sexual orientation and gender identity
7. Informal conversations with staff
8. Informal conversations with inmates
9. Review of Screening Instrument for the required criteria

Findings (By Provision):

115.41 (a): The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. During the site review, the auditor observed the intake area where the risk screening occurs. The risk screening is conducted in a private office setting, typically with the PREA Compliance Manager (Safe Prisons Staff). Interviews with random inmates confirm that they were asked questions either the same day or the next day. The interview with the staff responsible for the risk screening indicated that inmates are screened at intake and that the offender assessment screening form is completed. The PCM conducted interviews in a manner that fostered comfort and elicited responses from the inmate. The PCM utilized the risk screening tool which affirmatively asks inmates about their sexual orientation and gender identity. The PCM directly inquired if the inmate identifies as LGBTI and also made subjective determinations about the inmate's perceived status. The risk screening instrument returns a subsequent score or determination of risk of being sexually abused or being sexually abusive. The auditor directly observed the risk screening and determined that the inmates who were screened felt comfortable answering questions in the private office space where the screening was conducted.

115.41 (b): The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 235 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of inmate files confirmed that this screening takes place within 72 hours. The interview with staff responsible for risk screening (the PCM) also noted that the screening takes place within 72 hours of the inmate's arrival at the facility. Interviews on-site with inmates also indicated that inmates recalled being asked the screening questions upon their arrival or shortly thereafter.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of Attachment E and E-2 indicated that inmates answer yes or no questions. These questions are for prior incarceration, current or prior sexual offense convictions, criminal history that is exclusively non-violent, prior institutional sexual victimization or prior institutional violence of sexual abuse, if the inmate is currently or has ever been assigned to safekeeping or protective safekeeping, if the inmate has prior sexual victimization prior to incarceration. The instrument also asks the inmate if they feel at risk from sexual abuse, sexual harassment or other forms of victimization, if they have any developmental disabilities, how they wish to identify, and if they identify as transgender or intersex. The instrument also has a question which asks the observation of the staff whether the inmate displays characteristics or demeanor of the opposite sex or appears gender non-conforming. The screening instrument also has a full page in which the interviewer can indicate their notes regarding the risk screening interview. The PCM performs most of the risk screening interviews and indicated in the interview with the

auditor that the screening tool asks the inmate if they have ever been a victim of sexual assaults or otherwise victimized. The PCM stated that the inmate is asked their name and number and then they go through the questions in the questionnaire.

115.41 (d): A review of the Safe Prisons / PREA 24 hour, E or Special Assessment, E-2 form, indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included.

115.41 (e): A review of the Safe Prisons / PREA 24-hour, E or Special Assessment, E-2 form confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interview with the risk screening staff confirms that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly.

115.41 (f): SPPOM 03.01, page 1 and 5, indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires inmates to be reassessed and that 189 inmates were reassessed within 30 days. The PAQ indicated that 189 inmates' length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. An interview with staff responsible for the risk screening indicated that inmates are reassessed between 15 and 30 days. Interview with random inmates indicated that they were asked the risk screening questions typically on the first or second day. A review of a sample of inmate files who had been housed at this facility for a more extended period of time indicated that inmates are being reassessed within the 30-day timeframe.

115.41 (g): SPPOM 03.01, page 5, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. An interview with the staff responsible for risk screening indicated that inmates are re-assessed by UCC and also in the event of new information arising or incidents occurring which may indicate a change in the inmate's risk need. Interviews with random inmates indicated that they were asked the risk screening questions at least twice and a few had been asked more than twice. A review of a sample of inmate files indicated that inmates are being reassessed.

115.41 (h): The Safe Prisons/PREA Plan, pages 19-20, as well as the SPPOM 03.01,

	<p>page 2, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate’s own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening. Interviews with random inmates confirmed that they have never been disciplined for not answering any screening questions.</p> <p>115.41 (i): The Safe Prisons/PREA Plan, pages 19-20 as well as the SPPOM 03.01, page 2, as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates. Interviews with the PREA Coordinator, PREA Compliance Manager (staff responsible for the risk screening) indicate that the information obtained during the risk screening is only assessable to the Compliance Manager, the Major and other supervisors. The Compliance Manager keeps the risk screening in files that are securely locked and staff only use this information to keep inmates safe through assignment of housing, work and programs.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 03.01, Attachment E, Attachment E-2, the SPPANS User Guide, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard is compliant.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan 3. Administrative Directive AD-04.17, Inmate Housing Assignment Criteria and Procedures

4. Offender Assessment Screening (Attachment E & E-1 & E-2)
5. Sample of Risk Based Housing Documents
6. Sample of Transgender/Intersex Reassessments
7. Administrative Directive AD-04.18, Offender Jobs: Assignments, Job Descriptions, Selection Criteria, Work Programs and Supervision
8. Safe Prisons / PREA Automated Network System (SPPANS) Assessments, User Guide
9. TDCJ Correctional Institutions Division, Classification Plan

Interviews:

1. Staff Responsible for Risk Screening
2. PREA Coordinator
3. PREA Compliance Manager
4. Transgender/Intersex Inmates (none at this facility)
5. Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): Unit Classification Plan, AD-04.17, pages 6-8 and SPPOM 03.01, indicates that the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. Interviews with the Compliance Manager (staff responsible for the risk screening) indicated that the information is used to make housing determinations and job assignment determinations. Interviews confirmed that inmates at high risk of victimization would not be authorized work assignments or program/education assignments with inmates at high risk of being sexually abusive. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together, did not work together and did not attend education/programs together.

115.42 (b): The PAQ and AD-04.18 indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicates that all offender risk assessments are reviewed by the Unit Classification Team to determine the safest housing, work and program assignments and they would not be placed in the same dorm. The PCM and the Major are involved with all housing of inmates who are at high risk of victimization or high risk of being sexually abusive.

115.42 (c): The Safe Prisons/PREA Plan, page 19, indicates that housing and program assignments for transgender and intersex inmates are considered on a case-by-case basis to ensure the inmate's health and safety, and whether the placement would present management or security problems. AD-04.17 states that all inmate housing assignments, including assignment to a unit or to a specific housing area, such as dormitories, cellblocks, rows or other similar areas shall be made on the basis of objective criteria. The housing assignment criteria includes security related criteria such as criminal history, history of institutional sexual violence or victimization, current offense, sentence length and amount of time completed on sentence, violent or passive tendencies, criminal sophistication, inmate enemies, LGB tendencies, transgender and intersex identification, height, age and weight, security threat group affiliation, disciplinary record and other special safety precautions and requirements. The PAQ indicated that this practice is taking place and that this occurs at the agency's reception centers where inmates arrive. The interview with the PCM indicated that these housing determinations are typically made on a case-by-case basis. The type of program the inmate is required to participate in is a factor in determining housing, however safety and security are also taken into consideration when assigning housing dorms based on program assignments. There were no transgender inmates at the facility during the dates of the on-site audit, therefore no transgender inmates were able to be interviewed by the auditor.

115.42 (d): SPPOM 03.02, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate's safety. The PAQ indicated that this practice is taking place. Transgender and Intersex inmates are seen by a committee twice a year and all inmates are reassessed within 15 - 30 days of their arrival. The interview with the PC and staff responsible for the risk screening indicated that transgender and intersex inmates are seen by classification every 30 days or sooner if needed to review their safety, security and assignments. There were no transgender inmates at the facility during the dates of the onsite audit, therefore none were able to be interviewed by the auditor.

115.42 (e): SPPOM 03.02, indicates that the inmate's own views with respect to his or her safety is given serious consideration. The PAQ indicated that this practice is taking place. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety during the assessments and this information is given serious consideration. There were no transgender inmates at the facility during the dates of the on-site audit to be interviewed. LGB inmates interviewed indicated that were asked about their own view with respect to their safety and they felt that the facility housed them

	<p>appropriately.</p> <p>115.42 (f): The Safe Prisons/PREA Plan, page 9, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the site review it was confirmed that all inmates are provided privacy while showering from one another via barriers. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately.</p> <p>115.42 (g): The PAQ and a review of housing assignments for inmates who identify as LGB indicated that these inmates were assigned to various dorms throughout the facility. The interviews with the PC and PCM confirmed that LGB inmates are not placed in one specific housing unit. Interviews with inmates who identified as LGB indicated that they did not feel they were placed in any specific dorm based on their sexual preference and/or gender identity. There were no transgender inmates at the facility as of the dates of the on-site audit, therefore, no transgender inmates were able to be interviewed by the auditor.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 03.02, AD-04.17, AD-04.18, Unit Classification Plan, a review of inmate housing assignments, a review of inmate assessments and information from interviews with the Compliance Manager, staff responsible for conducting risk screenings and LGB inmates, this standard is determined to be compliant.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan 3. TDCJ Restrictive Housing Log, I-188 form 4. Documentation of housing assignments of inmates at high risk of sexual victimization <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Staff Who Supervise Inmates in Segregated Housing

3. Inmates in Segregated Housing for risk of sexual victimization / who allege to have suffered sexual abuse

Site Review Observations:

1. Observation of Housing Units – Restrictive Housing

Findings (By Provision):

115.43 (a): The Safe Prisons/PREA Plan, page 18-19, indicates that the agency does not place inmates at high risk for sexual victimization in involuntary restrictive housing unless an assessment of all available alternatives has been made, and no alternative is available to separate the inmate from likely abusers. Specifically, inmates who are referred for protective custody are reviewed within seven days, and then every seven days for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. Inmates at the facility are only placed on a restrictive housing status due to high risk of sexual victimization and until an alternate housing can be arranged. According to the PAQ, there have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months. The interview with the warden indicated that any relevant information would be documented if an inmate were placed in restrictive housing and this information is submitted in order to protect the inmate. The inmate would be monitored and reviewed to determine if there was anything further needing to be done. There were no inmates in involuntary segregation for risk of sexual abuse during the on-site audit.

115.43 (b): The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in restrictive housing, they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The I-203 form documents the placement and restrictions for inmates on a segregated status. Staff who supervise inmates in segregated housing were interviewed and stated that inmates in segregation have access to programs, however it is modified due to their status. The staff indicated that the housing log is documented with the nature of the programs, education and privileges and if and how it is modified. There were no inmates in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse during the dates of the on-site audit.

115.43 (c): The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in restrictive housing due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The FAQ indicates that in the past 12 months, there were zero (0) inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. A review of the inmates' housing assignment for those at high

risk of victimization indicates that the inmates were placed in housing areas separate from those likely to be abusive. Interview with the Warden and staff who supervise inmates in segregated housing indicated that it is standard practice not to house inmates in segregation for their risk factors. There were no inmates in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse during the dates of the on-site audit.

115.43 (d): The Offender Protection Investigation form documents the basis for the concern for the inmates' safety and why no alternative means of separation could be arranged. The PAQ indicates there were zero (0) inmates held in involuntary segregated housing the past 12 months. A review of the inmates' housing assignment for those who have alleged sexual abuse indicates that they were not held in restrictive housing status for 30 days. Many of these inmates were moved to alternate housing within a few days of placement in restrictive housing. Interview with the Warden indicated that this is standard practice.

115.43 (e): The Restrictive Housing Plan, page 11, indicates that if an inmate was placed in restrictive housing due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, the Restrictive Housing Plan indicates that inmates who are referred for protective custody are reviewed within seven days, and then every seven days for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. A review of the housing assignment for those at risk of victimization indicates they were not placed in restrictive housing status. Interview with the Warden indicated that inmates at risk are not housed in restrictive housing unless there is no other housing alternative.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Restrictive Housing Plan, the I203 Form and the Offender Protection Investigation Form, observations from the facility site review related to any restrictive housing areas as well as information from the interview with the Warden, this standard is determined to be compliant.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan
3. TDCJ Offender Orientation Handbook
4. TDCJ Board Policy BP-03.91, Uniform Offender Correspondence Rules
5. Executive Directive ED-02.10, Prison Rape Elimination Act Complaints and Inquiries
6. TDCJ Safe Prisons / PREA Operations Manual SPPOM 02.03, Safe Prisons/PREA Program Postings and Brochures
7. Executive Directive PD-29, Sexual Misconduct with Offenders
8. Correctional Institution Division, Prison Rape Elimination Act/PREA, Statement of Fact regarding TDCJ does not detain individuals solely for civil immigration purposes

Interviews:

1. Random Staff
2. Random Inmates
3. PREA Compliance Manager

Site Review Observations:

1. Observation of PREA Reporting Signage in all Housings Units – PREA Ombudsman postings were in both English and Spanish in each unit (posters, pamphlets, brochures, electronic signage – audit notices civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services and any other relevant PREA information) (readable, accessible, consistent, placed throughout the facility, accurate)
2. Informal conversations with staff and inmates
3. Mail drop boxes
 - a. How does mail move
 - b. Accessibility for inmates in segregation
4. Record Storage (physical security and electronic security)

Processes Tested:

1. Reporting in Writing (note or grievance form)
2. Access to writing materials
3. Process for Sending / Receiving Mail
4. Reporting Electronically (tablet / kiosk)
5. Anonymous reporting
6. Reporting via Phone

Findings (By Provision):

115.51 (a): The Safe Prisons/PREA Plan, page 20-21, outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage indicated that there are multiple ways for inmates to report. These reporting mechanisms include: to any employee, contractor or volunteer; on an inmate request (I-60 form), via sick call, via grievance, by writing the PREA Ombudsman or by providing the Ombudsman's phone number to family or friends who can then call on the inmate's behalf, having any family member or friend report the allegation to the Office of the Inspector General, PREA Ombudsman or any facility staff member. During the site review, it was observed that information pertaining to how to report PREA allegations to the PREA Ombudsman and the OIG was posted in all housing units. The signage was easily read / accessed by persons in the facility. The language in the posting was clear and easy to understand and was specific to services, such as emotional support services, civil immigration and external reporting. The signage details what services are available and for what purposes. The signage is provided in English and Spanish. The signage text, formatting and physical placement accommodates most readers including those of average height, low vision / visually impaired or those physically disabled (in a wheelchair, etc.) The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The information in the signage is accurate and consistent throughout the facility. The audit notices were relevant to the current audit and the contact information was consistent for the service provider / organization name, addresses, phone number. Signage related to how to report sexual abuse and / or sexual harassment (external and internal reporting methods) was posted near the phones in the housing units. This information was also observed to be posted in areas where inmates attend programming, work areas and education areas as well as in medical areas. Informal interviews with inmates at various locations in the facility indicated that they had seen the information posted and knew where the signage was located if they needed to read them. Interviews with a

inmates confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed on these methods. Most inmates indicated that they would ask to speak to the PCM, fill out an I-60 or tell a family member or friend. Interviews with random staff confirm that they take all allegations seriously and that inmates have multiple ways (those indicated above) to report sexual abuse and sexual harassment. During the on-site audit, the auditor questioned the process for inmates to obtain writing materials in order for them to submit written notes, grievance forms, etc. Inmates and staff both advised that these materials are distributed regularly and are also available upon request by the inmate to any staff member. Forms for submitting a written request are also available to inmates within the housing units without having to ask the staff member for them. Mail drop boxes were observed in the facility at various locations including the housing units and do not have to be given directly to a staff member in order to be processed. Mail drop boxes were locked and secured and only accessible by designated staff. Mailroom staff at the facility were interviewed and they stated that confidential mail is processed in the same manner as legal mail.

The auditor observed that the physical storage area for records and documentation such as risk screening information, medical records, sexual abuse allegations, etc. are secured and not accessible to staff who are not authorized to see such information.

Physical records are stored in locked cabinets within locked offices / rooms.

Electronic information is secured with password protection and accessible only by the staff member's role access. Informal conversations with medical staff and classification staff confirmed this.

115.51 (b): The Safe Prisons/PREA Plan, page 20-21, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the facility for investigation. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage confirm the agency provides information and phone number for the outside entity reporting method. The outside entity is the PREA Ombudsman's Office. This office is separate from the Texas Department of Criminal Justice. During the site review, it was observed that information pertaining on how to report PREA allegations to the PREA Ombudsman's Office was posted in all housing units. Inmates can have a third party call 936-437-5570 or can write to P.O. Box 99, Huntsville, TX 77342. The interview with the PC indicated that the outside entity would receive the allegation and would immediately relay the reported information back to the facility. Interviews with a sample of inmates confirm that they are aware of the outside reporting mechanism and that the information is posted in their housing area. The Correctional Institution PREA Statement of Fact was provided to the auditor which states that the Texas Department of Criminal Justice does not detain individuals solely for civil immigration purposes, but TDCJ does make available foreign consulate general addresses for all foreign nationals.

Interviews with random inmates indicated that they were aware that they could report to the PREA Ombudsman's office. Signage with this information was observed by the auditor throughout the facility. Interviews with staff and inmates indicated

	<p>that the inmates have access to use the phones even when they are in restricted housing.</p> <p>115.51 (c): The Safe Prisons/PREA Plan, page 20-21, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage indicated inmates could report verbally, in writing, anonymously or through a third party. Interviews with a sample of inmates confirm that they are aware of the methods available for reporting. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment, and they immediately report any allegation to their supervisor.</p> <p>115.51 (d): The Safe Prisons/PREA Plan, page 20-21, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ indicates staff can privately report to the Office of the Inspector General or the PREA Ombudsman’s Office. Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of inmates to any supervisor, to the OIG directly or to the PREA Ombudsman’s Office.</p> <p>Based on a review of the PAQ, Safe Prisons/PREA Plan, BP-03.91, ED-02.10 the offender orientation handbook, the PREA Ombudsman brochure, PREA signage, the statement of fact, PD 29 and observations from the facility site review related to PREA signage and posted information and interviews with the PCM, random inmates and random staff, this standard is determined to be compliant.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan

3. TDCJ Administrative Directive AD-03.82, Management of Offender Grievances
4. TDCJ Offender Grievance Operations Manual IGOM 9.00, Third Party Grievance
5. Correctional Institution Division, Prison Rape Elimination Act / PREA, Statement of Fact

Interviews:

1. Inmates Who Reported Sexual Abuse (none at the facility as of the dates of the on-site audit)

Site Review Observations:

1. Signage (posters, pamphlets, brochures, electronic signage) (how to report, audit notices, civil immigration, access to outside emotional support services, third-party reporting) (accessibility, visibility, accuracy)
2. Informal conversations with staff and inmates

Testing Processes:

1. Completion of Third-Party test report

Findings (By Provision):

115.52 (a): The Safe Prisons/PREA Plan, AD-03.82 and OGOM 9.00, are the policies related to inmate grievances. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the offender orientation handbook indicated part 17 discusses the grievance procedures for the facility.

115.52 (c): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the offender orientation handbook indicated part 17 discusses the grievance procedures for the facility.

115.52 (d): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. A review of the offender orientation handbook indicated part 17 discusses the grievance procedures for the facility. Specially, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there have been no grievances of sexual abuse filed in the previous twelve months. A Statement of Fact provided by the facility provided an overview of the grievance process and commented that the agency considers all sexual abuse grievances emergency grievances and are not eligible for extensions and shall be completed within the 90-day time limit.

115.52 (e): AD-03.82, IGOM Appendix U and IGOM 9.00, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. A review of the grievance log indicated that no sex abuse grievances had been submitted in the previous twelve months.

The auditor observed during the site review that signage was posted in visitation areas that can be accessed by family members, friends, advocates and attorneys. The information was also observed by the auditor on the agency's public website. The same information is provided to the inmates in signage in the housing units and various locations throughout the facility as well as in the inmate handbook. The auditor submitted a test report as a third-party report via directions on the public website to the PREA Ombudsman with instructions to submit evidence of having received the test report that the auditor submitted. The auditor did receive documentation of receipt of this test report from the Office of the PREA Ombudsman.

115.52 (f): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days by the housing Captain. The final decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been no emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous

	<p>twelve months.</p> <p>115.52 (g): The Safe Prisons/PREA Plan, page 22, indicates that the inmate may be disciplined for filing a grievance in bad faith. The PAQ indicated that there were zero (0) inmate grievances that alleging sexual abuse that resulted in disciplinary action in the previous twelve months. A review of the grievance log and sample grievances indicated that no sexual abuse grievances had been submitted in the previous twelve months.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.82, IGOM 9.00, the offender orientation handbook, the grievance log, sample grievances and information obtained from interviews with inmates, and documentation of the third-party reporting test submission, this standard is determined to be compliant.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan 3. TDCJ Offender Orientation Handbook 4. Correctional Institution Division, Prison Rape Elimination Act / PREA, Statement of Fact, Inmate Access to Outside Confidential Support Services 5. TDCJ, Safe Prisons / PREA Program Unit Information 6. Texas Association Against Sexual Assault (TAASA) Service Directory 7. Statement of Fact - Civil Immigration and Victim Advocacy / Emotional Support <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Inmates 2. Inmates Who Reported Sexual Abuse (none at the facility as of the dates of the

on-site audit)

Site Review Observations:

1. Observations of Victim Advocacy Information Signage
2. Informal Conversations with staff and inmates

Testing of Processes:

1. Access to Emotional Support / Victim Advocacy
2. Access to Outside Emotional Support via Mail
3. Process for Sending / Receiving Mail

Findings (By Provision):

115.53 (a): The Safe Prisons/PREA Plan, page 12, indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that inmates were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. A review of the TDCJ, Safe Prisons / PREA Program Unit Information, "End the Silence" brochure contains PREA information and reporting directions are provided which includes mailing addresses and telephone numbers and information for victim advocacy through staff OVRs. The Texas Association Against Sexual Assault (TAASA) brochure is also provided to the inmate population. This is a statewide directory for Rape Advocacy Centers and includes addresses, phone numbers, hotline numbers and information about specific services these agencies provide. The inmates can also contact the PREA Ombudsman's office. Interviews with random inmates and inmates indicated that they were familiar with the process of having emotional support services and that the facility offered them. Most inmates indicated they believed that they would be provided this information if they asked, and they thought it would be confidential. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. Signage was observed by the auditor throughout the facility and specifically in the housing units by the inmate phones. This signage contained contact information for reporting sexual abuse and information for victim advocacy / emotional support. The signage was legible and in both English and Spanish.

115.53 (b): The Safe Prisons/PREA Plan, page 13, confirms that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits

to confidentially. A review of the PAQ as well as the offender orientation handbook indicated that inmates were informed about confidentiality and that all calls on the inmate phones were recorded. Interviews with random inmates indicated that they were familiar with the process of obtaining emotional support services. Most inmates indicated they believed that they would be provided this information if they asked, and they thought it would be confidential.

115.53 (c): The agency has made attempts to secure a contract with an outside agency to provide emotional support services but has been unable to do so. Documentation of the attempts to secure an outside victim advocacy agency was provided to the auditor. Designated staff have been trained to provide victim advocacy in the absence of an outside provider.

Based on a review of the PAQ, the Safe Prison/PREA Plan, the offender orientation handbook, the PREA Unit Information, the TAASA brochure, "End the Silence" brochure, observations from the facility site review related to PREA signage and posted information and interviews with random inmates and interviews with staff, this standard is determined to be compliant.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Offender Orientation Handbook 3. PREA Signage 4. TDCJ General Information Guide for Families of Offenders 5. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 6. TDCJ Executive Directive, ED-02.03, Ombudsman Program 7. Executive Directive ED-02.10, Prison Rape Elimination Act Complaints and Inquiries

	<p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Signage 2. Informal Conversations with Staff and inmates <p>Testing Processes:</p> <ol style="list-style-type: none"> 1. Third Party Report (via agency website) <p>Findings (By Provision):</p> <p>115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the general information guide for families of offenders and PREA posters as well as the agency's website (www.tdcj.texas.gov/tbcj/prea.html or www.tdcj.texas.gov/ks_offender.html) confirms that third parties can report on behalf of an inmate. Third parties can report via the PREA Ombudsman's office, the OIG or reporting directly to the facility Warden. This information is also contained Inmate Handbook, the Safe Prisons PREA Plan, ED-02.03 Ombudsman Program, and ED-02.10, Prison Rape Elimination Act Complaints and Inquiries.</p> <p>The auditor sent a test email to the PREA Ombudsman's Office via the link on the public website which was confirmed as received by the PREA Ombudsman's Office.</p> <p>Based on a review of the PAQ, the offender orientation handbook, the general information guide for families of offenders, PREA posters, the Safe Prisons PREA Plan, ED-02.03, ED-02.10 and the agency's website as well as interviews with staff and inmates, and the test submission to the PREA Ombudsman's Office, this standard is determined to be compliant.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan
3. TDCJ Executive Directive PD-29, Sexual Misconduct with Offenders
4. Safe Prisons PREA Operations Manual (SPPOM) 05.01 Sexual Abuse Response and Investigation
5. Investigation Documents

Interviews:

1. Random Staff
2. Medical and Mental Health Staff
3. Warden
4. PREA Coordinator

Testing Processes:

1. Staff Reporting

Findings (By Provision):

115.61 (a): The Safe Prisons/PREA Plan and PD-29 outline the staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident. The PAQ along with interviews with random staff confirm that they take all allegations seriously and that they know they are required and would report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation, or any staff neglect related to incidents related to sexual abuse or sexual harassment. Staff interviews indicated that they all felt comfortable reporting to their supervisors directly.

115.61 (b): The Safe Prisons/PREA Plan, describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary for treatment, investigation and other security decisions. SPPOM 05.01 states that "staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials to the extent necessary, as specified in TDCJ policy, to make treatment, investigation and other security and management

decisions." Interviews with random staff confirm that they would immediately report the information to their supervisor. Staff indicated this would be the extent of distributing information unless they were required to complete an Inter-Office Communication (IOC) which is a written report of the incident.

115.61 (c): The Safe Prisons/PREA Plan states that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated they are required to inform inmates of the limits of confidentiality.

115.61 (d): This facility does not house youthful inmates.

115.61 (e): The Safe Prisons PREA Plan states that family members or others may report verbally or in writing to Unit Administration, the TDCJ Ombudsman, OIG, or PREA Ombudsman Office any time they have knowledge of or suspect an offender has been sexually abused, sexually harassed or requires protection. The interview with the Warden confirmed that this is the practice. A review of the investigative report indicated that the allegation was reported to the Office of the Inspector General.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 05.01, PD-29, the PREA investigation and interviews with medical, mental health, the PREA Coordinator and the Warden confirm this is determined to be compliant.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Safe Prisons / PREA Operations Manual SPPOM 02.04, Intervention Practices 3. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head

	<p>2. Warden</p> <p>3. Random Staff</p> <p>Findings (By Provision):</p> <p>115.62 (a): SPPOM 02.04 and the Safe Prisons PREA Plan indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The PAQ noted that in the past 12 months, there were no inmates who were determined to be at risk of imminent sexual abuse. Interviews with staff indicated that if an inmate is having issues with other inmates, that the facility would make appropriate housing changes, if necessary. The interviews with the Agency Head and Warden indicated that any inmate at risk would be removed from the situation immediately and an investigation would commence. The offender’s job assignment, housing assignment and programming assignments would be reviewed. The inmate may be moved to a different dorm, moved to a new facility or be placed in safekeeping status. Interviews with random staff indicated that they would immediately remove the inmate from the situation.</p> <p>Based on a review of the PAQ, SPPOM 02.04, the Safe Prisons PREA Plan and interviews with the Agency Head, Warden and random staff, this standard is determined to be compliant.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 3. TDCJ Safe Prisons / PREA Operations Manual SPPOM 04.01, Reporting Allegations of Sexual Abuse to Other Confinement Agencies 4. TDCJ Safe Prisons / PREA Operations Manual SPPOM 04.02, Receiving Allegations of Sexual Abuse from an Outside Agency 5. Statement of Fact

Interviews:

1. Agency Head
2. Warden

Findings (By Provision):

115.63 (a). The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Unit Safe Prisons PREA Manager (USPPM) will notify the Safe Prisons PREA Management Office (SPPMO), who will then notify the appropriate office of the outside agency. The PAQ indicated that during the previous twelve months, the facility had zero (0) inmate report that they were abused while confined at another facility.

115.63 (b): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the SPPMO will notify the head of the facility where the alleged abuse occurred within 72 hours. The PAQ indicated that during the previous twelve months, the facility has had zero inmates report that they were abused while confined at another facility.

115.63 (c): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the SPPMO will notify the head of the facility where the alleged abuse occurred, and documentation will be retained that such notification occurred. The PAQ indicated that during the previous twelve months, the facility has had zero (0) inmates report that they were abused while confined at another facility.

115.63 (d): The Safe Prisons/PREA Plan, page 25, SPPOM 05.05 and SPPOM 04.02, indicates that if the facility receives information from another agency head that an inmate alleges, they were sexually abuse while housed at the facility, the allegation will be reported to the PREA Ombudsman and the Office of the Inspector General. The PAQ indicated that during the previous twelve months, the facility has had zero (0) allegations of sexual abuse from other facilities. Interviews with the Agency Head and the Warden both stated that if the facility received an allegation from another agency or facility, the allegation would be investigated in accordance with the PREA standards.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 04.01, 04.02, the Statements of Fact from the Warden and interviews with the Agency Head and Warden, this standard is determined to be compliant.

115.64	Staff first responder duties
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 427 378">Documents:</p> <ol data-bbox="256 412 1469 703" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 3. TDCJ Safe Prisons / PREA Operations Manual SPPOM 05.01, Sexual Abuse Response and Investigation 4. TDCJ Administrative Directive AD-16.03, Evidence Handling <p data-bbox="256 815 416 848">Interviews:</p> <ol data-bbox="256 882 1219 1061" style="list-style-type: none"> 1. Security Staff and Non-Security Staff First Responders 2. Inmate Who Reported Sexual Abuse (no longer housed at facility) 3. Random Staff <p data-bbox="256 1173 587 1207">Findings (By Provision):</p> <p data-bbox="256 1240 1481 2069">115.64 (a). The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. A.D. 16.03 also specifies that the area where the offense was committed will be secured and protected to preserve any possible evidence. The PAQ indicated that during the previous twelve months, there has been one (1) allegation of sexual abuse. All random staff interviewed were well versed first responder duties. Staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct inmates not to destroy any physical evidence. The instance of the sexual abuse allegation which occurred in the previous 12 months involved a staff member in a consensual relationship with the inmate. In this instance, there was not a security staff member first responder, but rather this was an incident which was suspected, and the investigation is on-going. In this allegation, staff were not notified within a time period that still allowed for the collection of physical evidence. The inmate involved was subsequently transferred to another</p>

	<p>TDCJ facility and was not present at the audited facility and therefore, not able to be interviewed.</p> <p>115.64 (b): The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01 describe staff first responder duties. Specifically, it requires that non-security staff first responders advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Staff would tell the inmate not to wash, brush their teeth, change their clothes, urinate, defecate, smoke, drink or eat. The PAQ indicated that during the previous twelve months, there has been one allegation of sexual abuse. This incident did not involve a first responding staff member. There were no instances in the past 12 months in which the first responder was a non-security staff. Interviews with first responders (security and non-security) confirm that they are aware of their first responder duties. Staff were very well versed on first responder duties.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, the SPPOM 05.01, A.D. 16.03 and interviews with first responders and a review of the sexual abuse investigation, this standard is determined to be compliant.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Safe Prisons / PREA Program, Sexual Abuse Coordinated Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the coordinated response shows that all areas are accounted for in the plan. Each section includes the actions that each person and/or department is responsible for and</p>

	<p>includes information on how all areas work together to respond to allegations. The Warden confirmed that the facility has a plan and that it includes all the required components.</p> <p>Based on a review of the PAQ, the coordinated response and the interview with the Warden, this standard is determined to be compliant.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	<p>The auditor is not required to audit this provision since it was audited during the Agency Audit. The auditor reviewed the Agency Audit Report dated 11/21/2024 and noted that the agency was found in compliance with this provision.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 3. TDCJ Safe Prisons / PREA Operations Manual SPPOM 02.04, Intervention Practices 4. TDCJ Safe Prisons / PREA Operations Manual SPPOM 5.08, 90-Day Monitoring for Retaliation 5. Attachment N.O. 90 Day Monitoring Form (Inmates) 6. Attachment N.S. 90 Day Monitoring Form (Staff) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head

2. Warden

3. Designated Staff Member Charged with Monitoring Retaliation

4. Inmates Who Reported Sexual Abuse (none present at the facility as of the dates of the on-site audit)

Findings (By Provision):

115.67 (a): The Safe Prisons/PREA Plan, SPPOM 02-04 and SPPOM 05.08, outline the agency's method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the PREA Compliance Manager, and the Warden are responsible for monitoring for retaliation.

115.67 (b): SPPOM 02.04, outlines the agency's protection against retaliation. It addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or unit transfers, removal of the alleged staff abuser from contact with the victim work changes for inmates, placement in safe keeping or protective custody, if necessary and emotional support services. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. All inmates at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. The one (1) incident of sexual abuse involved a consensual relationship between a staff member and an inmate. The staff member was terminated, and the inmate was transferred to another facility. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and/or work changes and would follow up with any administrative action on staff such as shift change, removal or discipline. A review of the monitoring documentation indicates that multiple protection measures are in place and are reviewed by monitoring staff.

115.67 (c): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency's protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. Attachments N.S. and N.O. are utilized by

staff to monitoring staff and inmates. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. All inmates at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and would follow up with any administrative action on staff such as removal or discipline. Monitoring staff indicated that they would review the inmate for at least 90 days and would check the inmate's disciplinary reports, housing change and program changes. Monitoring staff also indicated they have not had to monitor staff in the previous twelve months but if they did, they would check performance reviews and post assignment changes.

115.67 (d): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outlines the agency's protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will conduct a minimum of three status checks. The agency has a policy that outlines the procedure and does have two forms that are utilized, Attachment N.O. and Attachment N.S. to ensure all requirements are met and staff and inmates are safe from retaliation. Additionally, as previously stated all inmates at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with staff responsible for monitoring indicated that they review the inmate for at least 90 days and would perform a minimum of three in person status checks. The investigation that was conducted in this audit period involved a staff member and an inmate who were involved in a consensual relationship. The staff member was terminated, and the inmate was transferred to another facility. The incident occurred outside the previous 12-month audit period but was opened by the OIG in the past 12 months. There was no retaliation monitoring based on these circumstances and time frames.

115.67 (e): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outlines the agency's protection against retaliation. It addresses that the facility will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. Interviews with the Agency Head and Warden indicated that they would employ the same protective measures as stated previously related to staff and inmates to include, housing changes, administrative action, removal of staff and/or disciplinary action.

115.67 (f): Auditor not required to audit this provision.

	<p>Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 02.04, SPPOM 05.08, Attachment N.O., Attachment N.S. and interviews with the Agency Head, Warden, staff charged with monitoring for retaliation, as well as a review of the retaliation monitoring forms, this standard is determined to be compliant.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 3. TDCJ, Restrictive Housing Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Staff who Supervise Inmates in Segregated Housing 3. Inmates in Segregated Housing (for risk of sexual victimization / who allege to have suffered sexual abuse) (none) <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of the Restrictive Housing Unit <p>Findings (By Provision):</p> <p>115.68 (a): The Safe Prisons/PREA Plan, page 18-19, and the Restrictive Housing Plan, indicate that any use of restrictive housing to protect an inmate who alleged to have suffered sexual abuse will not be involuntary unless an assessment of all available alternatives has been made, and no alternative is available to separate the inmate from likely abusers. Additionally, required justifications related to the concerns for safety and no alternatives are required to be documented and the inmate is required to be reviewed every 30 days. The PAQ indicated that no inmates who alleged sexual abuse were placed in involuntarily restrictive housing for zero to 24 hours or longer</p>

	<p>than 30 days. During the site review, it was observed that the restrictive housing unit did not house any inmates who alleged sexual abuse or harassment. The interview with the Warden indicated that inmates who alleged sexual abuse would never be placed in restrictive housing longer than necessary to secure alternate housing. The interview with staff who supervise inmates in restrictive housing indicated this, as well. There were no inmates at the facility who had reported sexual abuse as of the dates of the on-site audit.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Restrictive Housing Plan and the interview with the Warden and staff who supervise inmates in restrictive housing, this standard is determined to be compliant.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 3. TBCJ Office of the Inspector General, Policy 7.13, Inmate Sexual Assault Investigations 4. TDCJ Administrative Directive AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents 5. TDCJ Administrative Directive AD-16.20, Reporting Incidents / Crimes to the Office of the Inspector General 6. TDCJ Records Retention Schedule 7. TDCJ Executive Directive ED-02.29, Records Management 8. Investigation Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Inmates Who Reported Sexual Abuse (none at the facility as of the dates of the on-site audit)

3. Warden

4. PREA Coordinator

5. PREA Compliance Manager

Site Review Observations:

1. Record Storage: Physical and Electronic
2. Informal Conversations with staff

Findings (By Provision):

115.71 (a): The Safe Prisons/PREA Plan, page 25, section A4, AD-02.15 and OIG Policy 7.13 state that all allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly and objectively. There was only one (1) investigation from the previous 12 months. This investigation was reviewed by the auditor. The interview with the OIG investigator as well as the facility investigator confirmed that all investigations (administrative and criminal) are completed promptly, thoroughly and objectively.

115.71 (b): The PAQ indicated that the OIG investigators and facility investigators complete PREA investigations. OIG is responsible for criminal investigations and investigations involving staff. The facility investigators conducted administrative investigations. A review of training documents confirmed that all investigators have received specialized training. The interview with the investigative staff confirmed that the OIG investigators receive the NIC investigator training as well as training through the Texas Rangers. The facility investigators received specialized training through the agency.

115.71 (c): Policy 7.13 describes the criminal and administrative investigation process. Specifically, it discusses evidence collection including physical evidence, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There was one (1) investigation of sexual abuse at the facility for the previous twelve months. The investigation was reviewed by the auditor. This investigation included physical and electronic evidence collection as well as interviews. The interviews with investigative staff confirmed that when an allegation of sexual abuse is made or an incident is reported, an investigator would respond immediately, would require the victim to be taken for a forensic exam, if deemed necessary by medical staff, and would ensure the crime scene was secured until evidence collection initiated. The crime scene would be photographed and the alleged victim, alleged perpetrator and

any witnesses would be interviewed. Cameras would be reviewed, if applicable, and a suspect list would be created, if applicable.

115.71 (d): The Safe Prisons/PREA Plan, page 28, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. The interview with the OIG investigator confirmed that he would consult with the prosecutor prior to the interview.

115.71 (e): The Safe Prisons/PREA Plan, pages 28-29, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual's status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the OIG investigator confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. The inmate involved in the one sexual abuse investigation was not present at the facility as of the dates of the on-site audit and was not able to be interviewed. There was nothing notated in the investigation to indicated that a polygraph test or anything equivalent was conducted.

115.71 (f): The Safe Prisons/PREA Plan, page 29, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. One (1) investigation was conducted in the previous twelve months. The PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. A review of the investigation indicates that all of the aforementioned information is included as part of the investigative file.

115.71 (g): All of the sexual abuse and sexual harassment allegations are reported to the OIG. A review of the facility investigative report indicated that criminal investigations are documented in written reports and included information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if

applicable, description of any physical evidence, if applicable, and investigative facts and findings. The interview with the OIG Investigator confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have been zero (0) allegations referred for prosecution since the last PREA audit. The interview with the OIG investigator confirmed if solid evidence was available and the elements were met for prosecution, that the case would be referred.

115.71 (i): The Safe Prisons/PREA Plan, page 31, describes the criminal and administrative investigation process. Specifically, it indicates that all written reports will be retained per the retention schedule. The retention schedule is found in a document from September 2020. All administrative investigations are retained seven years after closure or after termination while criminal investigations are permanently retained.

115.71 (j): The Safe Prisons/PREA Plan, page 29, describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the OIG investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

115.71 (k): The Office of the Inspector General is responsible for conducting investigations at all facilities within the Texas Department of Criminal Justice. The OIG policies were reviewed and are included throughout this report. The OIG complies with all PREA policies and procedures related to investigations.

115.71 (l): The Office of the Inspector General is responsible for conducting investigations at all facilities within the Texas Department of Criminal Justice. The OIG policies were reviewed and are included throughout this report. The OIG complies with all PREA policies and procedures related to investigations. Interviews with the Warden, PREA Coordinator, PREA Compliance Manager and Investigative Staff indicated that the agency and the OIG have a great relationship and that information is shared from the OIG through their liaison (PC).

	<p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, OIG-7.13 AD-02.15, ED-02.29, the retention schedule, the investigative report, training records and information from interviews with the Agency Head, Warden, PREA Coordinator, PREA Compliance Manager, and investigative staff, this standard is determined to be compliant.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 3. Safe Prisons PREA Plan (SPPP) Investigator Training PowerPoint 4. Investigation Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff <p>Findings (By Provision):</p> <p>115.72 (a): The Safe Prisons/PREA Plan, page 28, describes the administrative investigation process. Specifically, it indicates that the agency does not impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. One (1) investigation was completed within the previous twelve months and was reviewed by the auditor. This investigation is still on-going. Interviews with investigative staff confirmed that all administrative investigations only require a preponderance of evidence to make a substantiated finding. The standard of evidence required to substantiate allegations was included in the SPPP Investigator Training PowerPoint.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, the SPP Investigator Training PowerPoint and information from the interviews with investigative staff, this</p>

standard is determined to be compliant.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 05.05, Attachment M
4. TDCJ Safe Prisons / PREA Operations Manual SPPOM 05.10, Reporting Sexual Abuse Criminal Case Status to Offenders
5. TDCJ Safe Prisons / PREA Program, Staff-on-Offender Sexual Abuse Investigative Worksheet, SPPOM 05.11, Attachment F
6. Investigation with Inmate Notification
7. List of Alleged Sexual Abuse Allegations with Outcomes

Interviews:

1. Warden
2. Investigative Staff
3. Inmates Who Reported Sexual Abuse (none at the facility as of the dates of the on-site audit)

Findings (By Provision):

115.73 (a): The Safe Prisons/PREA Plan, page 30, SPPOM 05.05 and SPPOM 05.10 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there was one (1) criminal or administrative investigations completed within the previous twelve months. This investigation was reviewed by the auditor. The documents reviewed indicated that the inmate was notified of the outcome of the investigation via memo. The interviews with the Warden and the Investigative staff confirmed that inmates are

informed of the outcome of the investigation into their allegation. The inmate involved in the investigation is no longer housed at this facility and was, therefore, unable to be interviewed during the on-site audit. Documentation of the notification to the inmate of the outcome of the investigation was noted in the investigation file.

115.73 (b): The OIG is responsible for conducting all criminal and certain administrative investigations for the agency. The OIG is an independent agency but works very closely with the TDCJ. The OIG provides the outcome of their investigation to the SPPMO who in turn provides the memo to the facilities to notify the inmate. The PAQ indicated that there was one (1) investigation which was referred to the OIG within the previous twelve months. The OIG case is still active / open. The notifications for the facility administrative case were reviewed and indicated that the inmate was notified of the outcome of the administrative investigation in a written format which was signed by the inmate and staff.

115.73 (c): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.10, page 1, and SPPOM 05.11 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there had been no substantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. The list of allegations with outcomes was reviewed by the auditor. There was one (1) allegation against staff which was determined to be unsubstantiated at the facility level but was also referred to the OIG and is on-going. The inmate was notified in writing that the staff member is no longer employed with TDCJ.

115.73 (d): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.10, page 1, and SPPOM 05.05 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no instances in which a staff member was indicted in the previous twelve months.

115.73 (e): The Safe Prisons/PREA Plan, page 28, describes the process for reporting investigative information to inmates. Specifically, it states that all notifications or

	<p>attempted notification would be documented. The PAQ indicated that there was one (1) notification made during the audit period. The documents reviewed indicated that the inmate was notified of the outcome of the investigation in a written document which the inmate and staff signed.</p> <p>115.73 (f): This provision is not required to be audited.</p> <p>Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 05.05, SPPOM 05.10, SPPOM 05.11, the List of Allegations and Outcomes, the investigation file of the sexual abuse allegation, notifications to the inmate, and information from interviews with the Warden and investigative staff, this standard is determined to be compliant.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 3. TDCJ Executive Directive PD-22, General Rules of Conduct and Disciplinary Action Guidelines for Employees 4. TDCJ Executive Directive PD-29, Sexual Misconduct with Offenders 5. TDCJ Administrative Directive AD-16.20, Reporting Incidents / Crimes to the Office of the Inspector General <p>Findings (By Provision):</p> <p>115.76 (a): The Safe Prisons/PREA Plan, page 31, and PD-22, pages 42, 49, 52 and 54, as well as PD 29 describe the process for disciplinary sanctions against staff. Specifically, these policies indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.</p> <p>115.76 (b): The Safe Prisons/PREA Plan, page 39, indicates that termination will be</p>

the presumptive disciplinary sanction for staff who engage in the sexual abuse. PD-22, pp. 1, 2, 7, 20-21 also specifies the policy on staff discipline. The PAQ indicated that there was one (1) staff member who violated the sexual abuse and sexual harassment policies. This staff member was terminated for violating the sexual abuse and sexual harassment policies.

115.76 (c): The Safe Prisons/PREA Plan, page 39, describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency’s sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there were no staff members who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

115.76 (d): The Safe Prisons/PREA Plan, page 39, indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. AD 16.20 defines the administrative violations, criminal offenses and emergency incidents, which when occurring on TDCJ property or affecting the TDCJ's authorized interest, are reportable to the OIG. The PAQ indicated that there was one staff member who violated the sexual abuse and sexual harassment policies and was reported to law enforcement or licensing boards following their termination.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-22, PD-29, AD 16.20 and a review of the documentation regarding the staff member who was terminated, this standard is determined to be compliant.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan

	<p>3. TDCJ Executive Directive PD-29, Sexual Misconduct with Offenders</p> <p>Interviews:</p> <p>1. Warden</p> <p>Findings (By Provision):</p> <p>115.77 (a): The Safe Prisons/PREA Plan, pages 39-40, PD-29, page 6, describes the process for corrective action for volunteers and contractors. Specifically, it states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies (Texas Board of Nursing, Texas Department of Aging and Disability Services and Texas Board of Physicians). The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.</p> <p>115.77 (b): PD-29, page 6 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked. Additionally, their supervisor or organization would be contacted to report the misconduct, and the allegation would be reported and investigated.</p> <p>Based on a review of the PAQ, Safe Prisons/PREA Plan, PD-29, and information from the interview with the Warden, this standard is determined to be compliant.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>1. Pre-Audit Questionnaire</p>

2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan

3. TDCJ Correctional Institutions Division, ED-03.76, Offender Disciplinary Procedures

4. TDCJ Correctional Institutions Division, Disciplinary Rules and Procedures for Offenders, English and Spanish

Interviews:

1. Warden

2. Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The Safe Prisons/PREA Plan, page 31 and the Disciplinary Rules and Procedures for Offenders, describes the disciplinary process for inmates. Specifically, it states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months.

115.78 (b): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.

115.78 (c): The Safe Prisons/PREA Plan, page 31 and ED-03.76 describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate abuser would be disciplined and

would be subject to a loss of privileges as well as subject to criminal charges, if applicable. Prior to any discipline the inmate would be seen by mental health and the mental health staff would complete a form indicating if the inmate's mental health contributed to the actions.

115.78 (d): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, but they do not require the inmate participation as a condition of access to programming and other benefits. There were no mental health staff present at the facility as of the dates of the on-site audit, therefore, no mental health staff were able to be interviewed by the auditor. Mental health services are offered and conducted via telehealth.

115.78 (e): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. There have been no instances where inmates have been disciplined for sexual contact with staff.

115.78 (f): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that inmates are prohibited from all sexual activity and as such can be disciplined. Consensual sexual activity does not constitute a PREA allegation.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Disciplinary Rules and Procedures for Offenders, ED-03.76 and information from interviews with the Warden and medical staff, this standard is determined to be compliant.

115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan 3. Safe Prisons / PREA Automated Network System (SPPANS) Assessments, User Guide 4. Correctional Managed Health Care Policy Manual CMHCPM E-35.2, Mental Health Evaluation 5. Correctional Managed Health Care Policy Manual CMHCPM E-35.1, Mental Health Appraisal for Incoming Offenders 6. Correctional Managed Health Care Policy Manual CMHCPM G-57.1, Sexual Assault / Sexual Abuse 7. Correctional Managed Health Care Policy Manual CMHCPM H-61.1, Confidentiality and Release of Protected Health Information <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff 3. Inmates who Disclosed Sexual Victimization at Risk Screening <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Record Storage: Physical and Electronic 3. Informal conversations with staff <p>Findings (By Provision):</p> <p>115.81 (a): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.2, and CMHCPM E-35.1, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that</p>

they have experience prior sexual victimization will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for inmates identified who disclosed prior sexual victimization revealed that inmates were seen by mental health, typically within a week. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, they are seen by mental health within fourteen days. Interviews with inmates who disclosed sexual victimization at risk screening indicated that they were referred to mental health within a week or so after the risk screening.

115.81 (b): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.1 and E-35.2 describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The SPPANS Users Guide was provided to the auditor which specifies how the referrals and assessments are conducted in this electronic system. Access to this system is only for staff in authorized positions. The assessments are conducted privately in offices to ensure confidentiality. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. No inmates were identified who previously perpetrated sexual abuse. Interviews with staff responsible for the risk screening, indicated that inmates who previously perpetrated sexual abuse are referred to mental health and are seen by mental health within fourteen days.

115.81 (c): Interviews with medical staff confirmed that referrals are generated if a screening indicates that an inmate has previously been a victim of sexual abuse or perpetrated a sexual abuse, whether it occurred in an institutional setting or in the community. Medical staff confirmed that an inmate is offered a follow-up meeting with practitioners within 14 days of the inmate screening. Mental health services are provided to inmates at this facility via telehealth and were not present at the facility to be interviewed by the auditor.

115.81 (d): The Safe Prisons/PREA Plan, pages 19-20, describes medical and mental health screenings related to sexual abuse. Specifically, it states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health staff but rather other staff, as necessary, to make housing, program, safety and security decisions. CMHCPM G-57.1 establishes guidelines for the management of offenders with sexual assault/abuse or alleged sexual assault/abuse. The policy states that the offender will be immediately

evaluated, examined and referred for required services. The PREA Compliance Manager and the Major have access to this information. During the site review, the auditor observed the area where the risk screening is conducted. The screening is conducted in a private office setting and is completed using the SPPANS system. This is an electronic system with access only to select staff who are authorized to view and updated the system based on their position.

115.81 (e): The Safe Prisons/PREA Plan, pages 19-20 and CMHCPM G-57.1, and CMHCPM H-61.1 describes medical and mental health screenings related to sexual abuse. Specifically, these policies state that medical and mental health are staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. Interviews with medical staff indicate that they obtain informed consent prior to reporting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months. Mental health services are conducted via telehealth at this facility and were not able to be interviewed by the auditor during the on-site audit.

Based on a review of the PAQ, Safe Prisons/PREA Plan, the SPPANS Assessments User Guide, CMHCPM G-57.1, CMHCPM E-35.1, CMHCPM E-35.2, CMHCPM H-61.1, medical and mental health documents and information from interviews with staff who perform the risk screening, medical staff and inmates who disclosed victimization during the risk screening, this standard is determined to be compliant.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Correctional Managed Health Care Policy Manual CMHCPM G-57.1, Sexual Assault / Sexual Abuse 3. TDCJ Safe Prisons PREA Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff

2. Inmates Who Reported Sexual Abuse (none at the facility)

3. Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): CMHCPM G-57.1 describes inmates' access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health maintain secondary materials documenting the timeliness of services. During the on-site review, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room. The mental health is conducted through telemedicine. The assessments of inmates are conducted privately in an office to allow for confidentiality. Exam rooms were also private and allowed for confidentiality. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately, based on the nature of the allegation, but ultimately within 24 hours.

115.82 (b): CMHCPM G-57.1 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that security staff first responders would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. Policy indicates that the inmate would be transported to the nearest hospital emergency room that had medical staff qualified to conduct forensic medical examinations. The interviews with staff indicated the inmate would be immediately separated and would remain with the staff member.

115.82 (c): The Safe Prisons/PREA Plan, page 13 and CMHCPM G-57.1, describe inmates' access to emergency medical and mental health treatment. Specifically, they indicate that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, medical and mental health care at the facility determine if these services were already provided at the hospital and if they were not, they are provided at the facility upon the inmates return. Interviews with medical staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.

115.82 (d): The Safe Prisons/PREA Plan, page 13, and CMHCPM G-57.1, describes inmate access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless of whether the victim names the alleged abuser or

	<p>cooperates with any investigation. There were no inmates at the facility as of the dates of the on-site audit who had reported sexual abuse.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual G-57.1, review of medical notes from the sexual abuse investigation and information from interviews with medical staff this standard is determined to be compliant.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan 3. Correctional Managed Health Care Policy Manual CMHCPM G-57.1, Sexual Assault / Sexual Abuse 4. Correctional Managed Health Care Policy Manual CMHCPM E-44.1, Continuity of Care 5. Correctional Managed Health Care Policy Manual CMHCPM E-35.1, Mental Health Appraisal for Incoming Inmates 6. Correctional Managed Health Care Policy Manual CMHCPM E-35.2, Mental Health Evaluation <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Inmates Who Reported Sexual Abuse (none at the facility as of the dates of the on-site audit) 3. Security Staff and Non-Security Staff First Responders <p>Site Review Observations:</p>

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The Safe Prisons/PREA Plan, page 14 and CMHCPM G-57.1, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the site review, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room. Mental Health services are conducted via telehealth in a private setting. All areas were private and allowed for adequate confidentiality.

115.83 (b): The Safe Prisons/PREA Plan, page 14 and CMHCPM E-44.1, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that evaluations and treatments of such victims will include follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. CMHCPM E-44.1 describes services for those inmates being released from the agency's custody. Interviews with medical staff confirmed that follow up services would be offered. A few of the services include assessment, individual counseling and follow-up counseling. There were no inmates at the facility who had reported sexual abuse on the dates of the on-site audit and were not able to be interviewed by the auditor. Mental Health services are conducted via telehealth. These staff are not on-site and were not able to be interviewed.

115.83 (c): The Safe Prisons/PREA Plan, page 14, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that medical and mental health services will be consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital for forensic medical examinations. Interviews with medical staff confirm that the services they provide are consistent with the community level of care. Mental Health services are conducted via telehealth. These staff are not on-site and were not able to be interviewed.

115.83 (d): The Safe Prisons/PREA Plan, page 14, indicates female offenders who have been sexually victimized while incarcerated are offered pregnancy tests. However, this provision does not apply as the facility does not house female offenders.

115.83 (e): The Safe Prisons/PREA Plan, page 14, indicates female offenders who become pregnant due to sexual victimization while incarcerated will receive timely and comprehensive information and access to pregnancy related medical services. However, this provision does not apply as the facility does not house female offenders.

115.83 (f): The Safe Prisons/PREA Plan, page 14 and CMHCPM G-57.1, describe ongoing medical and mental health care for sexual abuse victims and abusers.

	<p>Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. CMHCPM G-57.1 indicates that all offender victims will be offered test and treatment for syphilis, gonorrhea, HIV and Hepatitis B. There were no inmates at the facility who had reported sexual abuse as of the dates of the on-site audit, therefore there were no inmates who could be interviewed regarding this standard.</p> <p>115.83 (g): The Safe Prisons/PREA Plan, page 13, describes inmates' access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation.</p> <p>There were no inmates at the facility who had reported sexual abuse as of the dates of the on-site audit, therefore there were no inmates who could be interviewed regarding this standard.</p> <p>115.83 (h): The Safe Prisons/PREA Plan, page 14, CMHCPM E-35.1 and E-35.2, indicates that a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. Interviews with medical staff confirm that offender-on-offender abusers would be offered mental health services. Mental Health services are conducted via telehealth. These staff are not on-site and were not able to be interviewed.</p> <p>Based on a review of the PAQ, the Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual G-57.1., Correctional Managed Health Care Policy Manual E-44.1, E-35.1, E-35.2, and information from interviews with medical staff, this standard is determined to be compliant.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan 3. TDCJ Administrative Directive AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents

4. SPPANS User Guide

5. Sexual Abuse Investigation Documents

6. Sexual Assault Incident Review

Interviews:

1. Warden

2. PREA Compliance Manager

3. Incident Review Team

Findings (By Provision):

115.86 (a): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. The PAQ indicated that there was one (1) review which was completed within the previous twelve months.

115.86 (b): AD-02.15, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct an administrative incident review of all sexual abuse allegations. The review is required to be forwarded to the appropriate Regional Director within ten days after being reported. The PAQ indicated that one (1) review was completed within the previous twelve months.

115.86 (c): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will consist of upper management officials, with input from line supervisors, investigators and medical and mental health. The SPPANS User Guide was provided to the auditor. Investigations as well as the Incident Review are conducted electronically in the SPPANS system. The guide was reviewed as well as the Incident Review for the one sexual abuse investigation. The Incident Review was completed by the Warden, a sergeant and two other staff members. The interview with the Warden confirmed that these reviews are being completed, and they include upper management officials. A review of the investigative file indicated that the incident review was conducted.

115.86 (d): The SPPANS system outlines information required to be completed related to sexual abuse incident reviews. Specifically, it includes: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any

	<p>recommendations for improvement. The Warden or supervisor submits this report to the Regional Director within ten days and to the Agency Head within 20 days. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed, and they include all the required elements. Interviews indicated that the team would adjust the staffing if necessary and will supplement video monitoring if necessary. Additionally, interviews indicated that any recommendations would be made and implemented that would benefit the facility and would alleviate the incident from occurring again.</p> <p>115.86 (e): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the agency will implement the recommendations for improvement or document the reasons for not doing so. A review of the administrative incident review form indicated that a section exists for recommendations and corrective action.</p> <p>Based on a review of the PAQ, Safe Prisons/PREA Plan, Administrative Directives AD-02.15, the SPPANS Incident Review Form, the SPPANS Users Guide, and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard is determined to be compliant.</p>
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115.87	Data collection
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.88	Data review for corrective action
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (h) - (m): The auditor had access to and the ability to observe all areas of the facility: was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p> <p>115.401 (n): The PREA audit notice was observed to be posted in all of the housing units. Informal conversations were conducted with inmates regarding how long the notice had been posted. The auditor also received correspondence from inmates at the facility.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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
115.13 (a)	Supervision and monitoring	
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional	yes

	practices?	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	

	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
115.13 (c) Supervision and monitoring		
	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
	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
	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
115.13 (d) Supervision and monitoring		
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
115.14 (a) Youthful inmates		
	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).)	na
115.14 (b) Youthful inmates		
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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.)	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.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or	yes

	genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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

	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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
	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	yes

	consent or refuse?	
	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 two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	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
115.17 (f) Hiring and promotion decisions		
	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
	Does the agency ask all applicants and employees who may have	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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

	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.34 (c)	Specialized training: Investigations	

	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
115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.35 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	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
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	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
	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
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	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
	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
	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
	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
	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
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	

	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
115.41 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h) Screening for risk of victimization and abusiveness		
	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
115.41 (i) Screening for risk of victimization and abusiveness		
	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
115.42 (a) Use of screening information		
	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
	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
	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	yes

	being sexually abusive, to inform: Work Assignments?	
	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
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to	yes

	shower separately from other inmates?	
115.42 (g)	Use of screening information	
	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
	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
	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
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	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
	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	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	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
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b)	Inmate reporting	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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.	no
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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,	yes

	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.)	
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	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
115.52 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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

	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	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
	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
115.73 (e) Reporting to inmates		
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a) Disciplinary sanctions for staff		
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b) Disciplinary sanctions for staff		
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	

	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	na

	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.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	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

PREA Agency Audit Report: Final

Name of Agency: Texas Department of Criminal Justice

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/21/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Ronell Prioleau	Date of Signature: 11/21/2024

AUDITOR INFORMATION	
Auditor name:	Prioleau, Ronell
Email:	r.priolo@yahoo.com
Start Date of On-Site Audit:	
End Date of On-Site Audit:	

AGENCY INFORMATION	
Name of agency:	Texas Department of Criminal Justice
Governing authority or parent agency (if applicable):	
Physical Address:	861 Interstate 45, Huntsville, Texas - 77320
Mailing Address:	PO Box 99, Huntsville, Texas - 77340
Telephone number:	8005350283

Agency Chief Executive Officer Information:	
Name:	Bryan Collier
Email Address:	bryan.collier@tdcj.texas.gov
Telephone Number:	936-437-2101

Agency-Wide PREA Coordinator Information			
Name:	Cassandra McGilbra	Email Address:	cassandra.mcgilbra@tdcj.texas.gov

Agency AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
10	
Number of standards not met:	
0	

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. Agency Zero Tolerance Statement 5. Organizational Charts 6. Specialty Staff Interview Notes <p>The Agency has a written Policy and the TDCJ Safe Prisons/PREA Plan, to address the requirements of the standard that mandates zero tolerance toward all forms of sexual abuse and sexual harassment, and it outlines the agency's approach to preventing, detecting, and responding to such conduct.</p>

	<p>The Agency's specific strategies include "Preventing" sexual abuse and sexual harassment through the designation of a PREA Coordinator and PREA Compliance Manager, Criminal History Background Checks (Staff, Contractors, and Volunteers, as applicable), Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Classification, Inmate Education, Posting of Signage PREA Posters, and Contract Monitoring. The policies addressed "Detecting" sexual abuse and sexual harassment through Training (Staff, Volunteers, and Contractors), and Intake Screening. The policies addressed "Responding" to allegations of sexual abuse and sexual harassment through Reporting, Investigations, Victim Services, Medical and Mental Health Services, Disciplinary Sanctions for Staff (including notification of licensing agencies), Incident Review Teams, and Data Collections and Analysis.</p> <p>The Agency has designated an upper-level, agency-wide PREA Coordinator/PREA Ombudsman with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The PREA Coordinator/PREA Ombudsman position reports directly to the Texas Board of Criminal Justice. The PREA Coordinator/Ombudsman was interviewed and reported their direct report staff having enough time to focus on the PREA standards, investigate PREA concerns, training and updating PREA Compliance Managers on policy. During the interviews with the PREA Coordinator/ PREA Ombudsman and the PREA Compliance Manager all outlined their duties to illustrate their ability to manage all the required duties associated with their positions. The Auditor reviewed all policies related to zero tolerance and during formal and informal interviews and conversations with the central headquarters office staff it was obvious the zero-tolerance policy radiates throughout the agency.</p> <p>The Auditor noted the Inmate Handbook, PREA Posters, and PREA Brochure do address sexual abuse by another Inmate, and the Inmate Handbook does address sanctions for Inmates when involved in such conduct. Based on headquarters staff interviews it was noted TDCJ staff closely monitor for Inmate-on-Inmate sexual misconduct in accordance with PREA standards; allegations are reported and investigated, and inmates are held accountable.</p> <p>After a careful and detailed review, the Auditor determined the Agency meets the requirements of the standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy and Document Review 2. Pre-Audit Questionnaire

	<p>3. TDCJ Safe Prisons/PREA Plan</p> <p>4. Specialty Staff Interview Notes</p> <p>The Auditor randomly reviewed 15 of 27 renewed and new contracts since the last audit to include Private Residential Treatment Centers, Private Transitional Treatment Centers and Private Secure Confinement Facilities and determined the contract language included an obligation for the contractor to adopt and comply with the PREA standards. Through interviews with the PREA Coordinator/PREA Ombudsman and the Agency Contract Administrator the Auditor confirmed the Agency has a contract monitor position to ensure that the contractors are complying with the PREA standards. This was also verified by reviewing agency policy and TDCJ Safe Prisons/ PREA Plan.</p> <p>During the interview with the Agency's Contract Administrator, it was determined they must maintain regular contact with every inmate placed in a contracting facility. If there are PREA concerns, agency protocol requires the inmate be removed from the facility and the facility be allowed time to make corrective actions and address the concerns. Corrective actions are addressed before the facility is reconsidered. Notification would also be made to law enforcement.</p> <p>The Contract Administrator has the authority to perform an administrative review at any sign of suspected noncompliance. A finding of non-compliance during the administrative review could result in fines, corrective action, contract termination and referral for criminal charges, if applicable. The Contract Administrator annually collects credentialing documentation for each facility: facility license; staff licenses or certifications; daily schedule; and monitoring reports or the licensing agency's website regarding the facility's status; and tours the facility. New facilities being considered for contracting purposes follow a vetting process, including reference checks with other counties, with all information being presented to the agency's leadership for review and approval.</p> <p>After a careful and detailed review, the Auditor determined that the Agency meets the requirements of the standard.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination:
	<ol style="list-style-type: none"> 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan

4. Specialty Staff Interview Notes

Texas Department of Criminal Justice as an Agency has not hired or promoted 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 lock up institution. The Agency has not enlisted the 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 lock up institution. The Agency has not hired or promoted or used the services of anyone who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity as described.

The Agency policies and TDCJ Safe Prisons/PREA Plan prohibit the agency/facilities from hiring, promoting or during business with a person or business who may have contact with inmates who has engaged in or attempted to engage in sexual abuse while in incarcerated, or convicted of, civilly or administratively of the same.

The Auditor verified this by reviewing new hire applicant packets as well as reviewing multiple personnel files that included criminal background checks and self-disclosure forms. During the personnel file review the Auditor found this same process of checking backgrounds is also completed when starting new vender contracts and when qualifying staff for in-house promotions. All files reflected the three required questions included and staff affirmed by signing the form.

Before hiring new employees, who may have contact with inmates, the central headquarters staff (1) Performs a criminal background records check; and (2) 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. The Administrative (Human Resources) Staff also indicated that the Agency would respond to any request for information from an institutional employer seeking information on a former TDCJ employee.

The central headquarters staff also conducts criminal background records checks annually of current employees and contractors who may have contact with inmates. This is accomplished by using a system call FACT Clearinghouse, this system allows for a continual real-time update on staff interactions with law enforcement agencies who participate in the service. Agency policies also require an annual re-check of all employees and contractual re-checks for contractors. The agency policy does indicate that any employee/contractor misconduct or false reporting is subject to termination of employment. The current policy also requires that staff self-disclose new information related to sexual conduct behavior. The Agency has incorporated and implemented the "Affirmative Duty to Disclose," which all staff were required to affirm and sign. Failure to self-disclose new sexual conduct behavior are grounds for termination. The Agency reports conducting approximately 700 such criminal background checks monthly. Finally, as a requirement of policy and TDCJ Safe Prisons/

	<p>PREA Plan the facility has an obligation to report sexual conduct behavior to other institutional employers. These processes were verified through interviews with headquarters human resource staff and informal conversation with administrative staff.</p> <p>After careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. Specialty Staff Interview Notes <p>The Agency has added new cameras to multiple units/facilities throughout the TDCJ and the Agency did consider the effect of the modification upon the Agency’s ability to protect inmates from sexual abuse. Through interviews with Agency leadership the Auditor confirmed that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Agency with facility input always considers how such technology will enhance the Agency/facilities ability to protect inmates from sexual abuse.</p> <p>After careful and thoughtful review of all the information, the Auditor determined the Agency meets this standard.</p>

115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy and Document Review 2. Pre-Audit Questionnaire

	<p>3. TDCJ Safe Prisons/PREA Plan</p> <p>4. Inmate Correspondence Response</p> <p>5. Specialty Staff Interview Notes</p> <p>The Agency has a directive that instructs all Texas Department of Criminal Justice staff involved in making inmate unit/housing assignments with a comprehensive listing of housing assignment criteria and procedures. The TDCJ Classification Plan provides more specific, guidance to staff. All inmate housing assignments, including assignment to a unit or to specific housing areas, such as dormitories, cellblocks, rows, or other similar areas, are made based on objective criteria, and not based on race, color, nationality, or ethnic origin. The initial unit assignment is made at the central headquarters level. All classification committees, classification, security, and health care staff, both at the central and unit levels follow these criteria and procedures.</p> <p>Some of the unit/housing assignments criteria include Criminal history; b. History of institutional sexual violence or victimization; c. Current offense (type and seriousness), sentence length, and amount of time completed on sentence; d. Violent or passive tendencies; e. Security Precaution Designator (SPD); f. Criminal sophistication; g. Inmate enemies; h. Lesbian, gay, and bisexual (both active and passive) tendencies; i. Transgender and intersex identification; j. Characteristics such as height, age, and weight; k. Security threat group affiliation; l. Current institutional adjustment, as reflected in the inmate’s disciplinary record; m. Special safety requirements; and n. Predator codes.</p> <p>Information pertaining to each inmate’s security characteristics can be found in the inmate’s electronic record. The documents contained in the inmate’s electronic record are accessible at both the unit and central administration levels. This was confirmed by reviewing multiple inmate records.</p> <p>When making initial housing assignments or housing assignment changes, the designated staff member or committee responsible for making such assignments reviews all pertinent information, such as the classification screen, electronic record, Safe Prisons/PREA Assessment, and other similar information, to determine whether there are any security or health-related needs or restrictions relative to the inmate’s housing assignment.</p> <p>After careful and detailed review of all the information, the Auditor determined the Agency meets the requirements for this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. Specialty Staff Interview Notes 5. Central Headquarters Statement of Fact <p>As notated in the PAQ and during an interview with the Agency Head Designee, collective bargaining is not recognized by Texas Department of Criminal Justice. TDCJ employees do not participate in collective bargaining.</p> <p>After a careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. TDCJ Website Review 5. Specialty Staff Interview Notes <p>The Agency has established policies that address all provision of this standard. The Agency utilizes the Sexual Assault Report, which is a data collection instrument utilized to collect all sexual abuse data. The tracking system contains information on all allegations of abuse, neglect and exploitation, and all serious incidents. One of the functions of the PREA Compliance Manager is to maintain this information. The data is also collected from all contracted facilities. The Agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, as evidenced by policy and the report sample. The Agency aggregates the incident-based sexual abuse data at least annually, as evidenced by the annual PREA report and website review.</p> <p>Incident-based data collected includes the data necessary to answer all questions</p>

	<p>from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice, as evidenced by policy and website posted data. The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, as evidenced by policy and website posted data. A review of the Agency website reflects the comprehensive report is published and available to the public for all serious incidents to include sexual abuse and sexual harassment allegations. Compliance was further confirmed through review of completed data collection instruments and an interview with the PREA Ombudsman.</p> <p>After a careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. TDCJ Website Review 5. Specialty Staff Interview Notes <p>The Agency has policies in place that address all provisions of the standard. As evidenced by the survey of sexual violence reports, annual PREA reports, and interviews with the Agency Head Designee and the PREA Ombudsman the agency reviews all 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; Taking corrective action on an ongoing basis; and Preparing a semi-annual report of its findings and corrective actions for each unit/facility, and the Agency. The report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse. The PREA Ombudsman’s Office is responsible for the oversight of the reporting process. The Agency’s report is approved by the Agency Head Designee and Executive Management Team and made readily available to the public through the agency TDCJ website. These tasks are initiated by the Unit Safe Prisons PREA Manager submitting monthly reports to the Safe Prisons PREA Management Office. The Auditor verified this process of data collection through extensive interviews with</p>

	<p>the Agency Head Designee and the PREA Ombudsman.</p> <p>The Agency does redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted, as evidenced by semi-annual PREA reports on the website and the interview with the PREA Ombudsman.</p> <p>After a careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. TDCJ Website Review 5. Specialty Staff Interview Notes <p>The Agency has a policy in place that addresses the provisions of this standard. The Auditor found that the Agency digitally and securely retains all data collected, this data is available to the public through the Texas Department of Criminal Justice website. The annual reports from previous years to present are published on the website. Staff interviewed reported access to any data is restricted to the Agency Senior Staff for operational use and is password protected All personal identifiers have been removed from the reports. The data and records collected are to be retained in accordance with state and agency retention requirements and minimum of 10 years. The PREA Ombudsman interview and review of the annual reports further confirmed this procedure.</p> <p>After a careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination:
	Auditor Discussion

	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. TDCJ Website Review 5. Specialty Staff Interview Notes 6. TDCJ Inmate Correspondence 7. TDCJ Audit Notices <p>During the three-year period starting on August 12, 2014, and during each three-year period thereafter, the Agency ensured that each facility operated by the Agency is audited at least once, as evidenced by a website review. During each one-year period starting on August 12, 2014, the Agency ensured that at least one-third of each unit/facility type operated by the Agency is audited, as evidenced by a website review.</p> <p>The Auditor had access to, and observed, all areas of the Central Headquarters. The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The Auditor was permitted to conduct private interviews with office staff. Inmates and staff were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel, as evidenced by the Notice of Audits posted and observations made during the Central Headquarters site review. The Auditor received one written letter from an inmate related to a TDCJ unit/facility.</p> <p>After a careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.403</p> <p>The Agency has published all final audit reports on the Texas Department of Criminal Justice website; this was confirmed by navigating to the page on the website and reviewing all the audit reports. This information is made available to the public and is in accordance with PREA standard 115.403.</p> <p>After a careful and detailed review of all the information, the Auditor determined the</p>

	Agency meets the requirements of this standard.
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Appendix: Provision Findings		
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	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	yes

	described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	

	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system,	yes

	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.)	
115.42 (c)	Use of screening information	
	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
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	

	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	
	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

115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes

	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.)	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
115.403 (f)	Audit contents and findings	
	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, there has never been a Final Audit Report issued.)	yes