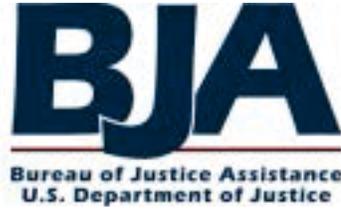


ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Chris Sweney			
Address: P.O. Box 8840, Omaha NE, 68108			
Email: Csweney.prea@gmail.com			
Telephone number: (402) 658-0344			
Date of facility visit: February 23-25, 2015			
Facility Information			
Facility name: Texas Department of Criminal Justice, Jim Ferguson Unit			
Facility physical address: 12120 Savage Drive, Midway, Texas, 75852			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (936) 295-6371			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Charles Vondra			
Number of staff assigned to the facility in the last 12 months: 612			
Designed facility capacity: 2,421			
Current population of facility: 2,349			
Facility security levels/inmate custody levels: G1, G2, G3, G4, G5, 1A, 2A, 3A			
Age range of the population: 18 to 68 Years of Age			
Name of PREA Compliance Manager: Lorena Steinbecker		Title:	Unit Safe
Email address: Lorena.Steinbecker@tdcj.texas.gov		Telephone number:	(936) 348-3751
Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 861-B I-45 North, Huntsville, Texas, 77320			
Mailing address: <i>(if different from above)</i>			
Telephone number: (936) 295-6371			
Agency Chief Executive Officer			
Name: Brad Livingston		Title:	Executive Director
Email address: brad.livingston@tdcj.texas.gov		Telephone number:	(936) 437-2101
Agency-Wide PREA Coordinator			
Name: Cassandra McGilbra		Title:	Safe Prisons/PREA
Email address: cassandra.mcgilbra@tdcj.texas.gov		Telephone number:	(936) 437-89-18

AUDIT FINDINGS

NARRATIVE

An audit of the TDCJ Ferguson Unit was conducted on February 23rd – 25th, 2015 by Chris Sweney, DOJ Certified PREA Auditor. On Monday February 25th I was greeted by Warden Charles Vondra and his command staff and conducted an in-briefing to discuss the schedule for the onsite audit. Following the briefing, we toured the facility from 0815 hrs. – 1400 hrs. All areas of the facility were toured including intake, classification, medical, food service, warehouses, library, industries, special management, and offender housing. All housing areas were toured. Following the tours staff interviews were conducted including specialty interviews and several random staff from each shift. A total of twenty-two staff were interviewed. During the two days on site, twenty (20) inmates were interviewed including LGTBI offenders, randomly selected offenders and two offenders who had submitted letters prior to my arrival. Varying levels of knowledge was evident with regard to the PREA standards that apply to offender education and systems for reporting abuse. I was very impressed by how knowledgeable the correctional officers and other staff were about PREA, first response, evidence collection, etc. During the on site visit staff was very helpful and informative Sgt. Lorena Steinbecker and Officer Treshay Smith have done an excellent job ensuring that staff and offenders are informed and held to the PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Ferguson Unit of the TDCJ is located on a total of 4,355 acres at 12120 Savage Drive, Midway, Texas. The Ferguson Unit is a multiple custody level facility located 20 miles North of Huntsville, Texas in Madison County, Texas. There are 19.7 acres inside the secure perimeter. The facility was brought on line in June 1962 and has been in continuous operation since that time.

The facility, as part of the TDCJ system, takes advantage of its proximity to other units in the system to support specialized medical and classification needs. In addition, the TDCJ system has centralized Emergency Response Teams and Drug Detection Teams that assist in special security issues. Most of the pre-service training and annual training is done through regional departmental resources. The facility also has a collaborative relationship with the University of Texas Medical Branch [UTMB], which provides managed health care, with the Windham School District, which provides a wide range of educational services, and with Lee College, which provides higher education and technical training.

The facility has a secure compound that is laid out in a “telephone pole” configuration with living units and services areas radiating off a central corridor. Housing for the large Administrative Segregation [Ad Seg] population is generally in double occupancy cells. The Ad Seg Program has a level system that allows inmates to work toward release to general population if there are no other overriding security concerns. The general population is housed in either double-occupancy cells or dormitory housing. The compound is secured by a double fence, enhanced with razor ribbon. A pedestrian sally-port at the front of the compound allows for controlled access for personnel, escorted inmates and visitors. A vehicle sally-port in the rear of the main compound allows for controlled access of vehicles bringing supplies to the compound, for Chain Bus access [inmate transfers], and inmate transport. There is also a construction gate at the northeast corner of the perimeter. Six towers or “pickets” are positioned around the perimeter fencing system. Two of the pickets control access to the compound. Armed vehicular units patrol the outside of the perimeter. A 321-bed Trustee Camp is located within a mile of the main unit consisting of three dormitories and an education/recreation building. There is no perimeter fence around the Trustee Camp. The purpose of the Trustee Camp is to provide support for the facility’s agriculture operations and outside building support services. Trustees work in the community at the local livestock arena, city and county facilities, and school district facilities. An impressive agriculture program includes edible and field crops, a bull management center, a swine operation and management of horses and dogs. The Ferguson Unit offers programs and services to include food services, medical care, recreation, religious programs and services, inside, outside and community work programs, academic and vocational education, visitation, social and mental health services, library, laundry, mail and telephone access.

The stated mission of the Ferguson Unit is to accomplish the mission of the Agency [TDCJ], that is, to protect the public, to promote positive change in offender behavior, and to reintegrate offenders into society. In addition, it is the mission of the Ferguson Unit to decrease the number of incidents involving staff assaults, offender assaults, disturbances, use of chemical agents and use of force.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit has a zero tolerance sexual abuse and sexual harassment policy and a designated PREA coordinator with sufficient time to implement and maintain all PREA standards. (ED-03.03 P:1, PREA Plan P: ii, ED-03.03 P:1, PREA Plan P:2-5, PREA Plan P:14-16, Agency Organizational Chart)

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

N/A

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit has a staffing plan which is reviewed on an annual basis and reflects the components required by this standard. Any deviation from the staffing plan is documented and justified. As indicated in policy, as well as staff and offender interviews, intermediate and high level supervisors conduct and document unannounced rounds on all shifts. (AD-11.52 P:2-3, Unit Staffing Plan, PO-07.002 P:2, PO-07.003 P:2, PO-07.004 P:2, PO-07.005 P:2, Staffing Rosters, PREA Plan P:9)

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

N/A

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit does not permit cross-gender strip searches or cross-gender visual body cavity searches. The facility has taken significant steps to limit cross-gender viewing by adding screens in shower and toilet areas. Female staff announces their presence when entering male housing areas. The facility does not search or physically examine transgender or intersex inmates for the sole purpose of determining the inmate's genital status. When asked, security staff were able to articulate pat-search techniques for cross-gender and trans-gender inmates. (AD-03.22 P:2-3, AD-03.22 P:16, PREA Plan P:1-2, CTSD Curricula P:11-13)

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit takes steps to ensure that all offenders in their custody have equal access to materials pertaining to the PREA standards. This is accomplished through the use of posters, handbooks, and training provided in multiple languages and formats. The Ferguson Unit also employs many bilingual officers. (AD-04.25 P:2-4, 8-9, CMHC G-51.5 P:1-2, AD-06.25 P:1, SM-05.50 P:3, SPPOM-02.03 P:1, Training Roster, Spanish Interpreters list)

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit's hiring and promotion policies are consistent with the components outlined in this standard. These policies also apply to contract staff. Federal, state and local background checks are conducted during the hiring process and every five years while employed by the department. (PD-71 P:2,24-25, PD-73 P:1,3-4, PD-75 P:4, PD-27 P:1,5)

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit has not had new construction or updates to video monitoring or surveillance systems for the purpose of this standard (cameras have been added on the outer perimeter to prevent contraband from entering the facility) since prior to August 2012. Policies are in place that will ensure this standard is considered for any future projects.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit follows a uniform evidence protocol. All first responders are trained on the preservation of evidence. Any Forensic medical examinations are performed at Livingston Hospital by qualified staff. (AD-16.03 P:13, SPPOM-05.01 Sexual Abuse Checklist, PREA Plan, CMHC G57.1 P:1, Solicitation Letter, SPPOM-02.02 P:1-2)

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit ensures that all allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted through the “Safe Prisons” Unit all criminal investigations are turned over to the Office of Inspector General (OIG). Policies are in place which outlines the responsibilities of both departments. (SPPOM-05.05 P:1, SPPOM-05.01 P:2 S:III)

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit provides initial and annual PREA training to all employees. All components required by this standard are present in the training curriculum. Documentation of training sessions was verified and staff interviews confirm a thorough understanding of the information provided. (AD-12.20 P:1,8, PREA Curriculum)

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit provides PREA related information to all volunteers and contractors. All components required by this standard are covered. Documentation of orientation sessions was verified and volunteer interviews indicated an understanding of the information. (Curriculum P:21-24 S:34-35, 115.32 A-A, Handbook for Volunteer, 115.32 A-Letter of Orientation for Special Volunteers)

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Upon arrival the TDCJ Ferguson Unit provides offenders with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to make a report. Within thirty days of arrival offenders attend a peer led education program which provides additional information. Documentation of these sessions was verified. Interviews with one of the peer educators and random offender interviews confirmed information was provided and understood. A process is in place to ensure all inmates including those who are limited English proficient understand the information provided. In addition to formal education the facility also provides information in the form of posters and handouts. (UCPM-05.00 P:1, AD-06.25 P:1, AD-04.25 P:1, CMHC G-51.1 P:2, CMHC:G-51.5, SPPOM-02.03 P:1, Offender SAA Video Letter, Offender SAA Video Script P:1)

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit provides specialized investigative training to internal investigators and investigators from the Office of Inspector General. The training covers all components of this standard and sessions are documented and retained by the agency. (BP-01.07 P: 2-3, CTSD Specialized Investigations, OIG LP-3201, OIG OPM-02.15 P: 1, PD-97 P: 5-6)

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit provides specialized training for medical and mental health care staff. Documentation and staff interviews confirm all components of this standard are met. (CMHC C-25.1, CMHC G-57.1 P: 1, CMHC C-19.1)

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit completes a comprehensive screening of each offender when they arrive at the facility. The screening is completed within the first 72 hours after arrival and considers all variables outlined in this standard. (SPPOM-03.01 P: 1, SPPOM-03.01 Assessment Screening, SPPOM-03.01 Attachment E, PREA Plan P: 16, SPPOM-03.01 Attachment E, IPM-CL-69 P: 3, PREA Plan P: 7)

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit uses information gained from the screening for inmate housing and placement into programs. Multiple departments including Safe Prisons, Classification, Security Threat Group (STG), and Medical are consulted before making housing assignments. TDCJ Ferguson does not place lesbian, gay, bisexual, or inter-sex inmates in dedicated units, or wings solely on the basis of such identification. Trans-gendered inmates are not housed at the TDCJ Ferguson Unit because of the physical plant design. TDCJ Ferguson has two large shower rooms which do not allow for offenders to shower separately. (SPPOM-03.01 Assessment Screening, IPM-04.01 P: 1, AD-04.17 P: 1, AD-04.18 P: 1, PREA Plan P: 18, CMHC E-35.1 P: 1-2, CMHC G-51.11)

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit does not have a protective custody unit. Offenders that report sexual abuse are housed separately until an investigation is completed. An assessment of the offender is completed within 24 hours and every 30 days thereafter to determine the offender's status. If necessary, TDCJ has other facilities in the region that are better suited for housing vulnerable offenders long term. (PREA Plan P: 18, SPPOM-05.05 P: 5, Administrative Segregation Plan P: 1, 2, 4, I-169 Form, PREA Plan P:19, Administrative Segregation Plan P:11, Guidelines for ASC Members P:2)

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit provides multiple ways for offenders to report sexual abuse. Additionally, offenders can contact the PREA Ombudsman's office in Huntsville which reports to the state Office of Inspector General. Staff accepts reports made verbally, in writing, anonymously, and from third parties. Staff may also make reports of sexual abuse. All reports are documented and investigated. (PREA Plan P:20, BP-03.91 P:3,8, Immigration statement of fact, SPPOM Attachment A, SPPOM Attachment AS, TDCJ PREA Brochure, ED-02.10 P:1, PREA Plan P:21)

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit does allow offenders to file grievances regarding sexual abuse. All components of this standard were confirmed by documentation as well as staff and offender interviews. (Texas Govt. Codes §§ 493.014, 501.008, AD-03.77 Offender Grievances, AD-03.82 Management of Offender Grievances, AD-03.82 P:5-6, AD-03.82 P:7, Appendix-B, AD-03.82 P:8, OGOM sections 1.01 P: 1, 1.04 P:2, 7.00 P:1 Appendix-J, Texas Govt. Code §501.008, AD-03.82 P:9, OGOM section 4.00 P:1, PREA Plan P:22, Safe Prisons OPI Log, OGOM section 1.01 P:4)

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit provides offenders with access to outside support services. Documentation is provided to each offender upon intake into the facility and information is posted in all living units. Additional information is available in the law library. Offenders are informed of the extent that their communication is monitored. (Safe Prisons PREA Plan; P:13 SPPOM-02.02 P: 1, BP-03.91 P:1, 9, Offender Orientation Handbook)

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit accepts third-party reports of sexual abuse. Information is posted in the visiting area and available on the TDCJ website. (SPPOM-04.02, ED-02.03 P: 1,2,8,9, ED-02.10 P: 1, 3, General Information for Families of Offenders Brochure P: 32-33, Safe Prison PREA Plan P: 23)

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit requires all staff to immediately report and document sexual abuse and sexual harassment. All components of this standard were verified in policy and staff interviews. (Safe Prisons PREA Plan P: 23, PD-29 P: 3-4, SPPOM-05.01 P:4)

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit takes immediate action to protect offenders that are at a substantial risk of sexual abuse. (SPPOM-05.01 P: 1, 3, SPPOM-05.03 P: 1, AD-02.15 P: 1,6)

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit has policies that address allegation that an inmate was sexually abused while confined at another facility, the policy require the head of the facility that received the allegation to notify the Office of Inspector General. This notification shall be made within 72 hours of receiving the information and documented. The warden was able to articulate this information in his interview. (BP-01.07 P: 2, AD-16.20 P: 5, PREA Plan P: 24, SPPOM-04.01 P1-3, Safe Prisons PREA Plan P: 24, AD-16.20 P: 5, 7, SPPOM-04.01 P: 1-2)

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit provides training to all first responders which cover the components of this standard. Staff interviews confirmed a thorough understanding of their responsibilities. Department policies also outline the required components. (SPPOM-05.01 P: 2-3, AD-16.03 P: 1-3, OIG OPM-04.05 P: 4-5)

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit has a coordinated response plan which includes first responders, medical and mental health practitioners, investigators, and facility leadership. (PREA Plan P: 26, SPPOM-05.01 P: 1-2)

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit has space and ability to protect inmates from known abusers. Nothing is in place that would hinder the protection of an inmate from a staff member.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit has policies and processes in place to protect inmates and staff that report sexual abuse. Those that report are monitored for at least 90 days; the policy allows the monitoring period to be continued if necessary. (PD-22 P: 41-42, 51, and 53, Addendum P: 5, PD-29 P: 1-3, PD-31 P: 1, PD-13 P: 1, 4, and 5, SPPOM-05.08 P: 1, Attachment NS Staff, Attachment NO Offender, SPPOM-02.04 P: 1-3)

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit may use segregated housing to protect those that report sexual abuse. Victims placed in segregated housing are monitored and seen by medical and mental health. Placement is reviewed within twenty-four hours and again within thirty days. Alternative housing is generally found within thirty days of placement. During the 12 months prior to the audit no inmate was placed on involuntary segregation. (Administrative Segregation Plan P: 2, 4, and 11, AD-04.63 P: 2, 4, AD-03.50, PREA Plan P: 26, Guidelines for ASC P: 1, Attachment 12.00B)

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit investigates all allegations of sexual abuse and sexual harassment. Administrative investigations are conducted by the “Safe Prisons” Unit and criminal investigations are handed over to the Office of Inspector General. Facility staff is required to cooperate fully with all external investigations. Investigators receive specialized training to conduct investigations dealing with sexual assault and abuse. Evidence is collected using a uniform method that preserves evidence. (PREA Plan P: 25, AD-16.20 P: 2-3, 7, BP-01.07 P: 2, 6, Retention Schedule P: 49, 60. OIG OPM-03.72)

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. (PREA Plan P: 28, SPPOM-05.05 P: 9-10, CTSD Spec. Inv. Training P: 6)

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit informs offenders as to whether allegations of sexual abuse have been determined to be substantiated, unsubstantiated, or unfounded. Facility staff meets with the inmate to discuss the findings. Processes are in place to notify an offender of the outcome of an investigation involving staff sexual misconduct. (PREA Plan P: 30, SPPOM-05.05 Attachment J P: 5, SPPOM-05.05 Attachment M, SPPOM-05.11 Attachment F P: 6, SPPOM-05.10 P: 1, 6, SPPOM-05.05 Attachment J, Attachment M)

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit has a policy that addresses staff sexual misconduct. Sanctions include termination and criminal prosecution. Investigations are completed even if the employee chooses to resign. (PD-13 P: 1, 3-5, PD-22 P: 1, 41-42, 48, Addendum P: 5, PD-29 Addendum P: 5,)

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit has policies in place to address contractors or volunteers that may engage in sexual abuse of an offender. Volunteers and contractors receive training regarding the consequences of such activities. The volunteers interviewed were able to articulate this information. (Volunteer Service Plan P: 11-13, 23, Acknowledgement of Volunteer Training Orientation, 2014 Volunteer Services Training Video Script P: 21-24, PD-29 P: 5-6, Safe Prisons PREA Plan P: 39)

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit has policies which address discipline for inmates that engage in sexual abuse. All components of this standard were demonstrated in policy and staff and offender interviews. (PREA Plan P: 30-31, GR-106 P: 18-21, 26, Attachment A-2, Email of New Offense 20.4, CMHC E-35.1 P: 1-2, SOTP-01.01 P: 1)

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit conducts medical screenings upon intake and again within fourteen days of the offender's arrival at the facility. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other select staff informed consent is obtained before information is shared with additional staff. (CMHC E-35.2 Mental Health Evaluation P: 1, CMHC G-57.1 Sexual Assault/Sexual Abuse P: 1-2, SPPOM-05.05 P: 2-3, CMHC A-09.01 P: 1, CMHC A-61.1 P: 1-3, CMHC G-57.1P:1-2, CMHC I-70.1 P: 1, CPOM-02.05 P: 1, CMHC H-61.1 P: 4)

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Upon receiving a report of sexual abuse, the Ferguson Unit does not restrict access to medical treatment. Victims are transferred off sight and attended to by qualified medical staff at no charge. Victims of sexual abuse receive medical attention regardless of whether the victim names the abuser or cooperates with any investigation. (CMHC A-01.1P: 1, CMHC G-57.1P: 1, SPPOM-05.01 P: 1-2, Attachment B Rights to Crime Victims P: 2)

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Victims of sexual abuse are offered tests for sexually transmitted infections. This facility does not house female offenders. (PREA Plan P: 14, SPPOM-05.01 P: 1-2, 4, SPPOM-05.05 Attachment J P: 1, CMHC G-57.1 P: 1-2)

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit conducts an incident review of all substantiated and unsubstantiated allegations of sexual abuse. These reviews are conducted within thirty days following the conclusion of the investigation. All components of this standard were verified in policy and through staff interviews. (PREA Plan P: 31, SPPOM-08.01 AD-02.15, Administrative Review/Investigation)

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit collects uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The facility completes the Survey of Sexual Violence (SSV) and submits it to the Department of Justice each year. (BP-02.09 P: 3, AD-02.15 P: 1-12, OIG OPM-04.05 P: 5-6, PREA Plan P: 35, SPPOM-01.01- I.A.1)

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ Ferguson Unit reviews data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. The Warden and his staff use the data to identifying problem areas and taking corrective action when necessary. (BP-02.09 P: 3, AD-02.15 P: 1-12, OIG OPM-04.05 P: 5-6, PREA Plan P: 35, SPPOM-01.01- I.A.1)

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

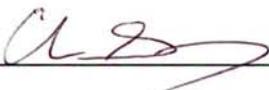
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The TDCJ Ferguson Unit retains all documentation related to cases of sexual abuse and data collected as a result of these incidents. Annual reports are submitted to TDCJ regional staff and posted on the TDCJ website. (PREA Plan, PREA Ombudsman, <http://www.tdcj.state.tx.us>)

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 Signature

3/23/15

Date