

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

Interim       Final

**Date of Report** 3/2/19

### Auditor Information

**Name:** Noelda Martinez

**Email:** noelda@preaauditing.com

**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:** Jan. 15 & 16, 2019

### Agency Information

**Name of Agency:**

**Governing Authority or Parent Agency (If Applicable):**

The Texas Department of Criminal Justice

State of Texas

**Physical Address:** 861-B I-45 North

**City, State, Zip:** Huntsville, Texas 77320

**Mailing Address:** P.O. Box 99

**City, State, Zip:** Huntsville, Texas 77342

**Telephone:** (936) 295-6371

**Is Agency accredited by any organization?**  Yes     No

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

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

### Agency Chief Executive Officer

**Name:** Bryan Collier

**Title:** Executive Director of TDCJ

**Email:** Bryan.Collier@tdcj.texas.gov

**Telephone:** (936) 437-2101

**Name:** Lorie Davis

**Title:** Director, Correctional Institutions Divisions (CID)

**Email:** Lorie.Davis@tdcj.texas.gov

**Telephone:** (936) 437-2170

**PREA Coordinator Reports to:**  
Bryan Collier

**Number of Compliance Managers who report to the PREA Coordinator** 92

## Facility Information

<b>Name of Facility:</b> Ft. Stockton Unit			
<b>Physical Address:</b> 1536 E. IH 10, Ft. Stockton, Texas 79735			
<b>Mailing Address (if different than above):</b> -			
<b>Telephone Number:</b> (432) 395-2938			
<b>The Facility Is:</b>		<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for profit
<b>Facility Type:</b>		<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
<b>Facility Mission:</b> The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.			
<b>Facility Website with PREA Information:</b> <a href="https://www.tdcj.texas.gov/tbcj/prea.html">https://www.tdcj.texas.gov/tbcj/prea.html</a>			

## Warden/Superintendent

<b>Name:</b> Kenneth Putnam	<b>Title:</b> Senior Warden
<b>Email:</b> Kenneth.Putnam@tdcj.texas.gov	<b>Telephone:</b> (432) 395-2938

## Facility PREA Compliance Manager

<b>Name:</b> Melissa Gutierrez	<b>Title:</b> Unit Safe Prisons PREA Manager
<b>Email:</b> Melissa.Gutierrez@tdcj.texas.gov	<b>Telephone:</b> (432) 336-7676

## Facility Health Service Administrator

<b>Name:</b> Mildred Fuentes	<b>Title:</b> Health Service Administrator
<b>Email:</b> Mildred.Fuentes@ttuhsc.com	<b>Telephone:</b> (432) 395-2938 ext. 1265

## Facility Characteristics

<b>Designated Facility Capacity:</b> 606		<b>Current Population of Facility:</b> 582	
<b>Number of inmates admitted to facility during the past 12 months</b>			634
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			554
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			632
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			0
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> -	<b>Adults:</b>	19-71

Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0	
Average length of stay or time under supervision:			8 months	
Facility security level/inmate custody levels:			G1, G2, Transient	
Number of staffs currently employed by the facility who may have contact with inmates:			110	
Number of staffs hired by the facility during the past 12 months who may have contact with inmates:			5	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1	
<b>Physical Plant</b>				
Number of Buildings: 19		Number of Single Cell Housing Units: -		
Number of Multiple Occupancy Cell Housing Units:		1		
Number of Open Bay/Dorm Housing Units:		3		
Number of Segregation Cells (Administrative and Disciplinary):		20		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The Security Operations Department provides technical assistance and operational support to correctional facilities in the area of staffing, video surveillance, video equipment/production, armory, research and technology. The Video Surveillance and Video Equipment/Production section assists in maintaining and repairing existing surveillance systems, as well as providing technical evaluation for augmentation and improvements. The auditor observed 43 Security mirrors and 21 surveillance cameras positioned on the inside & outer perimeter to monitor inmate and staff movement.				
<b>Medical</b>				
		Ambulatory medical, dental services and mental health services. All services are single level including CPAP accommodating housing managed by Texas Tech.		
Forensic sexual assault medical exams are conducted at:		Nearest local hospital		
<b>Other</b>				
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			Volunteers 21,728 Unit: 37 Contractors: M20	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			OIG 135      Unit: 11	

# Audit Findings

## Audit Narrative

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

The Prison Rape Elimination Act (PREA) re-certification audit for the Ft. Stockton Unit, Texas Department of Criminal Justice (TDCJ) in Ft. Stockton, Texas was conducted on January 15 & 16, 2019 to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, United States Department of Justice Prison Rape Elimination Act Certified Auditor.

The auditor utilized the PREA resource center audit instruments to include the pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: agency head or designee, Warden or designee, PREA Compliance Manager, specialized staff, random staff and inmates. The auditor also used the PREA auditor handbook, audit report template, process map and checklist of documents. The pre-audit questionnaire was submitted to the auditor six to eight weeks prior to the audit. The PAQ and additional audit information was expedited in a timely manner allowing follow-up questions & additional documentation as needed. The facility posted the notice of audit six to eight weeks prior to the audit in both English and Spanish for inmates to send confidential information or correspondence to the auditor. The notices were posted throughout the facility to include visitation, housing units, restrictive housing, and for inmates with disabilities easy visibility.

The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, supporting documentation and conducting outreach to advocacy organizations. The auditor reached out to the local victim's advocacy organization prior to the onsite audit to learn about the issues of sexual safety and related concerns. The auditor followed up on any issues or concerns voiced by inmates or staff during the audit review process. The agency has made numerous attempts with local rape crisis centers to obtain a Memorandum of Understanding (MOU). The agency mailed out over sixty letters to local rape crisis centers in attempts to secure an MOU to no avail. The facility currently does not have an MOU with outside victim advocates however, the outside victim advocate information is displayed and made available to the offenders in their housing units. During the facility tour, the auditor observed the rape crisis center contact information displayed in the offender housing units to include A unit, B unit, C unit, H unit, G unit, X unit, W unit, P unit, and T unit. Thirty-six inmate interviews determined they understood how to obtain and contact the Texas Association Against Sexual Assault (TAASA) rape crisis center information in the event it was needed. The offenders explained that the rape crisis information was posted in the offender housing units for easy access and the TAASA pamphlet was in the law library as needed.

During the audit planning and logistics phase, the auditor remained engaged with the facility leadership regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor provided the facility with the PREA audit memorandum which described in detail the audit process & initial meeting with key staff. The memorandum also discussed the transportation, daily schedule, work space, adequate outlets, permissible technology (laptop, cell phone) and other necessary audit materials, and security procedures.

The auditor established a positive working relationship with key facility staff and agency leadership engaging in a productive working atmosphere. The facility was extremely receptive and eager to engage in dialogue and discussions regarding the standards. The agency and facility provided the auditor with unfettered access to all areas of the facility, file review of personnel contractors, volunteers, and inmates to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37). A point of contact (*POC*) was established with the facility prior to the audit and constant communication was maintained. The auditor and the POC discussed the location for staff and inmate interviews in the most effective & least intrusive manner.

The pre-on-site audit preparation included a review of the Texas Department of Criminal Justice policies, procedures, training curriculums, pre-audit questionnaire and supporting PREA-related documentation provided by the agency to demonstrate compliance of the PREA Standards and re-certification process. The auditor received an extensive amount of primary and secondary documentation on a USB-thumb drive for review prior to the on-site phase of the audit process from the Administrative Review & Risk Management Office.

The documentation provided to the auditor included agency forms utilized by the facility, education materials, training curriculums, organizational charts, posters, brochures, reports, inmate population reports, memorandums of agreement & or attempted MOU's, signed training rosters, community-based contact information, facility layout, electronic surveillance information, and other PREA related materials that were provided to demonstrate compliance with the Prison Rape Elimination Act standards. The Security Operations Department provides technical assistance and operational support to correctional facilities in the area of staffing, video surveillance, video equipment/production, armory, research and technology. The Video Surveillance and Video Equipment/Production section assists in maintaining and repairing existing surveillance systems, as well as providing technical evaluation for augmentation and improvements. The auditor observed 21 security mirrors and 43 surveillance cameras positioned throughout the facility and outer perimeter to monitor inmate and staff movement.

An introductory meeting was held on the first day of the audit with the following staff in attendance: Senior Warden, Major of Correctional Officers, Captain of Correctional Officers, Unit Safe Prisons Manager, Lieutenant and Regional Safe Prisons Manager. Following the introductory meeting, the auditor toured and observed the facility operations. The auditor spent three days on the unit to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall sexual safety. The auditor conducted an examination of the facility to include areas such as blind spots and areas with no camera visibility to observe heightened security by staff. The auditor reviewed the following functions to include intake and risk screening, cross-gender announcements, cross-gender viewing, grievance process, zero-tolerance posters, auditor notice of onsite visit, access to reporting entities, housing activity, restroom and shower procedures, staffing ratios, cameras and surveillance deployment, telephones, and supervision practices.

The auditor was provided with photos of locations where the facility exceeded a standard and or utilized a promising practice throughout the unit with permission of the Senior Administration. The Ft. Stockton staff and non-uniform employees interviewed by the auditor were knowledgeable of the PREA standards and cooperative during the onsite visit. The facility was very clean, and the auditor noted the facility had several experienced staff that worked at the facility providing operational consistency and stability. The staff and inmates interviewed by the auditor were completely cooperative and helpful throughout the audit process. The auditor commended the facility security staff for their active and random roving details, multitasking ability, and team-oriented cohesiveness. The facility staff understood the purpose of the privacy screens and shower curtains in the inmate housing units.

On 1/15/19, the Ft. Stockton Unit inmate population was 582 with a designed facility capacity of 606. The auditor contact information was posted throughout the unit six weeks prior to the audit. The facility staff interviewed by

the auditor was professional and cooperative with the auditor during the audit process. A unit layout of the facility was provided to the auditor consisting of all housing areas and camera locations. The Ft. Stockton Unit has a total of 19 buildings, 0 multiple occupancy cell housing units, 1 multiple occupancy cells housing units, 3 open bay/dorm housing units, and 20 segregation cells. The average length of stay or time under supervision was 8 months with the inmate custody of G1, G2 & Transient. The unit had a total of 110 staff currently employed who may have contact with inmates.

There were a total of:

(4) sexual abuse allegations reported in the past twelve months;
(3) unsubstantiated,
(0) substantiated,
(1) unfounded and
(0) ongoing.
There was one offender-on-offender investigation and three staff-on-offender investigations reported.

The auditor conducted inmate and staff interviews on January 15 & 16, 2019 as part of standard 115.401 (k)(m) with privacy in an office setting. A list of inmates, staff, volunteers, and contractors to include their shift and job assignments was provided to the auditor for selection & review of interviews and documentation review.

The auditor conducted the staff interviews on January 15, 2019 and all staff interviews were conducted in a private setting on an individual basis.

Thirty-six (36) staff interviews were conducted to include;
(1) Agency head or designee (previously interviewed),
(1) Warden or designee,
(1) Agency PREA Coordinator (previously interviewed),
(1) PREA Compliance Manager,
(1) Intermediate or higher-level facility staff,
(0) line staff who supervise youthful inmates (there were no youthful offenders assigned to the facility),
(0) Education staff who work with youthful inmates (there were no youthful offenders assigned to the facility),
(2) Medical and Mental Health Staff,
(0) non-medical staff involved in cross-gender strip or visual searches,
(1) Administrative (human resources) staff,
(1) SAFE/SANE (off-site telephonic interview),
(4) Volunteer and contractors,
(2) Investigative staff,
(1) Staff who perform screening for risk of victimization and abusiveness,
(1) Staff who supervise inmates in segregated housing,
(1) Staff on the sexual abuse incident review team,
(1) designated staff member charged with monitoring and retaliation,
(1) first responders, both security and non-security staff,
(1) intake staff and
(15) random staff interviews included: (1) Mailroom staff, (1) Law Library, (1) Chaplain, (1) Chief of Classification, (1) Grievance, (1) Laundry, (1) Education Staff, (1) Unit Commissary Manager, (1) Inmate Records, (1) Correctional Officers (5).

The auditor conducted inmate interviews on January 16, 2019 and the auditor selected a geographically diverse sample of random male inmates for the audit process including housing units: T, F, E, D, C, H, M, K, P, I, L, & G.

Forty-one (41) inmate interviews were conducted to include;
(0) youthful inmates (non-assigned at the facility),
(2) inmate with physical disability,
(0) inmates who were hard of hearing,
(0) blind or (0) deaf inmates,
(5) Inmates who are LEP,
(0) inmate with cognitive disability,
(4) inmates who identify as Lesbian, Gay, or bisexual,
(0) Inmates who identify as Transgender or Intersex (no transgender/intersex assigned to the facility),
(0) Inmates in Segregated housing for high risk of sexual victimization,
(4) Inmates who reported Sexual Abuse,
(1) Inmates who reported sexual victimization during risk screening, and
(25) Random Inmate Interviews.

Inmates were interviewed using the Department of Justice protocols that question their knowledge of a variety of Prison Rape Elimination Act protections generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. There were no inmate refusals during the inmate interview process.

An exit meeting was held on 1/16/19 to discuss the overall audit process with Senior Warden. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community based or victim advocates, initial auditor review with the PREA Compliance Manager, and auditor review of submitted agency facility questionnaire, policies and procedures. The facility was prepared with primary and secondary documentation with resources supporting each PREA Standard. The on-site audit consisted of the facility tour, additional document review, to include staff and inmate interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data.

The auditor noted that this audit is the recertification for the facility, staff, and inmates. During the first audit cycle, the facility was audited by James Curington on January 12-15, 2016 making the facility 100% compliant with the standards, without any corrective action required exceeding one standard.

During the second audit cycle of 2018, the auditor determined the facility to be 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. The necessary corrective action required for standard 115.41 was previously identified by the facility and corrected prior to the onsite portion of the audit. In addition, the auditor determined the facility exceeded three standards to include 115.11, 115.31, & 115.33. The facility is equipped with the minimum staff required, resources, & support staff according to the staffing plan. The auditor presented the facility with exceed standards for the recertification of the PREA Audit.

115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.



## Facility Characteristics

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

The Ft. Stockton Unit is located at 1536 IH-10 East, one-mile northeast of downtown Ft. Stockton, Texas 79735 in Pecos County. The N5 unit was the first state prison in West Texas. It was opened in July 1, 1992, as a pre-parole release facility. After many evolving changes, the N5 Unit became the Ft. Stockton unit and serves as a transfer facility. The facility is located one-mile northeast of downtown Ft. Stockton in Pecos County.

Ft. Stockton Facility is an adult male minimum security with a facility capacity of 606 to include custody levels G1, G2, and transient offenders. Offenders can be detained in a transfer facility for up to two years before being moved into a permanent facility. The facility has a collaborative relationship with the Texas Tech University Health Science Center who provides managed health care and the Windham School District who provides educational services. The Mission Statement of the Ft. Stockton Unit is to “maintain a level of security to the degree that the safety of the public is insured, as well as the safety of its employees and offenders; to create an environment conducive to the rehabilitation of offenders, and to manage the facility based on constitutional and statutory standards.”

The Ft. Stockton Facility currently employs 114 full-time staff, 85 security employees and 20 non-security employees; with medical and mental health contracted by Texas Tech University Health Science Center, and 3 Windham School District education staff. There is one building located inside the secure perimeter fence that sits on 25 acres.

The Ft. Stockton Unit does have have any agricultural operations or manufacturing and logistics operations. The facility operations include
unit maintenance,
in-service training;
medical capabilities which include; ambulatory medical, dental, and mental health services. All services on a single level, including CPAP accommodating housing managed by Texas Tech.
The Education Programs include: Literacy (Adult Basic Education/GED), CHANGES,/Pre-Release, Cognitive Intervention.
Faith Based dormitory, Reentry Planning, Chaplaincy Services and Go Kids Initiative; Volunteer Services include Religious/Faith based studies and activities. The facility is a secured compound enclosed by a combination of single and double chain-link fences augmented by razor wire.

The Ft. Stockton unit consist of the following departments: administration, education, medical, supply, law library, maintenance, food service, commissary, west housing, east housing, administrative housing,



armory, chaplain, chief of classification, commissary, counsel substitute, grievance investigator, human resource specialist, mailroom, offender property, parole, PREA officer, re-entry and integration, risk management, security threat group, unit property and supply, windham school district and laundry. The facility shifts are broken into first and second shifts assigned to different cards for scheduling. The Ft. Stockton Unit conducts searches according the Prison Rape Elimination Act, Safe Prisons Program; consisting of pat searches, cross-gender pat-down searches, security wands, inside common areas with privacy screens/barriers, and outside grounds with privacy screens/barriers, strip searches with privacy screens/barriers.

The facility grounds were neatly landscaped with a pond. The auditor observed the buildings and offices during the tour and noted that they were clean with no clutter and floors were shined. During the facility tour, staff was professional and more than willing to offer an overview of their respective assigned duty location(s). There was no present tension with the offender population and offenders were willing to speak to the auditor. The offenders that were interviewed spoke positive about the privacy screens, staff and overall safety at the facility.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 3

115.11, 115.31, 115.33

**Number of Standards Met:** 40

115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.32, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89

**Number of Standards Not Met:** 0

Click or tap here to enter text.

## Summary of Corrective Action (if any)

The auditor noted that this audit is the recertification for the facility, staff, and inmates. During the first audit cycle, the facility was audited by James Curington on January 12-15, 2016 making the facility 100% compliant with the standards, without any corrective action required exceeding one standard.

During the second audit cycle of 2018, the auditor determined the facility to be 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. The necessary corrective action required for standard 115.41 was previously identified by the facility and corrected prior to the onsite portion of the audit. In addition, the auditor determined the facility exceeded three standards to include 115.11, 115.31, & 115.33. The facility is equipped with the minimum staff required, resources, & support staff according to the staffing plan. The auditor presented the facility with exceed standards for the recertification of the PREA Audit.

## 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.*

**Documentation Reviewed:**

The auditor reviewed the primary and secondary listed information to include; Safe Prisons/PREA Plan (March 2018)-PREA Table of Contents; Designated Agency PREA Head from Bryan Collier/Executive Director; Agency

Organizational Chart; Post Order 07.150 Unit Safe Prisons/PREA Program; Unit Organizational Chart & Executive Director 03.03 Safe Prisons PREA Program.

The Texas Department of Criminal Justice Mission Statement is as follows: The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime. Safe Prisons/PREA Program Executive Directive 03.03; Authority: Tex. Gov't Code 493.001, 493.006(b), 494.001,501.002, 501.011; General Appropriations Act, 83rd Leg. R.S., Art. V, Rider 38;42 U.S.C. 1983, 15601-15609; Prison Rape Elimination Act (PREA) Standard 115.11. The TDCJ has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. Violators shall be subject to criminal charges and civil liability in state or federal court, as well as TDCJ disciplinary action.

The Director of the Correctional Institutions Division is appointed as the PREA coordinator and shall establish the TDCJ Safe Prisons/PREA Plan ensures every effort is made to maintain a safe and secure environment for staff and offenders, as well as oversee TDCJ endeavors to comply with PREA standards.

This determination for “exceeds” standard is based in part on the agency level staff completing the Prison Rape Elimination Act auditor training. The auditor would like to commend the Texas Department of Criminal Justice Agency for taking a proactive approach in promoting a zero-tolerance culture for sexual abuse and sexual harassment. The Texas Department of Criminal Justice has a well-organized support system which includes the Agency-Wide PREA Coordinator/CID Director-Lorie Davis, PREA Ombudsman Office (Certified PREA Auditor)-Lynne Sharp, Administrative Review & Risk Management Office- (Certified PREA Auditor) Cassandra McGilbra, the Safe Prisons/PREA Management Office-Lorena Steinbecker & PREA Regional Manager-Darren Mayer and the designated Unit Safe Prisons PREA Manager-Melissa Gutierrez. The auditor commended the Agency Safe Prisons Manager Lorena Steinbecker for her organizational skills, commitment, and policy expertise. The agency policies mirror the Prison Rape Elimination Act standards. The facility staff interviewed acknowledged and understood the zero-tolerance policy along with the specific Prison Rape Elimination Act policy. Random staff presented their PREA cards as part of their uniform to the auditor during the facility tour.

The auditor also commended the facility for implementing what is considered good practices in corrections and in accordance with the intent of the Prison Rape Elimination Act. During the facility tour, the auditor observed PREA signage displayed throughout the facility in the offender janitor closets, dorm entrances, hallways, housing units, and working areas making it completely visible for all offenders and staff in both English and Spanish. The facility has been successful creating a culture that values sexual safety, embraces zero-tolerance, and fully implements the agency’s PREA program.

Corrective Action: The auditor recommends no corrective action.

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

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

### **115.12 (a)**

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

### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract

monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

The facility is a State of Texas managed facility and the Texas Department of Criminal Justice does not contract with other entities for the confinement of inmates for the Ft. Stockton Unit. Employees of Private Businesses and Governmental entities contracting with TDCJ, AD-02.46 (rev. 4) The TDCJ requires employees of entities contracting with the TDCJ to comply with applicable TDCJ policies, procedures, regulations, and posted rules.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
 Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
 Yes  No

- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

The auditor reviewed the primary and secondary listed information to include: Security Operations Procedures Manual 07.02 Deletion, New Installation or relocation of video surveillance equipment; SOPM Turnout Roster



Management 08.01; Safe Prisons/PREA Plan 3/18; SOPM 08.06 Annual Review Turnout Rosters; A.D 11.52 Security Staffing; PD-22 General Rules of Conduct & Disciplinary Action Guidelines for Employees; PO 07.005 Sergeant of Correctional Officers; PO 07.004 Lieutenant of Correctional Officers; PO 07.003 Captain of Correctional Officers; PO 07.002 Major of Corrections; Staffing Plan Review 2016, 2017, 2018; & Staffing Roster.

The TDCJ Safe Prisons/PREA Plan (dated 3/18) addresses the standard: Supervision and Monitoring (§115.13) The supervision of inmates will be conducted by supervisors at each unit to include documentation of unannounced rounds to identify and deter sexual abuse and sexual harassment. Security staffing: each unit is required to develop, document, and comply with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse and take into consideration all relevant factors. The staffing plans were reviewed to include the staffing plan review minutes by the auditor. The Ft. Stockton Unit staffing plan was reviewed prior to the onsite audit. The staffing plan shall conform to direction and allocations as directed by the Texas Department of Criminal Justice. In calculating adequate staffing levels and determining the need for video monitoring, the facility shall use the PREA staffing analysis in accordance with reference (p). The auditor interviewed the facility staff and verified that the staff develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders/inmates against sexual abuse or sexual harassment. The facility takes the following into consideration per the standard: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the institution's/facility's/center's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); 6) The composition of the prisoner population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; 11) Any other relevant factors. The two most common reasons for the facility deviations are maintenance and transport in the past 12 months to include written justification from the plan. The facility consults the PREA coordinator required by 115.11 for the assessment, determination whether adjustments are needed to the staffing plan. The staffing plan is to protect inmates against sexual abuse and sexual harassment by limiting the possibility that inmates and staff will be left alone and unmonitored through adequate and ongoing supervision. The staffing plan provides adequate staffing levels, video monitoring to protect inmates against sexual abuse. Intermediate and Upper-level Supervisors are conducting unannounced rounds on all shifts daily to include night shift with no patterns identified.

The supervisors interviewed articulated the process proceeding the responsibility of addressing issues on alerting staff regarding unannounced rounds. The staffing plan reviewed was comprehensive of the number and placement of staff and amount of video technology (where applicable) that is necessary to ensure the sexual safety of the inmate population to include the facility layout and characteristics, classifications of inmates, and unique security needs and programming. The staffing plan was reviewed for the normal and expected operational conditions that cause staffing shortages (e.g., sick leave, vacation, FMLA, training days, military leave, etc., all of which are not exigent circumstances but foreseeable operational issues).

The facility is making their "best efforts to comply on a regular basis" with the staffing plan. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 Yes  No  NA

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The Ft. Stockton Unit does not house youthful offenders.

Corrective Action: The auditor recommends no corrective action.

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

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

#### **115.15 (a)**

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

#### **115.15 (b)**

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

#### **115.15 (c)**

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

#### **115.15 (d)**

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

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: AD-03.22 Offender Searches; Safe Prisons/PREA Plan 3/18; Security Manual Table of Contents; PO -07-015 Shower Room Officer; Correctional Training and Staff Development "Cross-Gender Viewing & Searches/LGBTI Offenders In-service & Prep-Service Training; Safe Prisons/PREA Operational Manual 02.05.

The Safe Prisons/PREA Plan (dated 3/18) addresses the Cross-Gender Viewing and Searches. Correctional officers shall make the best efforts to allow offenders to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine checks. Staff of the opposite gender shall announce their presence

when entering an offender housing area in accordance with applicable post orders. Under no circumstances shall an offender search be conducted solely for the purpose of determining an offender's genital status.

During the facility tour the auditor observed staff of the opposite gender conduct the "knock and announce," by announcing "female on the floor" in the hallway prior to entering the inmate housing areas. The Regional PREA Managers provide training for each unit and each USPPM is required to disseminate the training on the facility. The shift supervisors conduct training on PREA related standards to include Cross-gender Searches and viewing during shift briefing. The Ft. Stockton Unit does not house female inmates and did not house any transgender or intersex inmates in the past 12 months.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The CTSD training curriculum addresses the cross-gender viewing & searches. The auditor reviewed the documentation of exigent circumstances with none conducted for the audit cycle. The inmates interviewed by the auditor clearly described their ability to shower, change clothes, and use the toilet without the opposite-gender staff viewing them. The inmate interviews indicated staff of the opposite gender announced prior to entering the housing unit for privacy reasons. During the facility tour, the education department had all forms of zero-tolerance signs, a full door for offender privacy. The main hallway had a large painting displayed for the zero-tolerance and PREA Ombudsman reporting information in both English and Spanish. The sally-port had a large bulletin displayed with zero-tolerance, third-party reporting, PREA Coordinator information in both English and Spanish with privacy and a red stop sign indicating area in use by an offender. The N5 unit west wing P-dorm had privacy doors in the shower areas with a privacy barrier in the toilet area. The N5 unit south housing also had a privacy barrier and the showers with privacy doors along with PREA information and Rape crisis information displayed on the walls. The facility had the Knock and Announce painted up on entrance to the N5 hallway in large letters for all staff as a reminder to make an announcement prior to entering the offender housing unit. The N5 recreation toilet outside had three walls providing privacy. The dayrooms observed had working phones and the Rape Crisis information was posted right next to the phones for the offender population. The intake department strip search areas was covered with a large display of PREA signs, notices, zero-tolerance, third-party PREA ombudsman address and information in both English and Spanish.

Corrective Action: The auditor recommends no corrective action.

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: Safe Prisons/PREA Plan (3/18); Intake Procedures 1.10; AD-06-25 Qualified Interpreter Services-American Sign Language; Correctional Managed Health Care Policy Manual G.51.1 Offenders with Special Needs; Safe Prisons/PREA Program Postings and Brochures 02.03; Qualified Spanish Interpreter Guidelines SM-05.50; Certified American Sign Language (ASL) Interpreter Services G-51.5; AD 04.25 provides language assistance services to offenders identified as monolingual Spanish speaking; Intake Processing of Offenders in need of an Interpreter 6.05; Interpreter Services E-37.5; SPPOM Offender Assessment Screening 03.01; Psychiatric and Developmental Disabilities Program Officer PO-07.105; List of Spanish Interpreters; TDCJ Health Services Liaison Facility Types List Definitions; & a list of Staff who speak a language other than English or Spanish. The facility meets the standard for the relevant recertification review.

The Safe Prisons/PREA Plan (3/18) addresses inmates with disabilities shall have access to education in formats accessible to all offenders, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as offenders who have limited reading skills. The agency shall provide qualified interpreters in informal governmental proceedings for offenders who use American Sign Language (ASL) as their primary means of communicating. Assistive Disability Services (ADS), describes UTMB program that is designed to coordinate and/or provide care for offenders with mobility, vision, hearing or speech impairments. Interpreter Services G-51.5; the ADS must be notified and will provide an Advanced, Master, or equivalent ASL interpreter for offenders with a significant hearing loss necessitating written communication and/or the use of sign language as described in the policy. AD 04.25 provides language assistance services to offenders identified as monolingual Spanish speaking. The facility has a bilingual list of Staff who speak Spanish at Ft. Stockton Unit.



The facility takes appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The agency takes reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient.

The auditor conducted inmate interviews on January 16, 2019 and the auditor selected a geographically diverse sample of random male inmates for the audit process including housing units: T, F, E, D, C, H, M, K, P, I, L, & G.

Forty-one (41) inmate interviews were conducted to include;
(0) youthful inmates (non-assigned at the facility),
(2) inmate with physical disability,
(0) inmates who were hard of hearing,
(0) blind or (0) deaf inmates,
(5) Inmates who are LEP,
(0) inmate with cognitive disability,
(4) inmates who identify as Lesbian, Gay, or bisexual,
(0) Inmates who identify as Transgender or Intersex (no transgender/intersex assigned to the facility),
(0) Inmates in Segregated housing for high risk of sexual victimization,
(4) Inmates who reported Sexual Abuse,
(1) Inmates who reported sexual victimization during risk screening, and
(25) Random Inmate Interviews.

Inmates were interviewed using the Department of Justice protocols that question their knowledge of a variety of Prison Rape Elimination Act protections generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. There were no inmate refusals during the inmate interview process.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: Standard of Supplemental Safe Prisons/PREA Training/Employee Acknowledgement Form; Employment Application Supplement for Agency Applicants; Applicants with pending criminal charges or prior criminal convictions PD-75; Selection Criteria for Correctional Officer Applicants PD-73; Employment Application Supplement PERS 282; TDCJ Application Clearance; & Selection System Procedures PD-71.

The Safe Prisons/PREA Plan (dated 3/18) addresses Employee hiring; TDCJ shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who previously has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42 USC 1997; has been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent, refused, or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in Section VIII.

The facility provided the auditor Employee Questionnaire and Staff backgrounds confirming compliance with the standard for this recertification review period. The agency utilizes a live system with the DPS Record Access System which utilizes NCIC, TCIC, & NLET; Selection System Procedures PD-71. The auditor reviewed Employee and Contractor background checks for compliance.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Documentation Reviewed:**

Based on the information listed and reviewed: SOPM 07.02 Deletion, New Installation or Relocation of Video Surveillance Equipment; & Operating and Monitoring Video Surveillance Systems SM 01.14. The Security Operations Department provides technical assistance and operational support to correctional facilities in the area of staffing, video surveillance, video equipment/production, armory, research and technology. The Video Surveillance and Video Equipment/Production section assists in maintaining and repairing existing surveillance systems, as well as providing technical evaluation for augmentation and improvements. The auditor observed twenty-one security mirrors and forty-three surveillance cameras positioned throughout the facility and on the outer perimeter to monitor inmate and staff movement.

The Safe Prisons Plan (dated 3/18) addresses the development, documentation, and complies with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse. The facility had a total of ten cameras positioned on the outside perimeter of the facility. According to SOPM 07.02 Deletion, New Installation or Relocation of Video Surveillance Equipment: Video Surveillance equipment shall not be installed, deleted or relocated without an approved Decision Memorandum that will be generated by the Surveillance Systems Coordinator. This includes cameras, monitors and head-end equipment. A. Prior to the new installation of video surveillance equipment the Surveillance Systems Coordinator will coordinate with the agency Safe Prisons/PREA Compliance Manager to collect any relevant information containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for that unit. The surveillance System Coordinator in conjunction with the Unit Warden and the Warden of Security Operations will deploy the surveillance equipment in an effort to enhance the agency's ability to protect offenders from sexual abuse.

The Security Operations "Equipment Status Report" records the approved quantity of cameras allocated to each unit. The "Surveillance Operations "Equipment Status Report" is maintained by Security Operations in coordination with the unit. Security Operations is responsible for updating and maintaining the "Equipment Status Report". The Security Operations Department provides technical assistance and operational support to correctional facilities in the area of staffing, video surveillance, video equipment/production, armory, research and technology. The Video Surveillance and Video Equipment/Production section assists in maintaining and repairing existing surveillance systems, as well as providing technical evaluation for augmentation and improvements. The auditor observed 43 Security mirrors and 21 surveillance cameras positioned on the inside & outer perimeter to monitor inmate and staff movement.

Corrective Action: The auditor recommends no corrective action.

## **RESPONSIVE PLANNING**

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

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

**115.21 (a)**

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  
 Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

### 115.21 (e)

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

### 115.21 (f)

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

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: SPPOM 02.02 Offender Victim Representative; Reviewed RCC MOU; Reviewed five letters showing efforts to obtain services for local Rape Crisis Centers; Safe Prisons/PREA



Plan 3/18; Reviewed list of OVR Representatives; CTSD Offender Victim Representative (OVR) Training; Reviewed over sixty attempts to solicit community rape crisis organizations; TAASA Service Directory; CMHC G-57-01 Sexual Assault/Sexual Abuse; TDCJ Office of Inspector General OIG-04.05 Offender Sexual Assault Investigations; Safe Prisons/PREA Operational Manual-Sexual Abuse Response & Investigation 05.01; & Evidence Handling AD-16.03.

The Safe Prisons/PREA Operational Manual-Offender Victim Representative; Written policy requires TDCJ to make an advocate from a rape crisis center available to a sexual abuse victim. When an advocate from a rape crisis center is not available to provide emotional support advocacy services following an allegation of sexual assault, the TDCJ shall upon request of the offender victim, provide an OVR to support the offender victim through the forensic medical examination process and investigatory interviews. The OVR shall provide emotional support, crisis intervention, information, and referrals. OVR's shall be approved by the unit warden to serve in this role and shall receive the necessary training concerning sexual assault and forensic examination issues. Each unit warden shall designate at least two OVR's from the following job qualifications Mental Health Practitioner, Sociologist, Chaplain, Social Worker, or Case Manager. The Ft. Stockton Unit currently has two Offender Victims Representatives which have been trained. The auditor interviewed both OVR representatives on the facility. The agency has made over sixty attempts to obtain an agreement for community victim advocates from a rape crisis center. The agreement has not been established and the agency continues to aggressively solicit community rape crises organizations across the state which may be willing to establish a partnership with the agency. The sexual abuse forensic exams are conducted offsite by a certified SANE/SAFE nurse at the local hospital where the nurses are on call 24/7. The facility utilizes a second hospital with a SANE nurse in the event it was needed. All sexual abuse victims requiring a forensic exam are transported offsite to a local hospital.

Corrective Action: The auditor recommends no corrective action.

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

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; SPPOM 05.05 Completing the Offender Protection Investigation; Safe Prisons PREA Plan; SPPOM 05.01 Sexual Abuse Response and Investigation; AD-16.20 Reporting incidents Crimes to the Office of the Inspector General; OIG-04-05 Offender Sexual Assault; BP-01.07 Inspector General Policy Statement; and PD-29 Sexual Misconduct with Offenders.

The Safe Prisons/PREA Plan (3/18) addresses this standard in the policy. Sexual abuse response and notification procedures contained within this plan and the SPPOM shall be followed to coordinate actions taken in response to an incident of sexual abuse. Allegations of sexual abuse and sexual harassment shall investigated within AD-02.15, “Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents,” to include staff-on-offender allegations. The SPPOM will be utilized for offender-on-offender allegations. All incidents were reported and investigated to the fullest extent. Two Investigators were interviewed and found to be very knowledgeable concerning the responsibilities under the PREA Standards to include verification of the PREA required training.

There were a total of:

(4) sexual abuse allegations reported in the past twelve months;
(3) unsubstantiated,
(0) substantiated,
(1) unfounded and
(0) ongoing.
There was one offender-on-offender investigation and three staff-on-offender investigations reported.

Corrective Action: The auditor recommends no corrective action.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Documentation Reviewed:**

Based on the information listed and reviewed: Staff Training Acknowledgement forms; Correctional Training and Staff Development 2018; Safe Prison PREA Program; Supervisor In-Service Training; Correctional Training and Staff Development 2018 Pre-Service Training-Safe Prisons/PREA Module: Sexual Abuse/Assault; CTSD Pre-service Training Block 1 Safe Prisons Plan; Safe Prisons PREA in Texas-Video Script; Safe Prisons/PREA Plan; CTSD Non-Supervisor In-Service Training Safe Prisons PREA; SM-02.02 On-the-Job Training (OJT) Program; AD 12.20 Implementation & Operation of the TDCJ In-Service Program; ED-12.10 TDCJ Training Database; PD-97 Training and Staff Development; Pre-Service Training Offender Protection Investigations; PD-29 Sexual Misconduct with Offenders; & SPPOM 06.01 Unit Safe Prisons PREA Program Awareness Training. The auditor concluded the facility complies with the standard for the relevant recertification period.

The Safe Prisons/PREA Plan (3/18) addresses this standard in the policy. All Safe Prisons/PREA Program training and education shall be performed in accordance with the Correctional Training and Staff Development program schedule, the SPPOM, and this plan. All employees who may have contact with offenders shall receive the following information in accordance with the Safe Prisons/PREA requirements: zero-tolerance policy on sexual abuse and sexual harassment; methods of fulfilling responsibilities, the right of offenders to be free of sexual abuse and harassment; the right of offenders and staff to be free from retaliation for reporting abuse, the characteristics of victims; how to detect and respond to signs of threats and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate in a professional manner with the LGBTI population; how to comply with relevant laws and mandatory reporting; & common characteristics of victim/predators. All training is tailored to the gender of the offender at the unit of assignment.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with Standard/Supplemental Safe Prisons/PREA Training Employee Acknowledgement forms, Employee Training, curriculums additional forms of training confirming compliance with the standard for this recertification review period. A review of the training curriculum, training records and interviews support that staff have been trained regarding the requirements of PREA. Thirty-six staff interviews determined that staff was knowledgeable of PREA requirements and expectations as it relates to reporting, investigations, and treatment of inmates reporting PREA related issues. Staff were experienced and well versed in evidence collection and reporting expectations. The auditor concluded that the facility complies with the standard and exceeds the standard on their training efforts for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

## **Standard 115.32: Volunteer and contractor training**

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

#### **115.32 (a)**

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

#### **115.32 (b)**

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: Administrative Directive-02.46 Employees of Private Business and Governmental Entities Contracting with the TDCJ; PD-29 Sexual Misconduct with Offenders; Handbook for Volunteers; Letter of Orientation for Special Volunteers; PD-97 Training for Staff Development; Safe Prisons/PREA Plan; Explanation Statement of Fact from TDCJ Volunteer Services; Volunteer Services-2015; Volunteer Services Plan; AD-07-35 Administration of Volunteer Services; Appendix F Acknowledgement of Volunteer Training Orientation; Volunteer Training Acknowledgement; & Volunteer Training Schedule. The auditor concluded that the facility complies with the standard for the relevant recertification period.

The Safe Prisons/PREA Plan (dated 3/18) addresses the standard in the policy-Contractor and Volunteer Content. All volunteers and contractors who have contact with offenders shall be trained regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures in accordance with the TDCJ Volunteer Services Plan, PD-29, "Sexual Misconduct with Offenders," and this plan. The level and type of training provided to volunteers and contractors shall be specific to the services provided and the level of contact with offenders; however, all volunteers and contractors who have contact with offenders shall be notified of the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures of reporting incidents. All volunteers/contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse/harassment and informed how to report such incidents. The agency maintains documentation confirming that volunteers/contractors understand the training they have received.

Each volunteer signs the Acknowledgement of Training (AOT) Form after each training session. The AOT Form is filed in the volunteers' central file maintained at TDCJ Volunteer Services in Huntsville, Texas. The volunteer's electronic file is the source to which the facility identifies the approval status of a volunteer.

The electronic file is updated by TDCJ Volunteer services staff. The facility provided the auditor with Acknowledgment of Volunteer Training Orientation confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

## **Standard 115.33: Inmate education**

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

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

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

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

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

#### **115.33 (c)**

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

#### **115.33 (d)**

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



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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: UCPM-05.00 Unit Orientation Procedures with Attachments; SPPOM 06.02 with Attachment Q; Offender Orientation Handbook; Offender Video Instruction Letter; IPM 01.10 Initial Orientation; AD-04.25 Language Assistance Services to Offenders Identified as Monolingual Spanish Speaking; AD-06.25 Qualified Interpreter Services-America Sign Language; CMHC Policy E-37.5 Interpreter Services; CMHC Policy G-51.01 Offenders with Special Needs; CMHC Policy G-51.5 Certified ASL

Interpreter Services; SM-05.50 Qualified Spanish Interpreters Guidelines; Staff who speak Foreign Languages 2016; Offender SAA Video Script; and SPPOM 02.03 Postings and Brochures. The auditor concluded that the facility complies with the standard for the relevant recertification period.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. During the intake process, offenders shall be provided with educational information explaining the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment in accordance with the TDCJ Classification Plan and TDCJ Unit Classification Procedures Manual. Within 30 days of intake, the USPPM shall ensure offenders are provided with comprehensive education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, and any retaliation for reporting these incidents; and regarding TDCJ policies and procedures from responding to these incidents in accordance with the SPPOM.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Safe Prison/PREA Plan (3/18) addresses the standard in the policy. All allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice 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. The Investigations of sexual abuse, threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.

Based on the information listed and reviewed: BP-01.07 Inspector General Policy Statement; CTSD Safe Prisons PREA Investigation Training; OIG OPM 02.15 Training Procedures; OIG LP3201 Sexual Assault Investigative Topics; PD-97 Training and Staff Development; AD-16.03 Evidence Handling; CMHC C-25.1 Orientation Training for Health Services Staff; OIG OPM 04.05 Offender Sexual Assault Investigation; OIG LP2029 Interviewing and Interrogation Lesson Plan; ED-12.10 Training Records and Database; and OIG Roster for NIC PREA Training.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The auditor reviewed twenty-five employees who were selected and trained on how to investigate verifying compliance. The auditor reviewed 138 Office of Inspector General NIC training files confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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

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

#### **115.35 (a)**

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

#### **115.35 (b)**

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

#### **115.35 (c)**

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: Letter of Orientation TDCJ Health Services Division Trainees; AD-16.03 Evidence Handling; CMHC C-19.1 Continuing Education & Staff Development; CMHC C-25.1 Orientation Training for Health Service Staff; PD-97 Training and Staff Development and Statement of Fact for Forensic Exams. The auditor concluded that the facility complies with the standard for the relevant recertification period. The auditor concluded that the facility complies with the standard for the relevant recertification period.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Ongoing Medical and Mental Health: All offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate. The evaluation and treatment of such offender victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in other units in accordance with CMHC policies or their release from custody. Offender victims shall be provided medical and mental health services consistent with the community level of care. This is a male facility however the policy references the following: Offenders who have the capacity to become pregnant as a result of sexually abusive penile-vaginal penetration while incarcerated shall be offered pregnancy tests.

If pregnancy results from the conduct described in this section, the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services in accordance with CMHC policies. Offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies.

A mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with medical/mental health training confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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

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

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

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

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

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

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

#### 115.41 (e)

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

#### 115.41 (f)

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



**115.41 (g)**

- Does the facility reassess an inmate’s risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate’s risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate’s risk level when warranted due to a: Incident of sexual abuse?  
 Yes  No
- Does the facility reassess an inmate’s risk level when warranted due to a: Receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness?  Yes  No

**115.41 (h)**

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

**115.41 (i)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documentation Reviewed:**

Based on the information listed and reviewed: Safe Prisons PREA Plan; SPPOM-03.01 Offender Assessment Screening with Attachment E & E1; CMHC E-35.01 Mental Health Appraisal for Incoming Offenders; CMHC A-09.01 Privacy of Care; Disclosed Sexual Victimization; IPM-CL-69 Psychological Screening Interview; and IPM 5.06 Intake Procedure Security Referrals. The auditor concluded that the facility complies with the standard for the relevant recertification period.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. All offenders shall be assessed during intake and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders. Intake screening shall take place within 24 hours of arrival at the unit in accordance with the SPPOM. Assignments shall be made through collaborative efforts of intake staff, the USPPM, and medical and mental health services by using objective screening instruments. The intake screening shall include at a minimum the following criteria to assess offenders for risk of sexual victimization: any mental, physical, or developmental disability; the age of the offender; the physical build of the offender; previous incarceration; whether the criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; perception of the offender as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; previous sexual victimization; and the offenders own perception of vulnerability. Within a period of time not to exceed 30 days from the offender's arrival at an intake facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information by the TDCJ since the initial intake screening. An offender's risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of additional information that may affect the offender's risk of sexual victimization or abusiveness. The facility has identified those at heightened risk of being sexually victimized and those at heightened risk of being sexually abusive so that it can make housing and programming decisions with the goal being to use this information to prevent sexual abuse.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The auditor reviewed twenty-five inmate files for the following documentation: PREA Intake Screening within 72 hours of admission; Potential Victim or Potential Aggressor; LGBTI; Follow-up meeting with Medical/Mental Health offered; Reassessment within 30-days from arrival to the facility; Warranted reassessment (incident, referral, request, new info); & PREA Information/Comprehensive Training. The facility had two files that were not current with the 30-reassessment. The facility and the auditor discussed a plan of action and a proactive approach over the next 30-days. Prior to the onsite visit, the agency PREA Manager identified the overall agency discrepancy. During a PREA audit conducted by Barbara King at the James H. Byrd Jr. Unit on November 16-18, 2016; the reassessment issue was discovered, and the agency/facility achieved compliance by completing the reassessments for the standard on May 20, 2017. The agency implemented a proactive approach for staff responsible for the screening process referencing standard 115.41 by the initiation of training in conducting effective, quality screenings of inmates ensuring the screening process collects adequate information to make housing and programming decisions. The Attachment E was revised to contain the reassessment section to capture the 30-day reassessment information. The agency distributed a State-wide email in December of 2017 identifying and correcting the issue.

#### Corrective Action:

The facility provided the auditor with training confirming compliance with the standard for this recertification review period. The Regional Safe Prisons Manager Darren Mayer along with the Unit Safe Prisons Manager identified the discrepancy referencing standard 115.41 and implemented a corrective action plan prior to the onsite audit with training. The training conducted was Safe Prisons/PREA operations manual: offender assessment screening specifically addressing provision 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. The auditor observed the practice of the reassessments on 1/16/19 and the Regional manager randomly monitored the PREA risk screening process for thirty-days meeting compliance with no further action required.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documentation Reviewed:**

Based on the information listed and reviewed: SPPOM 03.01 Attachment E; TDCJ Classification Plan; Safe Prisons/PREA Plan; AD 04.18 Offender Job Assignments, Job Descriptions; AD-04.17 Offender Housing

Assignment Criteria and Procedures; SPPOM 03.01 Offender Assessment Screening; SPPOM 03.02 Special Population Review; CMHC G-51.111 Treatment of Offenders with Intersex Conditions, or Gender Dysphoria, Formerly known as Gender Identity Disorder; UCPM-0400 Offender Housing Assignments; PO-07.015 Shower Officer; SM-01.01 Correctional Institutions Division (CID) Security Policies and Procedures System. The auditor concluded that the facility complies with the standard for the relevant recertification period.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Offenders identified as transgender or intersex shall be given the opportunity to shower separately from the offenders in accordance with Correctional Managed Health Care (CMHC) policies. LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely on the basis of this identification or status, unless the placement is in a dedicated wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting these offenders. All offenders shall be assessed during intake and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders. Intake screening shall take place within 24 hours of arrival at the unit in accordance with the SPPOM. Assignments shall be made through collaborative efforts of intake staff, the USPM, and medical and mental health services by using objective screening instruments. The intake screening shall include at a minimum the following criteria to assess offenders for risk of sexual victimization: any mental, physical, or developmental disability; the age of the offender; the physical build of the offender; previous incarceration; whether the criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; perception of the offender as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; previous sexual victimization; and the offenders own perception of vulnerability. Within a period of time not to exceed 30-days from the offender's arrival at an intake facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information by the TDCJ since the initial intake screening. An offender's risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of additional information that may affect the offender's risk of sexual victimization or abusiveness. The facility has identified those at heightened risk of being sexually victimized and those at heightened risk of being sexually abusive so that it can make housing and programming decisions with the goal being o use this information to prevent sexual abuse.

Corrective Action: The auditor recommends no corrective action.

## **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

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

**115.43 (b)**

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

**115.43 (c)**

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

**115.43 (d)**

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

**115.43 (e)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Documentation Reviewed:

Based on the information listed and reviewed: Protective Safe Keeping Plan with attachments; I-169 Administrative Segregation Initial Placement & Notification; I-203 Placement on Restriction Ad-Seg Level Review; SPPOM 05.05 Offender Protection Investigation; Safe Prisons Plan; Administrative Segregation Plan; Guidelines for Administrative Segregation Committee Members; and AD-04.63 Transient Status Offenders. The auditor concluded that the facility complies with the standard for the relevant recertification period.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours. Number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. Number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0. From a review of case files of inmates at risk of sexual victimization who were held in involuntary who were held in involuntary segregated housing in the past 12 months, number of case files that include both (a) a statement of the basis for facility’s concern for the inmate safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.

Corrective Action: The auditor recommends no corrective action.

<b>REPORTING</b>
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**Standard 115.51: Inmate reporting**

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



### 115.51 (a)

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

### 115.51 (b)

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

### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: BP-03.91 Uniform Offender Correspondence Rules; Safe Prisons Plan; SPPOM 02.03 Attachment A; SPPOM 02.03 Attachment AS Spanish; AD-14.09 Postage and Correspondence Supplies; Civil Immigration; ED-02.10 PREA Complaints and Inquiries; PD-29 Sexual Misconduct with Offenders; General Information Guide for families of Offenders; Offender Orientation Handbook (English & Spanish) and TBCJ PREA Brochure. The auditor concluded the facility complies and exceeds with the standard for the relevant recertification period.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Offenders shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including but not limited to, extortion and violence. The offender may report allegations verbally or in writing to any staff member pursuant to all standards defined in Section IV of this plan.

A method shall be provided for staff to privately report sexual abuse and sexual harassment of offenders. Staff shall accept reports made verbally; in writing accept reports made verbally; in writing, including by letter, Inmate Request to Official (I-60), sick call form, or a grievance submitted through the grievance process; anonymously; and from third parties. All verbal reports shall be promptly documented. Family members or other individuals may report verbally or in writing to unit administration, the TDCJ Ombudsman Office, OIG, or PREA Ombudsman office any time they have knowledge of or suspect an offender has been sexually abused, sexually harassed, or requires protection.

The auditor conducted inmate interviews on January 16, 2019 and the auditor selected a geographically diverse sample of random male inmates for the audit process including housing units: T, F, E, D, C, H, M, K, P, I, L, & G.

Forty-one (41) inmate interviews were conducted to include;

- (0) youthful inmates (non-assigned at the facility),
- (2) inmate with physical disability,
- (0) inmates who were hard of hearing,
- (0) blind or (0) deaf inmates,
- (5) Inmates who are LEP,
- (0) inmate with cognitive disability,
- (4) inmates who identify as Lesbian, Gay, or bisexual,
- (0) Inmates who identify as Transgender or Intersex (no transgender/intersex assigned to the facility),
- (0) Inmates in Segregated housing for high risk of sexual victimization,
- (4) Inmates who reported Sexual Abuse,
- (1) Inmates who reported sexual victimization during risk screening, and
- (25) Random Inmate Interviews.

Inmates were interviewed using the Department of Justice protocols that question their knowledge of a variety of Prison Rape Elimination Act protections generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were

well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. There were no inmate refusals during the inmate interview process. This determination is based in part on the agency level staff completing the Prison Rape Elimination Act auditor training. The auditor also commended the facility for implementing what is considered good practices in corrections and in accordance with the intent of the Prison Rape Elimination Act. The Ft. Stockton Unit had all forms of zero-tolerance posters, signs, & notices, posted throughout the facility in every area of the unit. It was evident, during the facility tour that the unit promoted the zero-tolerance of sexual abuse and sexual harassment. The facility has been successful creating a culture that values sexual safety, embraces zero-tolerance, and fully implements the agency's PREA program. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

**115.52 (d)**

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

**115.52 (e)**

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

**115.52 (f)**

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

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

#### Documentation Reviewed:

Based on the information listed and reviewed: BP-03.77 Offender Grievances; Safe Prisons Plan; AD-03.82 Management of Offender Grievances; OGOM Appendix B Instructions on How to Write and Submit Grievances; OGOM Appendix U Third Party Preliminary Investigation Form; OGOM Section 9 Third Party Grievances; OGOM Section 4.00 Grievance Timelines; OGOM 01.04 PREA Allegations; OGOM 1.01 Step 1 Grievances; and Sexual Abuse Grievances. The auditor concluded that the facility complies with the standard for the relevant recertification period.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. In accordance with the TDCJ Offender Grievance Operations Manual: an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and a grievance of this nature shall not be referred to a staff member who is subject of the complaint. A final decision shall be made on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievances.

An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ Offender Grievance Operations Manual.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. In the past 12 months, number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 1. The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 1. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances that had an initial response within 48 hours: 0. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days: 0. In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0. The facility provided the auditor with Step 1 Offender Grievance Forms and Sexual Abuse Related Grievance Codes confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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

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

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

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

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

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

##### **115.53 (c)**

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: Offender Orientation Handbook (English & Spanish); Rape Advocacy Centers; Safe Prisons PREA Plan; Uniform Offender Correspondence Rules; PREA Complaints and Inquiries; SPPOM 02.03 Attachment C; RCC MOU Example; RCC Solicitation Letter; RCC Solicitation Letters April 2018 Showing Efforts.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Offender Victims Services (OVS) Attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocates services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services. Offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. Offenders shall be informed, prior to giving them access, of the extent to which these communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.54: Third-party reporting

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



## 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. The TDCJ shall establish guidelines for the management of the Ombudsman Program and procedures for responding to complaints or inquiries regarding the TDCJ, both through the Ombudsman Program and TDCJ staff. This information is available publicly on the internet. Offenders may report allegations directly to the Major, the Office of Inspector General (OIG), the PREA Ombudsman Office. Reports to the PREA Ombudsman may be made confidentially and in accordance with ED-02.10, Prison Rape Elimination Act Complaints and Inquiries. PREA Ombudsman: The TDCJ has a "Zero-Tolerance" for all forms of sexual abuse and sexual harassment of offenders.

The TDCJ is committed to taking a proactive approach concerning the detection, prevention, response, and punishment of sexual abuse, including consensual sexual contact, and sexual harassment of offenders in the custody of the department.

The Prison Rape Elimination Act (PREA) Ombudsman was established by the 80th Legislature in 2007 (Texas Government Code, Section 501, subchapter F), and is appointed by the Texas Board of Criminal Justice (TBCJ). The PREA ombudsman reports directly the chairman of the TBCJ, and is an office external to the reporting process of TDCJ.

The PREA Ombudsman was created to provide offenders, and the public, with an independent office to report sexual assaults. The PREA Ombudsman provides a confidential avenue for offenders to report sexual abuse and sexual harassment, as well as investigating and responding to PREA complaints and inquiries received from elected officials, the public, and offenders. The primary responsibilities of the PREA Ombudsman Office are to:

- Monitor TDCJ’s efforts to eliminate the occurrence of sexual abuse and sexual harassment in correctional facilities;
- Review TDCJ’s policies and procedures to ensure they follow federal and state laws and standards; and
- Respond to public inquiries related to allegations of sexual abuse and sexual harassment in TDCJ correctional facilities and ensure impartial resolution.

HOW TO CONTACT THE PREA OMBUDSMAN (Please submit inquiries in writing) Anyone knowledgeable of an offender-on-offender or staff-on-offender sexual abuse or sexual harassment that occurs within a TDCJ correctional facility is encouraged to immediately report the allegation.

PREA Ombudsman Office P.O. Box 99, Huntsville, TX 77342-0099 936-437-2133 phone 936-437-6981 fax [prea.ombudsman@tdcj.texas.gov](mailto:prea.ombudsman@tdcj.texas.gov) (This information is available publicly on the internet).

Based on the information listed and reviewed: ED 02.03 Ombudsman Program; ED 02.10 PREA Complaints and Inquiries; General Information Guide for Families of Offenders; Offender Orientation Handbook (English & Handbook); Safe Prisons Plan; and SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency.

Corrective Action: The auditor recommended no corrective actions

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

**115.61 (c)**

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

**115.61 (d)**

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

**115.61 (e)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documentation Reviewed:**

Based on the information listed and reviewed: Safe Prisons PREA Plan; CMHC Policy G-57-01; COURAGE YOP Operations Manual 02.05 Requirements of Contact DFPS; AD-16.20 Reporting Incident Crimes to the Office of the Inspector General; PD-29 Sexual Misconduct with Offenders; SPPOM 05.01 Sexual Abuse Response and Investigation.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigate, security, and management decisions. An offender may report allegations verbally in writing to any staff member pursuant to all standards defined in Section IV of this plan.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with training confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: Safe Prisons PREA Plan; AD-02.15 Operation of the EAC & Reporting Procedures for Serious or Unusual Incidents; SPPOM 05.01 Sexual Abuse Response and Investigation; and SPPOM 05.03 Time Frames Associated with Offender Protection Investigations.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Staff and Third-Party Reporting of Allegations: All staff members shall immediately report, according to TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

A method shall be provided for staff to privately report sexual abuse and sexual harassment of offenders. Staff shall accept reports made verbally; in writing, including by letter, Inmate Request to Official (I-60), sick call

form, or a grievance submitted through the grievance process; anonymously; and from third parties. All verbal reports shall be promptly documented. Family members or other individuals may report verbally or in writing to unit administration, the TDCJ Ombudsman office, OIG, or PREA Ombudsman office any time they have knowledge of or suspect an offender has been sexually abused, sexually harassed, or requires protection. Unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse pursuant to Section IV.B.1 of this plan, and to inform offenders of the practitioner's duty to report, as well as the limitations of confidentiality. Suspected or reported staff-on-offender sexual abuse, staff neglect, or violation of responsibilities shall be reported in accordance with the guidelines in PD-29, "Sexual Misconduct with Offenders."

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

Based on the information listed and reviewed: BP 01.07 Inspector General Policy Statement; SPPOM 04.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies; Safe Prisons PREA Plan; Agency demonstration-Reporting to other confinement facilities; AD 16.20 Reporting incident crimes to the Office of the Inspector General; SPPOM 04.02 Receiving Allegations of Sexual Abuse from Outside Agency; SPPOM 05.05 Completing the Offender Protection Investigation; SPPOM 05.01 Sexual Abuse Response and Investigation; and Notification to other units.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Reporting to other confinement facilities: After receiving an allegation that an offender was sexually abused while confined at another facility, such as a county jail or out of state facility, the individual taking the initial report shall immediately notify the USPM. The USPM shall provide the SPPOM with the details of the alleged incident so the SPPMO may initiate notification to the appropriate office of the outside agency where the alleged abuse occurred.

The auditor concluded that the facility complies with the standard for the relevant recertification period. During the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0. In the past 12 months, the number of allegations of sexual abuse the facility receives from other facilities: 1.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with training confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: OIG OPM 04.05 Offender Sexual Assault Investigation; Safe Prisons PREA Plan; AD 16.03 Evidence Handling; SPPOM 05.01 Sexual Abuse Response and Investigation.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. After learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall notify the supervisor, separate the alleged victim and assailant, preserve and protect the crime scene, if applicable, until the appropriate steps can be taken to collect any evidence, monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

In the past 12 months, the number of allegations that an inmate was sexually abused: 4. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser:



4. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0. Of these allegations, the number of times the first security staff member to respond to the report: 0. 1) Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. 2) Requested 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. 3) Ensured 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: 0. Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0. Of those allegations responded to first by a non-security staff member, number of times that staff member: 0. Requested that the alleged victim not take any actions that could destroy physical evidence. Notified security staff: 0.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: Based on the information listed and reviewed: Safe Prisons PREA Plan; SPPOM 05.01 Sexual Abuse Response and Investigation; and Unit Specific Plan.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. After learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall notify the supervisor, separate the alleged victim and assailant, preserve and protect the crime scene, if applicable, until the appropriate

steps can be taken to collect any evidence, monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. Refer the alleged victim and known abuser to medical and mental health services for examination and evaluation. If medical and mental health staff are not available at the time the allegation is made, staff first responders shall take preliminary steps to protect the victim and shall notify on-call medical or mental health staff. The nature and scope of treatment shall be determined by medical and mental health practitioners in accordance with CMHC policies and Section II.G. of this plan. The services of a victim advocate or OVR and additional information regarding coordinated response procedures found in the SPPOM.

Corrective Action: The auditor recommends no corrective action.

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

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

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

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

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

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

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

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

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

Based on the information listed and reviewed: PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees; PD-29 Sexual Misconduct with Offenders; and PD-35 Independent Dismissal Mediation and Dispute Resolution.

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

Corrective Action: The auditor recommends no corrective action.

## **Standard 115.67: Agency protection against retaliation**

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

#### **115.67 (a)**

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

#### **115.67 (b)**

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

#### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates

who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

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

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

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

#### **Documentation Reviewed:**

Based on the information listed and reviewed: PD-13 Sexual Harassment and Discourteous Conduct of a Sexual Nature; 90-day monitoring forms; PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees; PD-29 Sexual Misconduct with offenders; SPPOM 02.04 Intervention Practices; SPPOM 05.08 90-day monitoring for retaliation; SPPOM 05.08 Attachment N.O Offender 90-day Monitoring Form; SPPOM 05.08 Attachment N.S. Staff 90-day Monitoring Form; and Safe Prisons Plan.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Protection from Retaliation: Offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. The USPM shall monitor for incidents of retaliation in accordance with the SPPOM. As appropriate, multiple protective measures may be taken, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offender or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the USPM shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse, and of offenders who were reported to have been victims of sexual abuse, for changes that may indicate possible retaliation by offenders or staff, and shall act promptly to address any retaliation. Monitoring shall include a review of offender disciplinary reports and housing or program changes; and negative performance reviews and reassignments of staff. The monitoring shall continue beyond 90 days if circumstances dictate the need. The monitoring shall also include periodic status checks of offenders. The USPM on the facility where the incident was originally reported shall coordinate continued monitoring with the receiving USPM in the event the offender is transferred. If any other individual who cooperates with an investigation expresses a fear of retaliation, the TDCJ shall take appropriate measures to protect that individual against retaliation. If the TDCJ investigation determines the allegation to be unfounded, the monitoring shall be discontinued. The number of times an incident of retaliation occurred in the past 12 months: 0.

Corrective Action: The auditor recommends no corrective action.

## **Standard 115.68: Post-allegation protective custody**

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

**115.68 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documentation Reviewed:**

Based on the information listed and reviewed: Safe Prisons Plan; AD 03.50 Administrative Segregation; AD 04.63 Transient Status Offenders; Administrative Segregation Plan; ASC Review Decisions Attachment 12.00B; Guidelines for Administrative Segregation Committee Members 0714; and Protective Safe Keeping Plan.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0. From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months: 0, the number of case files that include BOTH (a) a statement of the basis for facility’s concern for the inmate’s safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.

Corrective Action: The auditor recommends no corrective action.

## INVESTIGATIONS

### **Standard 115.71: Criminal and administrative agency investigations**

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

#### **115.71 (a)**

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

#### **115.71 (b)**

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

#### **115.71 (c)**

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

#### **115.71 (d)**

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

#### **115.71 (e)**

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



**115.71 (f)**

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

**115.71 (g)**

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

**115.71 (h)**

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

**115.71 (i)**

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

**115.71 (j)**

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

**115.71 (k)**

- Auditor is not required to audit this provision.

**115.71 (l)**

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

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documentation Reviewed:**

Based on the information listed and reviewed: Safe Prisons PREA Plan; AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; SPPOM 05.05 Completing the Offender Protection Investigation; CTSD Safe Prisons Investigation Training; OIG 04.05 Offender Sexual Assault Investigations; AD-16.03 Evidence Handling; OIG OPM 03.72 Records Retention-PREA; AD 16.20 Reporting Incident Crimes to the Office of the Inspector General; OIG OPM05.15 Statements & Confessions; BP 01.07 Inspector General Policy Statement; SPPOM 05.11 Completing the Staff-on-Offender Sexual Abuse Investigative Worksheet; PD-29 Sexual Misconduct with Offenders; and Records Retention Schedule.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Investigations of sexual abuse, threats of sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigations involving allegations of sexual abuse shall be conducted by investigator who have received special training in sexual abuse investigations pursuant to this plan. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

There were a total of:

(4) sexual abuse allegations reported in the past twelve months;
(3) unsubstantiated,
(0) substantiated,
(1) unfounded and
(0) ongoing.
There was one offender-on-offender investigation and three staff-on-offender investigations reported.

Corrective Action: The auditor recommends no corrective action.

**Standard 115.72: Evidentiary standard for administrative investigations**

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

**115.72 (a)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Investigators and Investigation Criteria: No standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.

Based on the information listed and reviewed: Safe Prisons PREA Plan; CTSD Investigative Training; and SPPOM 05.05 Completing the Offender Protection Investigation.

There were a total of:

(4) sexual abuse allegations reported in the past twelve months;
(3) unsubstantiated,
(0) substantiated,
(1) unfounded and
(0) ongoing.
There was one offender-on-offender investigation and three staff-on-offender investigations reported.

The facility imposes a standard of a preponderance or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

**115.73 (b)**

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

**115.73 (c)**

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

**115.73 (d)**

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

**115.73 (e)**

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

**115.73 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*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.*

**Documentation Reviewed:**

Based on the information listed and reviewed: Safe Prisons PREA Plan; Agency Demonstration-Reporting-Offender Notification Letters; SPPOM 05.05 Attachment M- UCC Notification of OPI Outcome; SPPOM 05.11 Attachment F Staff-on-Offender Sexual Abuse Investigation; SPPOM 05.10 Reporting Sexual Abuse Criminal Case Status to Offenders; Statement of Fact; &SPPOM 05.05 Attachment J Offender Protection Investigation.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Allegations of sexual abuse and sexual harassment shall be referred to the OIG for investigation. These referrals shall be documented on the appropriate investigative forms contained within AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, for staff-on-offender allegations and the SPPOM for offender-on-offender allegations. The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 4. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 4. The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0. In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: 4. Of those notifications made in the past 12 months, the number that were documented: 4.

Corrective Action: The auditor recommends no corrective action.

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

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

**115.76 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Documentation Reviewed:

Based on the information listed and reviewed: Safe Prisons PREA Plan; WBP 07.15 Sexual Misconduct with Offenders; WBP 07.44 Professional Standards of Conduct and Disciplinary Guidelines; AD 16.20 Reporting Incident Crimes to the Office of Inspector General; PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees; and PD-29 Sexual Misconduct with Offenders.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. TDCJ has zero-tolerance for sexual misconduct, sexual abuse, and sexual harassment of offenders. An employee is prohibited from subjecting another employee, offender, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with offenders. Investigators and Investigation Criteria: Sexual Abuse and sexual harassment investigations alleged against staff shall only be conducted by a staff member with the rank of a captain or above. Unit Administrators shall ensure the investigating staff member is at least one rank above the accused staff member. If the OIG conducts administrative investigations against staff, the investigation shall be performed in accordance with OIG policies and procedures. All Staff-on-Offender sexual abuse and sexual harassment allegations against staff shall be reported, investigated and documented in accordance with PD-29 Sexual Misconduct with Offenders, AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents and AD-16.20, "Reporting Incidents/Crimes to the Office of the Inspector General." In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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



## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

Based on the information listed and reviewed: PD-29 Sexual Misconduct with Offenders; Safe Prisons PREA Plan; Volunteer Services Plan; Volunteer Training Facilitators Guide; Acknowledgment of Volunteer Training Orientation and Chaplaincy Manual 13.03 Ecclesiastical Endorsement.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The unit shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies by a contractor or volunteer.

In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

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

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

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

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

Based on the information listed and reviewed: Safe Prisons PREA Plan; Disciplinary Rules and Procedures for Offenders CMHC Policy E-35.1 Mental Health Appraisal for Incoming Offenders and SOTP 01.01 Overview of the Sex Offender Treatment Program.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse in accordance with the TDCJ Disciplinary Rules and Procedures for Offenders. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0. In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0.

Corrective Action: The auditor recommends no corrective action.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the

inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: CMHC Policy E-35.1 Mental Health Appraisal for Incoming Offenders; Safe Prisons PREA Plan; SPPOM 03.01 Attachment E; CMHC Policy E-35.2 Mental Health Evaluation; CMHC Policy G-57.1 Sexual Assault Sexual Abuse; CMHC H-61.1 Confidentiality and Release Protected Health Information; CPOM 02.05 Requirement to Contact Department of Family Protective Services; CMHC A-09.01 Privacy of Care; SPPOM 05.05 Completing the Offender Protection Investigation; and CMHC I-70.1 Informed Consent.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. If the screening pursuant to this section indicates an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. In the past 12 months, there were no inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health

practitioner. In the past 12 months, the percent of inmates who disclosed victimization during screening who were offered a follow-up meeting with medical or mental health practitioner: 100%.

Corrective Action: The auditor recommends no corrective action.

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

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

Based on the information listed and reviewed: CMHC A-01.01 Access to Care; Safe Prisons PREA Plan; SPPOM 05.01 Sexual Abuse Response and Investigation; CMHC Policy G-57.1 Sexual Assault & Sexual Abuse; and I-214 Referral to Mental Health Services.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement in accordance with CMHC policies. There were no investigative files for review during the audit cycle, confirming access to medical and mental health services are provided according to the standard. Treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Corrective Action: The auditor recommends no corrective action.

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

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

#### 115.83 (a)

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

#### 115.83 (b)

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

#### 115.83 (c)

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

**115.83 (d)**

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

**115.83 (e)**

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

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*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.*



Documentation Reviewed:

Based on the information listed and reviewed: SPPOM 05.01 Sexual Abuse Response and Investigation; CMHC G-57.01 Sexual Assault and Sexual Abuse; Safe Prisons PREA Plan; and CMHC E-44.1 Continuity of Care.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Responding to an allegation of sexual abuse requires a coordinated effort between unit security staff, the Office of the Inspector General (OIG), medical and mental health services, and victim advocates (where available) or an Offender Victim Representative (OVR). The following procedures provide a systematic notification and response process following a reported sexual abuse incident. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination.

All offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may be obtained by nursing staff. The facility physician/mid-level practitioner and ranking security officer are to be notified.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility.

Corrective Action: The auditor recommends no corrective action.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

##### 115.86 (a)

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

##### 115.86 (b)

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

##### 115.86 (c)

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

##### 115.86 (d)

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

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

Based on the information listed and reviewed: Safe Prisons PREA Plan; AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; Safe Prisons PREA Operational Manual 02.01 Role of Unit Investigative Team and UIT members.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical and mental health

practitioners when completing the review. It is the responsibility of the warden or supervisor, or ranking employee on duty, to report all allegations of sexual abuse and sexual harassment to the EAC via telephone as soon as possible, but no later than three hours after the incident or when the unit was made aware that the incident is reportable. In accordance with the Safe Prisons/PREA Plan, each unit warden shall designate a Unit Investigative Team to monitor the level of activity related to sexual abuse, sexual harassment, extortion, and offender violence for impact on safety and security.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 1. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 1.

Corrective Action: The auditor recommends no corrective action.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

**115.87 (f)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documentation Reviewed:**

Based on the information listed and reviewed: SPPOM Monthly Safe Prisons PREA Report; Safe Prisons PREA Plan; SPPOM 01.01 Safe Prisons PREA Management Office; BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement; OIG 04.05 Offender Sexual Assault Investigations; AD-02.15 Operations of the EAC and Reporting Procedures; and Surveys of Sexual Victimization.

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Accurate, uniform data shall be collected for every incident of sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions. Incident based sexual abuse data shall be aggregated at least annually. The incident-based data collected shall include, at a minimum, information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with Survey of Sexual Victimization confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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

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

**115.88 (a)**

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

**115.88 (b)**

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

**115.88 (c)**

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

**115.88 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. The TDCJ shall review data collected pursuant to Section VII.A of this plan in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures and training by  Identifying problem areas;  Taking corrective action on an ongoing basis; and  Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The agency makes its annual report readily available to the public at least annually through its website. [www.tdcj.texas.gov/tbcj/prea.html](http://www.tdcj.texas.gov/tbcj/prea.html). When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Sensitive information is not contained in the report.

Based on the information listed and reviewed: BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement; Safe Prisons-PREA Program Annual Report; and Safe Prisons Plan.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with documentation confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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

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

#### **115.89 (a)**

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

#### **115.89 (b)**

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

#### **115.89 (c)**

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

#### **115.89 (d)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

Based on the information listed and reviewed: TDCJ Safe Prisons/Prison Rape Elimination Act (PREA) Program prepared by PREA Ombudsman-Office of Inspector General 8/16; ED-02.29 Records Management; TDCJ Records Retention Schedule 5/14.

The Safe Prisons/PREA Plan (3/18) addresses Data Management: all data collected pursuant to Section VII.A shall be securely maintained. Aggregated sexual abuse data, from all TDCJ operated facilities, including privately contracted facilities, shall be readily available to the public at least annually, through a website or other means. Personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit, while maintaining the nature of the material. All sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless, federal, state or local law requires otherwise. Annual reports are approved by the TDCJ Executive Director and made readily available to the public through the TDCJ website.

Corrective Action: The auditor recommends no corrective action.

# AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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



**115.401 (b)**

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

**115.401 (h)**

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

**115.401 (i)**

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

**115.401 (m)**

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

**115.401 (n)**

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

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

The Texas Department of Criminal Justice demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

The auditor interviewed a representative sample of inmates, staff, supervisors, and administrators. The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The Texas Department of Criminal Justice publishes reports on their agency website and has otherwise made publicly available all Final PREA Audit Reports within 90 days of issuance by auditor. The agency website is [https://www.tdcj.texas.gov/divisions/arm/rev\\_stan\\_prea.html](https://www.tdcj.texas.gov/divisions/arm/rev_stan_prea.html). The facility is compliant with the reporting process and standard for this recertification review period.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Noelda Martinez  
\_\_\_\_\_  
**Auditor Signature**

3/2/19  
\_\_\_\_\_  
**Date**

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

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