

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

Interim Final

Date of Interim Audit Report: N/A
If no Interim Audit Report, select N/A
Date of Final Audit Report: April 28, 2020

Auditor Information

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Company Name: PREA Auditors of America, LLC.	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: (713) 818-9098	Date of Facility Visit: March 11-14, 2020

Agency Information

Name of Agency: Texas Department of Criminal Justice			
Governing Authority or Parent Agency (If Applicable): State of Texas			
Physical Address: 861-B I-45 North		City, State, Zip: Huntsville, TX 77320	
Mailing Address: P.O. Box 99		City, State, Zip: Huntsville, TX 77342	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.tdcj.texas.gov/tbcj/prea.html			

Agency Chief Executive Officer

Name: Bryan Collier	
Email: Bryan.Collier@tdcj.texas.gov	Telephone: (936) 437-2101

Agency-Wide PREA Coordinator

Name: Lynne Sharp	
Email: Lynne.Sharp@tdcj.texas.gov	Telephone: (936) 437-5570
PREA Coordinator Reports to: Honorable Patrick O'Daniel – Chairman of the Texas Board of Criminal Justice	Number of Compliance Managers who report to the PREA Coordinator: 6

Facility Information

Name of Facility: Estelle Unit

Physical Address: 264 FM 3478

City, State, Zip: Huntsville, TX 77342

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.tdcj.texas.gov/tbcj/prea.html>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
This facility had its last PREA Audit in March 2017. In addition, there is a Division Level Operational Review conducted at the unit in September 2018. These reviews are conducted by each functional area proponent at least every three years.

Warden/Jail Administrator/Sheriff/Director

Name: Daniel Dickerson

Email: daniel.dickerson@tdcj.texas.gov

Telephone: (936) 291-4200

Facility PREA Compliance Manager

Name: Keith Tucker

Email: keith.tucker@tdcj.texas.gov

Telephone: (936) 291-4200

Facility Health Service Administrator N/A

Name: Shelly Hanson

Email: sdhanson@utmb.edu

Telephone: (936) 291-4200

Facility Characteristics

Designated Facility Capacity:	3360	
Current Population of Facility:	3085	
Average daily population for the past 12 months:	3120	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-91	
Average length of stay or time under supervision:	CID – 3 years 3 months SJ – 4 months	
Facility security levels/inmate custody levels:	II, RP, VI, FT, CG, MH, G1-G5, P2-P5, J2-J5, 1A-3A, D1-D3, MD	
Number of offenders admitted to facility during the past 12 months:	2138	
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2097	
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1758	
Does the facility hold youthful offenders?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful offenders held in the facility during the past 12 months: (N/A if the facility never holds youthful offenders)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold offenders for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds offenders: Select all that apply (N/A if the audited facility does not hold offenders for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with offenders:	872	
Number of staff hired by the facility during the past 12 months who may have contact with offenders:	324	

Number of contracts in the past 12 months for services with contractors who may have contact with offenders:	3
Number of individual contractors who have contact with offenders, currently authorized to enter the facility:	Medical – 427 Windham – 17 MTC - 17
Number of volunteers who have contact with offenders, currently authorized to enter the facility:	366
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether offenders are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house offenders, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	24
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house offenders of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows offenders to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	38
Number of single cell housing units:	10
Number of multiple occupancy cell housing units:	23
Number of open bay/dorm housing units:	5
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	192
In housing units, does the facility maintain sight and sound separation between youthful offenders and adult offenders? (N/A if the facility never holds youthful offenders)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.		<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:		Office of Inspector General (OIG) - 143
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.		<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)		<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Office of Inspector General (OIG)) <input type="checkbox"/> N/A
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?		64
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply		<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)		<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component

Other (please name or describe: **Office of Inspector General (OIG) conducts Administrative Investigations on staff**)

N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

The PREA audit for the Estelle Unit was contracted through PREA Auditors of America, LLC. Due to the size of the inmate population, the audit was planned for (4) days onsite at the facility and scheduled for March 11-14, 2020.

Initial information was provided via USB drive by the Office of Administrative Review and Risk Management (ARRM Division). This USB drive contained the Pre-Audit Questionnaire and the supporting documentation for proof of compliance for each PREA standard. In addition, the ARRM Division provided photographs of the required audit notices posted in the facility.

The onsite audit began on March 11, 2020 with an initial meeting of the administrative team from the facility and staff from the PREA Ombudsman's office. This meeting was held with a small group to make introductions, answer questions and review the tentative agenda and the facility tour began shortly after. Included in this meeting were the following people/positions.

- Senior Warden – Current
- Senior Warden - New
- Assistant Warden (2)
- Assistant Warden – New
- Major
- Sergeant (Safe Prisons Staff)
- Assistant Regional Director – Region I
- ACA/PREA Accreditation Manager
- Region I PREA Compliance Manager
- Region I ACA
- ACA/PREA P.S. III

The onsite tour covered the entire facility and all building areas in which offenders have access to. The Estelle Unit is a unique facility in that it actually has (3) separate secure areas. This is a large facility and has a great number of buildings and secure areas to view, in addition to learning about all of the services that are provided to offenders, especially those with medical needs. The tour of this entire facility took the entire first day. During the tour, this Auditor was able to speak privately with offenders either in common areas or at their cell doors.

After the tour, a large binder was provided to this Auditor with information on standards, as well as offender and staff rosters to choose both targeted and random interviewees from.

Days two through four of the onsite audit visit consisted mainly of interviews with staff and offenders. There was file review interspersed throughout the rest of the time. Prior to the onsite audit visit, lists of groupings were provided to the facility to have prepared to enable the list of interviewees to be created. These lists were provided on the first day of the onsite audit visit.

Once the targeted interviewees were chosen, then the required number of random inmate interviews were filled in to get the total number of required inmate interviews. There was a total of (54) interviews conducted with inmates at the Estelle Unit. Throughout the process, (25) random inmate interviews were conducted and (29) targeted inmate interviews were conducted. There was at least one inmate from every housing unit interviewed. Random interviews were chosen by selecting one cell number and offenders in that cell number was interviewed for the random selection.

The inmate information reviewed for appropriate documentation was randomly chosen from the list of interviewees. The Safe Prisons staff and Regional PREA Compliance Manager pulled inmate information for those offenders and had it ready for review throughout the day. In the same manner, employee personnel information was chosen based on the interviewees from staff lists.

At the end of the onsite audit visit, there was a short exit meeting was held for administrative staff members that were able to attend. Items that were identified during the visit were reviewed and questions were answered.

Following the onsite audit visit, a list of the items reviewed was sent to the Region I PREA Compliance Manager, and other agency level staff to begin collecting the appropriate information to answer the deficiencies. All items that were identified as not meeting the standard were corrected within the first 45 days after the onsite audit visit. Those corrected items are identified in the standard the correction addressed.

In addition to the interviews conducted during the onsite visit, phone interviews were conducted with the PREA Ombudsman/PREA Coordinator, the Region I PREA Compliance Manager and the Deputy Division Director of Management Operations.

Facility Characteristics

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

W.J. Estelle Unit is located at 264 FM 3478, Huntsville, TX 77320. This facility is located on approximately 5,459 acres. The main building of the facility was opened in 1984. The main building houses approximately 2,193 offenders. The main building has a main corridor with "wing" units on both sides of the corridor. This corridor is divided in two and has gates that can be closed.

The wings in the main building each have a dayroom and cells contained on three tiers. Cameras are utilized to cover all tiers and the dayroom area. There are toilets in each of the cells.

There are large shower areas for units to go to at one time. These shower areas are large and open with multiple shower heads. Only male staff members work in these showers. There is a uniform exchange area in the shower area as well. There is one employee and inmate workers in this exchange area. The staff member that works in the area is a female. In order to ensure that she does not see any of the offenders showering, there is covering over the fencing that covers this area. There is only enough of an opening for inmate workers to pass clothing out to the inmates that shower there. There are two shower areas on this main hallway, one on each side of the gate.

In this main building there are also the following areas.

- Chapel
- Laundry area (2)
- Commissary (2)
- Kitchen
- Dining Hall
- "Chain Room" (reception area)
- Education area
- Law Library
- Medical Department
- Mental Health Offices
- Security Office
- Supply Department
- Gymnasiums (2)
- Staff Breakroom

The facility had an Expansion Cellblock added in 1997. This expansion holds restrictive housing, G5 (Close Custody), SVORI, CIPP, G2, G3 Cool Bed Offender Cells. This cellblock has (775) cells for use for all of these programs.

The SVORI program is the Serious and Violent Offender Re-Entry Initiative. There are (63) cells designated for offenders in this program. These offenders are all under administrative segregation and within (12) months of release on parole or mandatory supervision.

The CIPP Program is a Corrective Intervention Pre-Release Program. There are (197) cells designated for offenders in this program. These offenders are within (120) days of release.

The Estelle Unit also houses a Regional Medical Facility for Estelle Unit offenders and surrounding correctional facilities. This facility was established in 1990 and houses (120) offenders. This facility has a large dialysis unit that operates (6) days per week. Other medical services are provided at this facility as well.

This facility also houses a Geriatric center. This was established in 1993 and houses up to (60) offenders. This area functions much like a nursing home in the civilian world.

The SAFPF Program operates at this facility as well. It was established in 1994 and houses up to (212) offenders. This portion of the facility is a substance abuse program designed for male offenders under the Community Supervision Corrections Department. All offenders in this program have specialized treatment needs, including substance abuse disorders. It is a 9-month program and is administered by the Management and Training Corporation (MTC).

The facility has an education program that is operated through the Windham School District and Lee College. At the time of the onsite audit visit, the school was on spring break. This is operated in the main building.

Lastly, there is a textile mill at the facility which makes towels, washcloths and other fabric for use by the TDCJ. This program was moved to the Estelle Unit from the Huntsville Unit 1987. This area has its own strip search area, dining hall so the inmate workers can eat there during their shift to eliminate multiple strip searches and the time it takes to conduct those, and it has its own camera system.

In addition to the programs and areas of the facility listed, there are some educational programs toured during the onsite visit.

- Maintenance area
- Trade School – Welding, wood shop, other trades

Although not necessarily a facility characteristic, there is one additional item which should be mentioned. The agency has spent a large amount of time in the development of a new data collection system specifically designed for PREA. This system is titled SPPANS and was launched at this facility one month prior to the onsite audit visit. This system is one of, if not the best, data collection system this Auditor has seen anywhere in the corrections systems in the United States. Staff are able to enter information, run reports, receive reminders, receive prompts of additional requirements under PREA. This system will be more and more beneficial to the PREA staff in your agency as more information is entered into the system. This is an incredible data collection and compliance tool that has been developed.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded:

115.11 – Zero tolerance of sexual abuse and sexual harassment

115.32 – Volunteer and contractor training

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Texas Department of Criminal Justice (TDCJ) employs a statewide PREA Ombudsman/PREA Coordinator to oversee PREA compliance in all correctional facilities in the state. The Coordinator is responsible to ensure that all facilities are in compliance with PREA standards. Due to the large population numbers, large number of facilities and the large geographic area of the state of Texas, the PREA Ombudsman Office employs (6) Regional PREA Compliance Managers to assist facilities in their area to ensure they are in compliance.

At the Estelle Unit, there are (3) Safe Prisons staff members who are responsible for ensuring that all PREA standards are implemented appropriately at the facility, conduct investigations into allegations, and work with the Office of Inspector General (OIG) when requested for investigations.

The Estelle Unit has named one of the three Safe Prisons staff to be the official PREA Compliance Manager. However, based on observations during the onsite audit visit, these staff members function as a team, even though they have not been in their positions for an extended period of time.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its offenders 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 offenders.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The Texas Department of Criminal Justice does contract with other entities for the housing of offenders. TDCJ contracts with Management and Training Corp. (MTC) and LaSalle Corrections.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?

Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The TDCJ provided a staffing plan for the Estelle Unit dated March 2019. Supporting documentation was provided in the form of agency policy supporting the annual development/review of staffing plans. The interview with the PREA Ombudsman/PREA Coordinator provided information on the process that occurs every year to review and revise the staffing plan. This process involves regional meetings which include a large number of staff from the agency and the facilities. The PREA Coordinator and Regional Director are always involved in this process, as well as the Senior Warden and Warden of Security Operations and others from both levels of the agency.

The administrative team, including the Senior Warden, Assistant Wardens, Majors, Captains and Lieutenants are required to conduct unannounced rounds throughout the facility. It was clear through review of documentation and interviews with staff, that these rounds are conducted on a daily basis, on every shift.

As the facility continually assesses for blindspots in the facility, one area was identified during the facility tour that presented itself. In the Chapel, an area was constructed towards the back of the Chapel to hold the sound system. This area is elevated and did not allow for most people to view into this area. If someone was in the area and crouched down or laying down, they would not be able to be seen. Through discussions at that time, it was determined that the placement of a mirror would provide a visual into that elevated area.

The staff at the facility worked quickly to correct that blindspot by installing a mirror as discussed. This was completed by the second day of the onsite audit. Photographs were provided to this Auditor as verification of the completion of the work.

Standard 115.14: Youthful offenders

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

115.14 (a)

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

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Estelle Unit does not house youthful offenders under the age of (18).

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female offenders, except in exigent circumstances? (N/A if the facility does not have female offenders.)
 Yes No NA
- Does the facility always refrain from restricting female offenders' 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 offenders.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female offenders? (N/A if the facility does not have female offenders.) Yes No NA

115.15 (d)

- Does the facility have policies that enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex offenders for the sole purpose of determining the inmate's genital status? Yes No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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This facility is a male facility and employs both male and female corrections officers. The female officers do not perform any cross-gender strip searches, except in exigent circumstances, which has not occurred in the (12) months prior to this audit. This information was verified through policy review and interviews with both staff and offenders.

In the event there would be a cross gender search conducted in an exigent circumstance, staff are required to follow policy *Safe Prisons/PREA Operations Manual (SPPOM) Number 02.05: Cross-Gender Searches and Log*. During this situation, the agency has a form to be utilized from this policy. It is *Attachment D, Cross Gender Search Log*.

The agency provided information in the pre-audit materials regarding the training staff has received on how to conduct cross gender searches and searches of transgender individuals. These training materials were developed by the TDCJ Training and Leader Development Division: Correctional Training and Staff Development. Upon review, all required topics were included in the curriculum named *Legal Responsibilities: Contraband and Searches*.

Based on interviews with both staff and offenders, it was clear that female staff members make a cross gender announcement the majority of the time they enter a housing unit.

As noted in the "Facility Characteristics" section above, there are two large group showers in the main building of the facility. This is staffed by male corrections officers only. In the other housing areas of the facility, there much smaller shower areas which are also compliant and do not allow for female staff to view offenders during shower times.

This facility does have a number of offenders that have identified as transgender, but none have identified as intersex. Interviews with staff and offenders both indicated that staff do not search offenders to determine the genital status of the inmate.

Standard 115.16: Offenders with disabilities and offenders who are limited English proficient

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Interviews were conducted with offenders who fall into the categories of hard of hearing, having a physical disability, being limited English proficient (LEP) and having a cognitive disability. All inmates were able to provide information regarding PREA and discuss ways that Safe Prisons staff ensured that they understand PREA and have access to ways to make a report about PREA if they need to.

Staff who were interviewed were able to discuss the methods that are used to provide PREA information to offenders who have a disability of various types and to those that make not speak English as their first language.

The facility has access to translation services in the agency and at the facility when needed. There is a list of facility staff members that speak other languages, including American Sign Language (ALS), which was provided during the pre-audit phase. Additionally, there is information printed in English and Spanish and this information is displayed throughout the facility.

Interviews with offenders and staff members both provided information on how PREA information is conveyed through different languages, closed captioning, written information and having staff take a few extra minutes to ensure that the offender is aware of PREA and how to report.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The hiring and promotion process for the TDCJ are in line with the PREA standards. The agency ensures that all applicants have a background check completed when they are hired. This is true for employees as well as contracted staff such as medical providers or teachers. Safe Prisons/PREA policy indicates new hires will have a criminal background check completed.

In order to meet the requirement for background checks to be conducted at least every (5) years, these checks are performed through the Criminal Justice Information System (CJIS). TDCJ access to this information is provided by the Texas Department of Public Safety (DPS). Once an employee or contractor is entered into this system, DPS provides an automatic notification by email of any subsequent activity on the individual's criminal history.

All agency employees and contractors are subject to annual criminal offense checks during the person's birth month, and six months after, to ensure there are no outstanding warrants of arrest.

During the initial pre-audit review and onsite audit visit, background check information was not readily available to be viewed for contractors working in the facility. As one of the issues identified for the

facility, the agency was able to provide this information and clarification to ensure that the facility is in compliance with §115.17.

When an individual is hired, the agency will request any PREA related information from former correctional employers. Examples of these requests were provided to this Auditor. In addition, TDCJ provides information when it is requested for previous staff members regarding PREA. Examples of these communications were also provided to this Auditor.

Additionally, the TDCJ Job Application Supplement for Agency Applicants contains (2) statements applicable to this standard. The first one is relation to the prohibition of promotion when an employee has a substantiated case involving sexual abuse against them. It reads as follows.

All employees, who may have contact with offenders, are ineligible for promotion if they have committed any activity described in questions 13a, 13b, or 13c.

The second statement is the requirement of staff to disclose information regarding sexual abuse. It reads as follows.

DUTY TO DISCLOSE: I hereby acknowledge that I have a duty to disclose any sexual misconduct during the term of my employment. I further acknowledge that I have a duty to disclose any misconduct on my part while working for previous employers.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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At the time of this audit, there were no major renovations/construction projects at this facility.

The staff indicated that the camera system is reviewed each year and additions are made based on occurrences of crimes, including PREA related crimes, occurring in the facility in addition to other information taken into consideration.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

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TDCJ works to provide both high quality care medical services to victims sexual abuse and services by a rape crisis advocate. However, in the state of Texas, there are not always facilities with these services available.

During the interview with the medical contract staff, there was discussion about SANE/SAFE nurse availability. In the Huntsville area, there are hospitals which have SANE/SAFE nurses available to conduct forensic examinations when there is a sexual abuse allegation reported in a timeframe which allows for the collection of evidence. This timeframe has been extended to within (120) hours of the occurrence of the assault.

Policy indicates that these examinations will be provided free of cost to the victim of sexual abuse. This information can be found in the *Safe Prisons/PREA Plan* dated February 2019.

In addition, the agency has tried to enter into MOU's for all of its facilities. It has been able to accomplish this in some areas, but not in the area for Estelle. Documentation showing the attempts made to work with local rape crisis centers was provided during the pre-audit phase.

In order to be in compliance with this standard, the facility has trained (4) staff members to service as Offender Victim Representatives (OVR). These staff members are required to take specific training in order to serve in this position. Documentation of this training was provided for review. There is also specific policy, *SPPOM Number 02.02, Offender Victim Representative*, which provides information regarding training requirements and responsibilities.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA Standards are incorporated into many policies of the TDCJ. This includes the investigation policies from the *Safe Prisons/PREA Plan* and policies of the OIG. Information is included on the agency website at the following address. <https://www.tdcj.texas.gov/tbcj/prea.html>

The agency and facility ensure that all allegations of both sexual harassment and sexual abuse are investigated. When there is an incident of sexual abuse reported to the facility, it is the responsibility of the administrative personnel to get that allegation to the facility's Safe Prisons/PREA staff members. They are responsible for collecting initial information. If the allegation is sexual harassment, the facility Safe Prisons/PREA staff will conduct that investigation. However, if that allegation involves sexual abuse, the staff are required to contact the OIG to get direction on how to proceed at that point.

A listing of all sexual abuse allegations from the facility was provided in the pre-audit information. This listing included information regarding not only the TDCJ case number, but the OIG case number as well.

Additionally, all investigation files were reviewed for the Estelle Unit and all files contained documentation of all referrals made.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with offenders on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with offenders on offenders' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with offenders on the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with offenders on the common reactions of sexual abuse and sexual harassment victims? Yes No

- Does the agency train all employees who may have contact with offenders on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with offenders on how to avoid inappropriate relationships with offenders? Yes No
- Does the agency train all employees who may have contact with offenders on how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders? Yes No
- Does the agency train all employees who may have contact with offenders on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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TCDJ requires that all staff members receive training on PREA and the policies and procedures in place. There are multiple curricula developed on PREA related issues.

When staff are hired at TDCJ, they are required to participate in PREA training as part of the Pre-Service Training Academy. Additionally, there is annual training required for all staff members. All staff are required to view the training video, *Safe Prisons/PREA In Texas*. After viewing the video, the staff member shall complete the *PERS 632, Standard or Supplemental Safe Prisons/PREA Training Employee Acknowledgment Form (Attachment E)*.

Contract staff and interns are also required to view the *Safe Prisons/PREA In Texas* video. After viewing the video, the staff member is required to complete the *PERS 631, Standard or Supplemental Safe Prisons/PREA Training Contract Employee or Intern Acknowledgment Form (Attachment F)*.

During the onsite visit, there were questions regarding the training that staff and contractors received. The agency provided the script for the video was provided for review and all components identified in the standards are included in the video content. This information was provided during the period after the visit.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with offenders 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 offenders)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

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The Estelle Unit utilizes volunteers to work with the offenders housed at the facility. A large number of the volunteers provide religious services. During the onsite audit visit, this Auditor had the opportunity to interview one volunteer who provides religious services.

TDCJ has a *Volunteer Services Plan* which provides policies and procedures for volunteers entering any facilities in the Department. This plan contains information regarding the required training all volunteers must have in order to provide services.

The agency provided the training curriculum that is used with all volunteers who enter the facility. And a training schedule for the entire 2020 year. Quarterly training is also provided and includes PREA information.

The Estelle Unit utilizes a large number of contract staff as all medical personnel in the facility are contracted staff. The agency has PREA training which contractors are required to participate in, as well as the training that the contracting agency requires that the contract staff participate in.

The TDCJ provides an extensive amount of training opportunities for volunteers and contractors who work with offenders in the facilities.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all offenders received the comprehensive education referenced in 115.33(b)? Yes No
- Do offenders receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Inmate education is provided to offenders when they are received into the agency. The script for the video was provided for review by this Auditor.

The offenders are provided with written PREA information when they arrive at the facility. PREA is discussed with new receptions when they are received into the facility through one of the reception processes.

Due to the varied programs at the facility, such as the restrictive housing unit, the SAFPF or the main building, PREA is discussed in different processes.

Those that come into the main building, through the Chain Room, talk with the Safe Prisons/PREA staff from the facility. If the offenders are coming into the medical department, the medical staff complete the intake process.

Offenders are provided with an *Offender Orientation Handbook*. This handbook contains PREA information and reporting methods.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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TDCJ provides extensive training for staff members who are responsible for conducting investigations of sexual abuse and sexual harassment.

All new OIG Investigator Trainees are required to successfully complete the Investigator Training Academy and the Investigator Field Training Program. Additionally, Investigator Trainees are required to complete Specialized Training. In addition to the TCOLE mandatory training requirements for sexual assault investigations, OIG investigators will receive in-service training that specifically relates to sexual assaults within the prison facilities as well as modification to the PREA standards.

Other trainings for investigators include the following.

- Conducting a Thorough Investigation (FY 2020)
- Evidence Handling
- Interviewing and Interrogation

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Estelle Unit utilizes a large number of medical and mental health staff due to the types of services provided at the facility. These staff are all contract staff members but are required to have the same specialized training as a regular TDCJ employee would have in these positions.

TDCJ outlines the requirement for training for medical and mental health staff in the *Correctional Managed Health Care Policy Manual, Continuing Education/Staff Development, Policy Number C-19.1*.

The agency provided the training schedule for the New Employee Orientation (NEO) training. This schedule includes PREA information in the following sections:

- Safe Prisons (.5 hr)
- Office of Inspector General (1.0 hr)
- Safe Prison/PREA in Texas CLP (video)

Contract staff and interns are required to view the *Safe Prisons/PREA In Texas* video, as noted above. After viewing the video, the staff member is required to complete the *PERS 631, Standard or*

Supplemental Safe Prisons/PREA Training Contract Employee or Intern Acknowledgment Form (Attachment F).

The specialized training provided to medical and mental health professionals working in the Estelle Unit is training that is provided by the National PREA Resource Center and NCCHC. This training curriculum was provided for review by the agency.

No forensic examinations are conducted at the Estelle Unit; therefore, no training is provided regarding how to conduct these examinations. All forensic examinations must be completed at an outside hospital with appropriately trained staff, according to TDCJ policy.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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As noted earlier in this report regarding PREA education provided to the offenders entering the Estelle Unit, much of the same process is used for administering the PREA Risk Assessment for offenders entering the Estelle Unit.

Safe Prisons/PREA staff conduct a majority of the risk assessments that are done at the facility. These assessments are completed the first day the offender arrives, no matter what entry point they have to

the facility. Typically, these risk assessments have been conducted on paper. Information then is provided to the appropriate staff members to make decisions regarding placements in areas of housing, work, education and programming.

One area of concern that was discussed with Safe Prisons/PREA staff during the onsite audit visit was the fact that there is a potential to miss those required timeframes from conducting these assessments. In order to ensure that this did not occur, the agency was required to provide information on how this standard item would be met. The agency has decided that additional staff will be trained on how to conduct these risk assessments appropriately and has revised the SPPOM Policy Number 03.01 to reflect this change. This policy was revised very quickly, prior to the writing of this report, to ensure that no risk assessments are missed due to staff not being available.

However, on February 10, 2020, the facility began using a new computerized system called SPPANS. This system allows the staff to conduct the risk assessment on the computer system, and the system will then conduct a number of functions related to the PREA requirements.

The system will calculate when the 30-day risk assessment is due, and the staff can then run reports to ensure that all assessments are completed in the correct timeframe. The system will calculate the total points assigned to the questions on the assessment and automatically generate the required mental health referral if applicable.

This system will capture more than just the initial and 30-day assessments, but information is entered into the system for investigations and ensures that all components of the investigation are completed, in the appropriate timeframes, and will prompt the investigator to complete the required risk assessments, or "special assessments" for the victim of the case.

One area that was identified as a gap in the system was the requirement that the facility conduct a new risk assessment on the perpetrator in a sexual abuse investigation. There is not prompt for the investigator to conduct this assessment.

This issue was discussed with staff and has been identified as an issue. As the system is updated, this requirement will be added to new versions of the system. In the meantime, the agency has updated the SPPOM Policy Number 03.01 to ensure that the Estelle Unit Safe Prisons/PREA staff will conduct those assessments on paper and keep them as part of the process. This policy change was made quickly to ensure that no assessments were missed.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: lesbian, gay, and bisexual offenders 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 offenders pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: transgender offenders 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 offenders pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: intersex offenders 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 offenders pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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TDCJ utilizes information obtained from the risk assessments to inform decisions regarding placements for housing, work, education and programming. The agency has developed policies regarding the implementation of this standard including this following.

- Administrative Directive Number: AD-04.17 (rev. 4) – Offender Housing Assignment Criteria and Procedures

- Administrative Directive Number: AD-04.18 (rev. 6) – Offender Jobs: Assignments, Job Descriptions, Selection Criteria, Work Programs, and Supervision
- Unit Classification Procedure Number: 4.00 Offender Housing Assignments
- Safe Prisons/PREA Plan

The Estelle Unit did have several identified transgender offenders residing at the facility during the time of the onsite audit visit. The agency provided several policies that cover working with the transgender and intersex populations in accordance with PREA.

Through interview conversations with several transgender offenders, there were two items that were identified as needing more information and correction.

First, not all offenders could recall having the required twice a year review outlined in §115.42 (d). When asked to see these review materials, they were not readily available. This information was gathered and provided with additional information about the process for the review to occur.

The second issue that was identified was an issue with the transgender inmates being able to shower separately during an assigned time period in “A-Wing”. According to procedure at the Estelle Unit, transgender inmates are to be able to shower each day between 1800-2000 in “A-Wing” as this area has single showers.

Through interviews with offenders, it was clear that they were not always able to utilize the shower because of other offenders being detained in these showers. Some of the transgender offenders would have to go multiple days without showering because of this situation.

According to Safe Prisons/PREA staff, this issue has been addressed with the staff in that area, on that shift before the audit and this situation is still occurring. During the exit meeting and in subsequent communications with the agency and facility staff, this was identified as an item that would need corrected in order to meet compliance.

The agency and facility have changed the policy to ensure that if there is an inmate being held in the “A-Wing” shower during that timeframe, a supervisor would be notified. It is the responsibility of that supervisor to find another placement for that offender to allow showers to take place. This policy change was made quickly, and staff are being trained on this change. Training sign off sheets have been provided to this Auditor to show that staff have received this training and understand it.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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The TDCJ does utilize protective custody when the staff determine that is the best placement for the offender to keep them safe in certain situations. Those situations can be that the staff learn that there is a threat against the offender, there has been an allegation of sexual abuse, or the offender requests protective custody, to name a few.

Protective custody in this system is referred to as "Protective Safekeeping". There is a policy outlining the use of this status called *Protective Safekeeping Plan*. This plan identifies the levels of protective custody and the privileges that are afforded for each of these levels.

As required, reviews are conducted within (24) hours of an involuntary placement in Protective Safekeeping and again in (7) days and then again in (30) days. There is also a review that is done at the State Classification Committee level. Each of these steps are documented on attachments B, C, D, and E of the *Protective Safekeeping Plan*. Each of these steps requires offender notification and signature verification.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for offenders to privately report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for offenders to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are offenders 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 offenders detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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The TDCJ provides multiple methods for offenders to report sexual abuse and sexual harassment. Inmates were able to articulate several methods of reporting in the facility including:

- Requesting to talk to Safe Prisons/PREA staff
- Writing an I-60 (Inmate Request to Official)
- Telling a staff member
- Writing a sick call
- Contacting OIG
- Contacting the PREA Ombudsman Office

The facility has posters and signs throughout the entire facility reminding offenders who the Safe Prisons/PREA staff members are, including their pictures. The Safe Prisons/PREA staff also produced a short video that plays multiple times per day in the dayroom areas.

The address to write to the PREA Ombudsman Office is painted on the walls on the wings in the main building and signs with this information is posted in the other buildings with housing units.

A majority of the inmates interviewed were very familiar with the Safe Prisons/PREA staff members and felt that if they reported sexual abuse or harassment to them, they would take the allegation seriously and an investigation would be completed.

TDCJ has a unique structure in which there is a (9) person board that oversees the operations of the agency. The PREA Ombudsman Office, while under the umbrella of the Texas Board of Criminal Justice, is not part of the Texas Department of Criminal Justice. Instead the PREA Ombudsman Office has equal standing next to the TDCJ and takes complaints, related to sexual abuse and sexual harassment in facilities and ensures that those complaints are investigated. Therefore the PREA Ombudsman Office can act as the outside reporting entity for TDCJ.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The TDCJ does provide an opportunity for offenders to utilize the grievance system to make reports of sexual abuse. This process is included in the *Safe Prisons/PREA Plan* as well as the *Offender Grievance Operations Manual*.

This manual outlines the process for grievances, including all timelines that must be followed. If an allegation of sexual abuse is presented in whole or in part of a grievance, the grievance personnel are required to contact the unit to alert the Safe Prisons/PREA staff of the allegation and ensure that an investigation is started.

This policy does not require any informal grievance process in cases involving sexual abuse, nor does it require that the offender submit the grievance to any staff member involved in the allegation of sexual abuse.

Information on how to write and file a grievance is provided to offenders, with information about the process, in the offender orientation handbook.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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As noted earlier in this report, the TDCJ has attempted to enter into MOU's with rape crisis centers to cover all its facilities. While that is available for some facilities, it is not available for the Estelle Unit. Information was provided for review regarding the attempts to enter into such a MOU with a local rape crisis center.

Since the outside rape crisis center advocate is not an option at this facility, there are staff members that have been specifically trained to be an "Offender Victim Representative" or OVR.

The Estelle Unit has trained (4) staff members specifically to fill this role and they meet certain criteria, in addition to the training, such as specific job classification. If an offender were to request the services of an OVR, the Safe Prisons/PREA staff would work to facilitate that connection.

In addition to the OVR trained staff at the facility, the Estelle Unit has mental health staff to provide services when there is a referral made due to an allegation of sexual abuse. These referrals can be made through various methods. Information is contained in the Offender Orientation Handbook on how to access these services.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA Ombudsman Office is available to receive complaints regarding sexual abuse or sexual harassment occurring in a facility operated by the TDCJ. Information on how to make a third-party report is available on the agency’s website at the following address.

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

Another resource for those outside of the agency to make a report about sexual abuse or sexual harassment is outlined in the TDCJ “General Information Guide for Families of Offenders”.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and procedures are in place to ensure that all staff are aware of their reporting duties if an offender alerts them to a situation of sexual abuse or sexual harassment. This policy and philosophy was confirmed through the onsite audit interviews that were conducted at the Estelle Unit. All staff were clear about their duty to report all information when receiving allegations of sexual abuse or sexual harassment. Staff are also required to report any suspicions of sexual abuse, sexual harassment or staff neglect.

This policy and procedure were confirmed through interviews with the staff of the Estelle Unit. All staff were certain about their responsibility to immediately report sexual abuse or sexual harassment occurring in the facility that they were either made aware of or had a suspicion about. The majority of staff were also aware that this information should not be shared with anyone that was not involved in the investigation or service provision when there is an allegation of sexual abuse.

Although this policy does not apply to the Estelle Unit, the agency provided Policy Number CPOM 02.05 (rev. 1) – Requirement to Contact Department of Family Protection Services (DFPS) which directs that if there is abuse of an individual under the age of (18), a report is to be made to DFPS regarding that situation.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews with all levels of staff members, from line staff to the Deputy Division Director, were clear that if they learn that an inmate is in imminent danger of being sexually abused, they will take measures to immediately remove that inmate from the alleged danger. The responses varied from removing the alleged victim from the area they were in to moving the alleged perpetrator to deny access to the alleged victim. Safe Prisons/PREA staff were clear that there were options available to move the offender to ensure their safety, with one of the most discussed being the placement into Safekeeping.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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There has been a process established by policy and implementation at the facilities to ensure that all allegations regarding sexual abuse at another facility is referred to that facility within the required (72) hour timeframe. Additionally, the SPPOM directs that allegations received from another agency regarding sexual abuse at the Estelle Unit is immediately turned over to the PREA Ombudsman Office to begin the investigation process.

Documentation was provided of allegations that were sent to other facilities after the information was learned at the Estelle Unit. This information included victim and perpetrator information, date and times, and a brief description of the allegation.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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During the interviews with staff, it was clear that staff had received information about the initial response and understood that information. The large majority of the staff who were interviewed were able to clearly articulate what they are required to do when the situation arises. Even those who didn't

initially recall all the required steps of separating the alleged victim and abuser, notifying a supervisor, preserving the crime scene and ensuring the parties did not do anything to destroy evident, they could remember with slight prompting through questions.

These steps are clearly defined in the Safe Prisons/PREA Plan.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Safe Prisons/PREA Plan is written to provide information about the coordinated response that is required at all facilities when responding to an allegation of sexual abuse.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Texas Department of Criminal Justice does not have a union or other collective bargaining working within the system.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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The Safe Prisons/PREA staff are responsible for the monitoring for retaliation at the facility when there is an allegation of sexual abuse. Policy review and interviews with the Safe Prisons/PREA staff and Senior Warden provided information on the processes at the Estelle Unit. This information could be found in the *Safe Prisons/PREA Plan* and the *SPPOM*.

This monitoring is conducted for a period of at least (90) days, unless the offender is transferred to another unit in TDCJ, at which time the monitoring would be coordinated with the Safe Prisons/PREA staff at the next facility, or the investigation determines the allegation to be unfounded.

The sergeant in the Safe Prisons/PREA department at the facility indicated that he would meet with the offender, monitor any changes in housing, watch for disciplinary actions against the offender, etc. The monitoring occurs not only with the victim in the case, but with any witnesses that cooperated with the investigation. These monitoring checks are documented on the *SPPOM 05.08 Attachment N.O – Offender 90-Day Monitoring Form* or the *SPPOM 05.08 Attachment N.S. – Staff 90-Day Monitoring Form*. Eventually all of this information will be contained in the SPPANS system.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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As noted in PREA Standard §115.43, TDCJ and the Estelle Unit do utilize protective custody when a situation warrants that action. Protective custody after an allegation follows the same policies and procedures as §115.43.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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All allegations of sexual abuse and sexual harassment are taken seriously. This was a sentiment that was conveyed, not only by staff members, but by the majority of offenders as well. As such, all allegations are required to be investigated, even those that are reported anonymously or through a third party. The Safe Prisons/PREA plan clearly articulates these requirements.

At the facility level, the Safe Prisons/PREA staff begin collecting initial information regarding the allegation. If the allegation is related to sexual harassment, the Safe Prisons/PREA staff will conduct the investigation, document the entire process and make the determination on the outcome of the case.

If the allegation is related to sexual abuse, the Safe Prisons/PREA staff will immediately notify OIG to take initial direction from them as to how to proceed. Depending upon the circumstances of the case, OIG will then determine the course of action.

Documentation was provided of sexual abuse investigations at the Estelle Unit for review. These investigation files were very thorough and well put together.

TDCJ does have a record retention policy, *2013 Operational Procedures Manual, Number: OIG-03.72 – Record Retention – PREA*. This policy directs that investigation files will be kept as long as an offender is incarcerated or a staff member is employed, plus (5) years.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The TDCJ policies clearly indicate that the standard of evidence for determining the outcome of a case is a preponderance of the evidence.

Standard 115.73: Reporting to offenders

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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Offender notifications are required for all sexual abuse investigations. This reporting is outlined in the SPPOM Number: 05.10 – Reporting Sexual Abuse Criminal Case Status to Offenders. A form was developed to assist with the notification to offenders. This form is SPPOM 05.05 – UCC Notification of OPI Outcome and shows the outcome of the case.

Policy also requires that if the case is sent to criminal court that notifications are made as to the outcome of those cases as well. Also, if the investigation involves a staff member, the offender is provided with information regarding the employment and placement of that employee.

If the offender moves to another facility, the Safe Prisons/PREA staff will work to provide any notifications as required. If the offender has left the system all together, the requirement to provide notification ceases.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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TDCJ policy clearly states that termination is the presumptive disciplinary sanction if a staff member is found to have committed a sexual offense against an offender is termination. According to the Safe Prisons/PREA Plan, all investigations will be conducted through the end of the investigation and will not stop because the staff member has resigned, or the offender has been released.

If the outcome of the investigation of a staff member is substantiated, the agency is of course required to report that to law enforcement of investigation, but also to any relevant licensing bodies. Examples of this could be a medical doctor, nurse, beautician, electrician, etc.

Any discipline that is to be imposed on staff members shall be similar to that of other disciplines handed out in the agency for similar situations. The history of the staff member must also be taken into consideration as well.

All disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations shall be handled in accordance with *PD-22 – General Rules of Conduct and Disciplinary Action Guidelines for Employees*.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Safe Prisons/PREA Plan is very similar in relation to dealing with staff members as it is with volunteers and contractors. Should the volunteer or contractor engage in any form of sexual abuse, that individual will be prohibited from contact with offenders.

If the staff feel that there was any criminal element to the situation, it will then be reported so that it may be investigated. In addition, all relevant licensing bodies shall be informed.

All contractors and volunteers are required to sign an acknowledgement that they have read and understand this policy. This was also confirmed through interviews with contractors and the one volunteer that was able to be interviewed.

Standard 115.78: Disciplinary sanctions for offenders

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Safe Prisons/PREA Plan outlines the requirements of this standard and how these are to be met. It also references the *Disciplinary Rules and Procedures for Offenders*. Additional documentation was provided for review, including the *Disciplinary Rules and Procedures for Offenders* and the *Correctional Managed Health Care Policy Manual, Number A-08.1 – Decision Making – Mental Health Patients*.

Interviews with staff indicated that offenders can be disciplined in cases where the outcome of the investigation is unfounded, meaning that there is clear evidence that the allegation did not occur. In those cases, the discipline will follow the outlined sanctions listed in the *Disciplinary Rules and Procedures for Offenders*. In cases involving offenders with mental health issues, other factors must be taken into consideration.

Safe Prisons/PREA staff could not identify any mental health offenders who were disciplined in recent memory for making a false report regarding PREA.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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As indicated earlier in this report, the Estelle Unit has a large compliment of medical professionals, as well as a smaller mental health department. Interviews were conducted with staff members from both departments.

The medical staff indicated that if there was a concern related to sexual abuse, they would report that information to the Safe Prisons/PREA department and that could be followed up with a referral to mental health, if the medical assessment indicated such. The medical department conducts a medical questionnaire with inmates that are receiving medical treatment at the facility. However, there are not specific questions related to sexual abuse. Instances where they would make a referral to mental health would be if an inmate was being seen after making an allegation of sexual abuse in the facility. Then there would be an automatic referral to the mental health staff.

The mental health staff did indicate that there is the potential for questions related to sexual abuse depending upon the reason that a referral was made for mental health services. The staff were able to

explain how informed consent is provided to offenders prior to answering any questions related to sexual abuse.

The mental health staff indicated that if a referral was made to their department due to sexual abuse related issues, whether that was due to answers on the risk assessment or an allegation being made, they try to prioritize those individuals to see them as quickly as they can, especially those that have made an allegation.

During the review of risk assessments, additional information was requested regarding why three individuals were not referred to mental health when that criteria was met. That information was not readily available and was provided after the onsite visit was complete. Information was found for two of the three, however the third offender was overlooked. As soon as this was identified, the referral was made, and the offender was able to see the mental health staff.

Information provided to this Auditor indicated that this was an issue that was identified as part of the inspections conducted by the Regional PREA Manager and additional training was provided to staff.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Estelle Unit has a 24-hour medical department, serving Estelle and other facilities in the region, and full-time mental health providers. In addition to a regional “Urgent Care” facility, the medical department runs a full-time dialysis program and a geriatrics center.

When there is an allegation of sexual abuse, an offender will be taken to the medical department for an initial evaluation. If indicated, the medical staff will make the determination to send the inmate for emergency care at an outside facility.

Medical staff contact mental health staff as soon as possible to notify them of the situation. Those services are typically provided rather quickly, as those situations are prioritized in terms of treatment.

As stated prior, these medical and mental health services are provided free of charge to the offender.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be offenders who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be offenders who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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As stated above, medical and mental health services are provided at Estelle. Both departments indicated that services will be provided to the offender regardless of where the offender stated the abuse occurred. These services will include follow up and treatment as indicated.

Also as stated in prior standard narratives, these services are provided free of cost to the offender regardless of whether or not the offender participates in any investigation related to the report.

When asked how the standard of care offenders receive at Estelle compares with what they receive out in the community, both departments indicated at least equal to or in some cases better than community services. Both departments indicated that the wait for services in most cases is shorter than out in the community. There can also be better coordination of care between these two departments.

And in accordance with the standard, if an offender is determined to have committed sexual abuse in a confinement setting, the mental health staff will conduct a full mental health evaluation on that individual.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

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

115.86 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The Safe Prisons/PREA staff are responsible for ensuring that all Sexual Abuse Incident Reviews are conducted and within the 30-day timeframe after the conclusion of the investigation. These reviews are conducted by a team of individuals from the facility and agency may not always include the same group of people. Typically, the following positions participate in this review.

- Unit Classification staff
- Safe Prisons Staff
- Major
- Captain
- Wardens

There is a form that is utilized to facilitate this meeting. It is the *Administrative Review Form*. This is written in a memo form that is then sent to Emergency Action Center (EAC).

The Safe Prisons/PREA staff are responsible for ensuring that this review is conducted within the appropriate timeframe.

This is another function that the new SPPANS system is capable of doing.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Safe Prisons/PREA staff and the PREA Coordinator, as well as document review, were able to provide information on data collection for the SSV report to DOJ.

According to the *SPPMO, Number 01.01 – Safe Prisons/PREA Management Office*, reports are collected on a monthly basis from all of the facilities in the agency. Information is also collected from the Emergency Action Center (EAC), regarding reported offender-on-offender sexual abuse allegations, staff-on-offender sexual abuse and sexual harassment cases. Information is also collected from OIG.

This information is then compiled, on a monthly basis, to provide reports to the Correctional Institutions Division. Then those monthly reports are then used to compile information for the yearly SVV report required by DOJ.

The SSV reports were provided for review from 2014-2017.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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It is the responsibility of the PREA Ombudsman Office to collect data for inclusion into the annual report. The PREA Coordinator was able to discuss the extensive work that goes into collecting data.

Information is collected from three sources to review and compile for the agency report. The data collected is obtained from the Emergency Action Center (EAC). This center is manned 24/7/365. If there is any incident which occurs in any facility in the Department, the units are required to call the EAC and report the incident. Each incident is coded and there are specific codes for sexual abuse and sexual harassment.

The second source is from OIG. There are a number of reports that are compiled from OIG cases such as a case opened report, case closed report, status of investigation, etc. These reports are received monthly. They are reconciled with the EAC information.

Lastly, information is collected from the Safe Prisons Management Office. Once all of the information is gathered and reconciled, the information is used for the PREA Annual Report. This report is then reviewed and signed off by the Director of TDCJ. PREA reports can be found on the TDCJ website beginning with the Safe Prisons Program Report 2009 and concluding with the Safe Prisons/PREA Program Report for 2018.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency provided information on the records retention policies which govern the retention of PREA related information. The first policy provided was *Executive Directive Number ED-02.29 (rev. 1) – Records Management* and the second is *TDCJ Records Retention Schedule dated May 2014*.

Several annual reports were reviewed, and none had any identifying information contained in them.

The statistical data for all facilities within the agency is captured on a yearly basis and retained for a minimum of (10) years as required by standard.

Information is secured at the facility and all computers are password protected, as observed at the onsite audit visit.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility and agency have been very accommodating throughout this process. The onsite audit visit was a pleasant experience. The facility was clean and in good condition. Staff were extremely hospitable and helpful and were open to suggestions when provided. The facility ensured that private spaces were available to conduct interviews.

All requests for information before, during and after the onsite audit visit were answered quickly and thoroughly. And the quality of information provided during the pre-audit phase was excellent.

Offenders were permitted to send confidential mail to this Auditor as several letters were received and were unopened when they arrived, with one exception. When this Auditor reached out to staff in regard to the information provided by the offender about the letter and having it opened, the staff were able to quickly identify the source of the problem and ensure that it was corrected.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past

three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

All facility audit reports can be found at the following website address.

<https://www.tdcj.texas.gov/publications/index.html#PREA>

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jennifer L. Feicht

April 28, 2020

Auditor Signature

Date

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

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