

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

Interim       Final

**Date of Report**    5/14/19

### Auditor Information

<b>Name:</b> Noelda Martinez	<b>Email:</b> noelda@preaauditing.com
<b>Company Name:</b> PREA AUDITORS OF AMERICA, LLC	
<b>Mailing Address:</b> 14506 Lakeside View Way	<b>City, State, Zip:</b> Cypress, TX 77429
<b>Telephone:</b> (713) 818-9098	<b>Date of Facility Visit:</b> March 27-29, 2019

### Agency Information

<b>Name of Agency:</b> The Texas Department of Criminal Justice		<b>Governing Authority or Parent Agency (If Applicable):</b> State of Texas	
<b>Physical Address:</b> 861-B I-45 North		<b>City, State, Zip:</b> Huntsville, Texas 77320	
<b>Mailing Address:</b> P.O. Box 99		<b>City, State, Zip:</b> Huntsville, Texas 77342	
<b>Telephone:</b> (936) 295-6371		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency 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>Agency Website with PREA Information:</b> <a href="https://www.tdcj.texas.gov/tbcj/prea.html">https://www.tdcj.texas.gov/tbcj/prea.html</a>			

### Agency Chief Executive Officer

<b>Name:</b> Bryan Collier	<b>Title:</b> Executive Director of TDCJ
<b>Email:</b> Bryan.Collier@tdcj.texas.gov	<b>Telephone:</b> (936) 437-2101
<b>Name:</b> Lorie Davis	<b>Title:</b> Director, Correctional Institutions Divisions (CID)
<b>Email:</b> Lorie.Davis@tdcj.texas.gov	<b>Telephone:</b> (936) 437-2170
<b>PREA Coordinator Reports to:</b> Bryan Collier	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 92

## Facility Information

<b>Name of Facility:</b> Garza East Transfer Facility			
<b>Physical Address:</b> 4304 Highway 202, Beeville, Texas 78102			
<b>Mailing Address (if different than above):</b> -			
<b>Telephone Number:</b> (361) 358-9880			
<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> Joel Gauna	<b>Title:</b> Senior Warden
<b>Email:</b> Joel.Gauna@tdcj.texas.gov	<b>Telephone:</b> (361) 325-9880 ext. 1100

## Facility PREA Compliance Manager

<b>Name:</b> Marisa Deleon	<b>Title:</b> Unit Safe Prisons PREA Manager
<b>Email:</b> Marisa.Deleon@tdcj.texas.gov	<b>Telephone:</b> (361) 358-9880 ext. 1541

## Facility Health Service Administrator

<b>Name:</b> Tanya Lawson	<b>Title:</b> Senior Practice Manager
<b>Email:</b> tilawson@utmb.edu	<b>Telephone:</b> (361)358-9880 ext. 2204

## Facility Characteristics

<b>Designated Facility Capacity:</b> 2458	<b>Current Population of Facility:</b> 2368
<b>Number of offenders admitted to facility during the past 12 months</b>	2836
<b>Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	2147
<b>Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	2779
<b>Number of offenders on date of audit who were admitted to facility prior to August 20, 2012:</b>	0
<b>Age Range of Population:</b>	<b>Youthful Offenders Under 18:</b> - <b>Adults:</b> 19-70

Are youthful offenders housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful offenders housed at this facility during the past 12 months:			0	
Average length of stay or time under supervision:			9 months	
Facility security level/offender custody levels:			G1, G3, OT, Transient	
Number of staff currently employed by the facility who may have contact with offenders:			397	
Number of staff hired by the facility during the past 12 months who may have contact with offenders:			36	
Number of contracts in the past 12 months for services with contractors who may have contact with offenders:			1	
<b>Physical Plant</b>				
Number of Buildings: 12		Number of Single Cell Housing Units: 0		
Number of Multiple Occupancy Cell Housing Units:		0		
Number of Open Bay/Dorm Housing Units:		9		
Number of Segregation Cells (Administrative and Disciplinary):		50		
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 facility utilizes Security Operations to service the surveillance system at the Garza East Transfer Facility. The facility had six surveillance cameras positioned Entrance, Back gate, Staff shakedown and East gate to monitor offender and staff movement to include 66 security mirrors positioned in areas such as laundry, education, back gate, and medical to eliminate hidden areas and blind spots identified by the facility.				
<b>Medical</b>				
Type of Medical Facility:		Ambulatory medical, dental, and mental health services. Telemedicine, Digital Medical Services (DMS), and CPAP accommodating housing available on a single level. Managed by UTMB.		
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 offenders, currently authorized to enter the facility:			Volunteers 21,728 Unit: 79 Contractors: 23 shared	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			OIG 137 Unit: 9	

## 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 Garza East Transfer Facility, Texas Department of Criminal Justice (TDCJ) in Beeville, Texas was conducted on March 27-29, 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 conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings.

The first PREA Audit was conducted by PREA auditor Robert B. Ezell on March 14-17, 2016. The previous auditor conducted the audit as a complex with one exceeded standard, met 39 standards, and three not-applicable. The agency contract was secured through a third-party entity, PREA Auditors of America and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit. The third-party contract was signed by the auditor on September 3, 2018. The third-party contract assigns the auditors after the contract was contractor executed and clearly identifies the lead auditors responsibilities.

The facility was provided with the pre-audit questionnaire and process map six to eight weeks prior. The agency was prepared prior to receiving the audit information by mailing the USB-drive by FedEx to the auditor. The agency included an email with a tracking number and instructions on retrieving the confidential information and return of the USB-drive after the 15-month retention period. The auditor received the USB-drive within 2-3 days which included the pre-audit questionnaire, supporting documentation and master folder. 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 with the auditor information six to eight weeks prior to the audit in both English and Spanish for offenders to send confidential information or correspondence to the auditor. Offenders are allowed to write the auditor in a confidential manner marked as legal mail. The notices were posted throughout the facility to include visitation, housing units, restrictive housing, to include lower signs for offenders with disabilities. The auditor verified the audit notice on 3/24/19 during the onsite facility tour and through random offender interviews. The audit notice was observed by the auditor in the front lobby, visitation, central sally port entrance, education, food service, laundry, and housing units including the housing units, education, front office, maintenance area, and trusty camp.

The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administration during the tour, the facility administration was transparent with policies, procedures, offender and staff interviews. The staff encountered by the auditor were eager to assist and provide any information requested by the auditor with no hesitation. Good communication was maintained throughout the duration of the audit with the Senior Warden, Regional PREA Manager, Major and USPPM to include multiple departments heads and additional staff.

**Audit Methodology (Pre-Onsite Audit Phase):**

The auditor utilized the paper audit instruments which included the pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: agency head or designee, warden or designee, PREA compliance manager/contractor, specialized staff, random staff and offenders. The auditor also used the PREA auditor handbook for continued guidance, audit report template, process map and checklist of documents. The Senior Warden contacted the auditor prior to the audit to offer any assistance needed by the facility. The auditor established a positive working relationship with the Senior Warden and key facility staff engaging in a productive working atmosphere. The Senior Warden was exceptionally receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the Warden and his staff about the importance to have unfettered access to all areas of the facility, file review of personnel contractors, volunteers, and offenders to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (*PREA Auditor Handbook pg. 32 & 37*). The warden understood the importance of the audit process and review and with no hesitation provided access to the auditor. The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the warden the 45-day time frame for the submission of the final PREA report. The auditor also notified the Warden and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditors code of conduct to the PREA Resource Center. The warden and auditor discussed information regarding the 90-day appeal process.

**Point of Contact:**

A point of contact (*POC*) was established with the facility prior to the audit and constant communication was maintained. The auditor and warden discussed the location for interviews and decided that the staff and inmate interviews would be conducted in the majors office with plenty of room and privacy. During the audit planning and logistics phase, the auditor remained engaged with the warden, unit PREA manager, and regional PREA manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor provided the warden with the PREA audit memorandum (*PAM*) 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 information required.

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.

**Outreach/Community Based Victim Services:**

The auditor reached out to the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual) and spoke to a victim's advocacy representative organization prior to the onsite audit to learn about the issues of sexual safety and related concerns. The representative did not disclose any issues regarding the facility. The auditor followed up on any issues or concerns voiced by offenders or staff in a confidential manner 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 as required. During the facility tour, the auditor observed the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project in the offender housing units. The auditor observed the rape crisis center information in the following housing units: the front lobby, visitation, central sally port entrance, education, food service, laundry, education, front office, maintenance, and trusty camp.

Forty-seven offender interviews were conducted and only two stated they didn't pay attention to the rape crisis center information. The other 45 inmates expressed their knowledge of 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 located in the law library for offender use as needed.

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.

#### **On-Site Audit Phase:**

On the first day of the audit 3/27/19 an introductory meeting was held with the following staff in attendance: Senior Warden, Unit Safe Prisons Program Manager; the Regional Safe Prisons Manager and additional department heads and staff. The auditor was provided a work space for file reviews. The requested files for staff and offenders were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the Senior Warden, Regional PREA Manager, and USPPM for the facility tour. The auditor observed the operations at the facility and was given unimpeded access to areas requested by the auditor. 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. During the site review, the auditor interviewed food service, laundry and random correctional officers regarding the reporting and notification process. The staff interviewed were able to articulate the process in a consistent manner. The auditor reviewed the following functions to include intake and risk screening, cross-gender announcements in housing units, cross-gender viewing in housing areas, grievance boxes are located in the main offender dining area, zero-tolerance posters, auditor notice of onsite visit, access to reporting entities, housing activity, restroom and shower procedures, staffing ratios, cameras and surveillance deployment, working telephones, and supervision practices.

#### **Site Review/Locations:**

The following information describes the areas observed by the auditor during the site review which included, N-building, Administration building, Visitation, Dorms A, B, C, D, and E building, G-building, Restrictive Housing, Recreation yards, Commissary, Education, Food Service, Laundry/Necessities, Law Library, Mailroom, Boiler room, Gymnasium, and Back gate.

The auditor observed the Front lobby, Visitation, Warden's office, warden's secretary, Assistant Warden, Conference room, Officer break area, ACA office, Inmate Records, Human Resources, restrooms, and Central Control. The surveillance cameras are monitored from the Warden's office. During the site review, the auditor observed six working surveillance cameras. H-building had a total of one security mirror positioned to observe potential blind spots. The cameras were located in H-building, Back Gate staff office, front gate, and back gate. The Warden's office, Visitation and offices displayed the PREA zero-tolerance signs in both English and Spanish to include Third-party reporting. The Visitation area had the Auditor PREA notice posted and dated 2/15/19 in both English and Spanish. The zero-tolerance of sexual abuse and harassment were posted in both English and Spanish. There was security mirror in the front of visitation. The back area of visitation was observed by the auditor and there was a designated strip search location. The visitation officer was interviewed and explained that the strip search Stop sign in red was displayed showing that a strip search was in progress. Female Correctional officers are required to Knock and Announce prior to entering the back area and will not enter if a strip search of a male inmate is in progress. The strip search area entailed privacy screens and were only conducted by male correctional officers.



The inmate interviews determined that they had plenty of privacy when the strip searches were conducted and only conducted by male correctional officers. The PREA zero-tolerance signs were posted throughout visitation to include the search area in both English and Spanish.

Education department had two security mirrors at the entrance to include a total of four classrooms and four teachers with Third-party reporting signs made visible to the inmate population. The PREA zero-tolerance signs were posted in both English and Spanish to include the photo with information of the PREA compliance managers on the facility. The Peer Education classes are held monthly at the Garza East facility providing education to inmates about the Prison Rape Elimination Act in both English and Spanish. There were no cameras in the education building observed by the auditor. The inmate restrooms have full doors for privacy and no visibility for cross-gender viewing. Pat-searches are conducted in the Education Department however, strip searches are not conducted in the Education department. The Law Library was observed for PREA zero-tolerance signs, Third-party reporting and Rape Crisis Center information. The TAASA information is provided for all inmates in the law library. The auditor observed the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project.

Housing Unit A-Dorms 1, 2, 3, & 4 were observed by the auditor. Upon entrance to the dorm hallway, there was a large bulletin board displaying the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit along with lots of other PREA literature. The auditor observed the inmate janitor closet and utility closet for good lighting and staff access. The closets were clean, with working lights and PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project. There were no cameras in the housing units. The auditor observed the sign-in log and the Supervisor Unannounced Rounds were documented in red ink for easy visibility. The auditor entered A-3 dorm and observed male and female staff verbally make the announcement that a female was entering the dorm. The Knock and Announce is painted at the entrance of every door prior to entering the housing unit to include the Notice of Audit in both English and Spanish for the inmate population. The facility has reflective aluminum signs of PREA Standard 115.15 in both English and Spanish at the entrance of each dorm which is the type of metal that never rusts and works great in any weather condition. These signs consist of a reinforced plastic core between two aluminum sheets. The reflective portion was mounted to the surface. The housing unit has a photo of the three staff assigned to the PREA office with their contact information displayed for the inmate population. The inmate restrooms were provided with permanent privacy screens and the showers had privacy curtains providing privacy in each individual shower preventing cross-gender viewing. The warden explained that the (shower) privacy curtains were washed at least weekly for sanitation and or replaced as needed.

The auditor tested the phone lines which were in working condition. The grievances are available to the inmate population upon request they can also request it from the Grievance department is needed or any other staff member. Each dorm has a designated strip search area which is labeled in red and is in a private setting in a room with a door. The inmate strip searches are conducted in a private designated area with the same gender staff performing the searches. All strip searches are conducted in the designated strip search area only by male correctional officers. The recreation area was observed and there was one urinal for inmate use with a permanent privacy barrier prohibiting cross-gender viewing. The utility closet was observed with good lighting with staff limited access.

Dorm B- Dorms 1, 2, 3, & 4 were observed by the auditor. Upon entrance to the dorm hallway, there was a large bulletin board displaying the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit along with lots of other PREA literature. The auditor observed the inmate janitor closet and utility closet for good lighting and staff access. The closets were clean, with working lights and PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project. There were no cameras in the housing units. The auditor observed the sign-in log and the Supervisor Unannounced Rounds were documented in red ink for easy visibility. The auditor entered A-3 dorm and observed male and female staff verbally make the announcement that a female was entering the dorm. The Knock and Announce is painted at the entrance of every door prior to entering the housing unit to include the Notice of Audit in both English and Spanish for the inmate population. The facility has reflective aluminum signs of PREA Standard 115.15 in both English and Spanish at the entrance of each dorm which is the type of metal that never rusts and works great in any weather condition. These signs consist of a reinforced plastic core between two aluminum sheets. The reflective portion was mounted to the surface. The housing unit has a photo of the three staff assigned to the PREA office with their contact information displayed for the inmate population. The inmate restrooms were provided with permanent privacy screens and the showers had privacy curtains providing privacy in each individual shower preventing cross-gender viewing. The warden explained that the (shower) privacy curtains were washed at least weekly for sanitation and or replaced as needed.

Dorm C- Dorms 1, 2, 3, & 4 were observed by the auditor. Upon entrance to the dorm hallway, there was a large bulletin board displaying the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit along with lots of other PREA literature. The auditor observed the inmate janitor closet and utility closet for good lighting and staff access. The closets were clean, with working lights and PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project. There were no cameras in the housing units. The auditor observed the sign-in log and the Supervisor Unannounced Rounds were documented in red ink for easy visibility. The auditor entered A-3 dorm and observed male and female staff verbally make the announcement that a female was entering the dorm. The Knock and Announce is painted at the entrance of every door prior to entering the housing unit to include the Notice of Audit in both English and Spanish for the inmate population. The facility has reflective aluminum signs of PREA Standard 115.15 in both English and Spanish at the entrance of each dorm which is the type of metal that never rusts and works great in any weather condition. These signs consist of a reinforced plastic core between two aluminum sheets. The reflective portion was mounted to the surface. The housing unit has a photo of the three staff assigned to the PREA office with their contact information displayed for the inmate population. The inmate restrooms were provided with permanent privacy screens and the showers had privacy curtains providing privacy in each individual shower preventing cross-gender viewing. The warden explained that the (shower) privacy curtains were washed at least weekly for sanitation and or replaced as needed.

Dorm D- Dorms 1, 2, 3, & 4 were observed by the auditor. Upon entrance to the dorm hallway, there was a large bulletin board displaying the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project,



Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit along with lots of other PREA literature. The auditor observed the inmate janitor closet and utility closet for good lighting and staff access. The closets were clean, with working lights and PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project. There were no cameras in the housing units. The auditor observed the sign-in log and the Supervisor Unannounced Rounds were documented in red ink for easy visibility. The auditor entered A-3 dorm and observed male and female staff verbally make the announcement that a female was entering the dorm. The Knock and Announce is painted at the entrance of every door prior to entering the housing unit to include the Notice of Audit in both English and Spanish for the inmate population. The facility has reflective aluminum signs of PREA Standard 115.15 in both English and Spanish at the entrance of each dorm which is the type of metal that never rusts and works great in any weather condition. These signs consist of a reinforced plastic core between two aluminum sheets. The reflective portion was mounted to the surface. The housing unit has a photo of the three staff assigned to the PREA office with their contact information displayed for the inmate population. The inmate restrooms were provided with permanent privacy screens and the showers had privacy curtains providing privacy in each individual shower preventing cross-gender viewing. The warden explained that the (shower) privacy curtains were washed at least weekly for sanitation and or replaced as needed.

Dorm E- Dorms 1, 2, 3, & 4 were observed by the auditor. Upon entrance to the dorm hallway, there was a large bulletin board displaying the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit along with lots of other PREA literature. The auditor observed the inmate janitor closet and utility closet for good lighting and staff access. The closets were clean, with working lights and PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project. There were no cameras in the housing units. The auditor observed the sign-in log and the Supervisor Unannounced Rounds were documented in red ink for easy visibility. The auditor entered A-3 dorm and observed male and female staff verbally make the announcement that a female was entering the dorm. The Knock and Announce is painted at the entrance of every door prior to entering the housing unit to include the Notice of Audit in both English and Spanish for the inmate population. The facility has reflective aluminum signs of PREA Standard 115.15 in both English and Spanish at the entrance of each dorm which is the type of metal that never rusts and works great in any weather condition. These signs consist of a reinforced plastic core between two aluminum sheets. The reflective portion was mounted to the surface. The housing unit has a photo of the three staff assigned to the PREA office with their contact information displayed for the inmate population. The inmate restrooms were provided with permanent privacy screens and the showers had privacy curtains providing privacy in each individual shower preventing cross-gender viewing. The warden explained that the (shower) privacy curtains were washed at least weekly for sanitation and or replaced as needed.

The Gymnasium had a bulletin board with the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center sign displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project. There were no cameras in the housing units. The inmate restroom area had privacy screens to prevent cross-gender viewing. If inmates are strip searches in the gym, the gym has a total of three portable privacy screens for strip searches to be conducted. There is a strip search area where all strip searches will be conducted by the same gender staff.

There were no surveillance cameras in the gym and no security mirrors were identified by the auditor. The commissary area was observed by the auditor and does not have any surveillance cameras. The commissary area had a total of six security mirrors for visibility of any potential blind spots. The inmates entering and exiting the commissary work area are strip searched in the hallway, in the designated strip search area where a large privacy portable device in a tri-fold display is utilized by same gender staff. The large privacy portable device is made out of metal with full coverage during the strip search of an inmate. The privacy portable device can be repositioned in any form to prevent cross-gender viewing providing plenty of coverage during a strip search.

K-building: The Laundry/Necessities department had a total of three security mirrors. The inmates entering and exiting the commissary work area are strip searched in the hallway, in the designated strip search area where a large privacy portable device in a tri-fold display is utilized by same gender staff. The large privacy portable device is made out of metal with full coverage during the strip search of an inmate. The privacy portable device can be repositioned in any form to prevent cross-gender viewing providing plenty of coverage during a strip search. The Laundry department had a bulletin board with the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project. There were no cameras in laundry department. The inmate restrooms had sufficient privacy with no opportunity for cross-gender viewing.

The Maintenance Department had a total of one security mirror. The inmates utilize the restroom across the hall in the Laundry/necessities department. The inmates entering and exiting the commissary work area are strip searched in the hallway, in the designated strip search area where a large privacy portable device in a tri-fold display is utilized by same gender staff. The maintenance department had a seven employees (two female staff and five male staff). There were 10/15 inmates assigned to the maintenance department on different shifts. The large privacy portable device was made out of metal with full coverage during the strip search of an inmate. The privacy portable device can be repositioned in any form to prevent cross-gender viewing providing plenty of coverage during a strip search. The maintenance department had a bulletin board with the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project. There were no cameras in maintenance department. The Medical department had the PREA signs displayed in both English and Spanish. The staff assigned were UTMB employees.

The Food Service department had a total of six security mirrors positioned throughout the kitchen to prevent and elimination potential blind spots. The auditor observed a large bulletin board displaying the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information with addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit along with lots of other PREA literature. The Zero-Tolerance information signs were posted throughout the Food Service department to include Large painted signs in both English in Spanish for the inmate population. The inmate restrooms had a full door and the window painted half-way for full privacy from the cross-gender viewing. There was no visibility or the potential for cross-gender viewing of the opposite gender for the inmate restroom area. The food service department had two production managers, one food service manager and three correctional officers assigned to the kitchen. The food service department assigns inmates throughout the day on different shifts. The auditor observed the serving line, production, dishwashing area, coolers, freezers, commissary storage, lighting, electrical and other closets, back dock, offices, staff restrooms, and the open layout in the kitchen for clear visibility. During the site review, the Warden explained how they identified areas above the kitchen that did not have sufficient lighting prior to the

audit, and how the Garza East facility added an additional 10 light fixtures and 1669 light bulbs throughout the facility including this area to ensure the safety and security of staff and inmates. The Trusty Camp had 268 lightbulbs replaced and the Main Chase field Laundry department had 15 additional light fixtures and 212 light bulbs replaced. The Inmate Dining Area had a large painted display of the PREA signs in both English and Spanish for the inmate population.

G-building is composed of a main control center for the dormitory housing units. The following officers are in this building: Parole Offices, Majors Office, Chaplains Office, Restrictive Housing, Counsel Substitute Office, Offender Grievance, Classification, Safe Prisons/PREA, Risk Management and Security Threat Group. G-building has a holding area for inmates and there is a separate restroom with a full door with privacy from cross-gender viewing. The inmates enter through a side gate with a security mirror for observation from the control center. The inmates enter the sally port with a designated strip search area and a permanent privacy barrier where a male correctional will perform the strip search. The inmates will be escorted to the holding area. The officer barber shop is located in the building and the bulletin boards were observed for PREA signs and Third-party reporting. Prior to the auditor entering the Restrictive Housing Unit, the announcement of female on the floor was verbally made by the staff assigned to the area. The auditor observed the cells and shower areas for privacy and the PREA signs were displayed in both English and Spanish. The auditor observed two security mirrors positioned in the corners for full view and visibility of the area. The auditor observed the inmate recreation dayroom for privacy. The urinal is located inside the recreation dayroom and there is a window which was painted to provide visibility and privacy for restroom use. The auditor observed the outside recreation and the urinal had a permanent privacy barrier and coverage for full privacy.

Name of Record	Number Reviewed
Employee Files/Training Records	21
Volunteer Files	8
Inmate Files	45
Investigation Files	8
Contract Files	25
Training Records/Supervisors	12

**Employee Files:** The auditor reviewed a total of 21 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit.

**Inmate Files:** The auditor received a total of 45 files which corresponded with the inmate interviewed during the onsite phase of audit meeting all required categories.

**Investigation Files:** The facility had a total of eight sexual abuse allegations in the past twelve months; three unsubstantiated, five unfounded, none substantiated, & no ongoing investigations. Four of the allegations were Offender-on-Offender (no cases opened) and four were Staff-on-Offender (no case opened). The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unsubstantiated	No case opened

Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened

The documentation provided to the auditor included TDCJ forms utilized by the agency, education materials, training curriculums, organizational charts, posters, brochures, reports, offender 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 security mirrors and seven surveillance cameras positioned throughout the facility and outer perimeter to monitor offender and staff movement.

On 3/27/19, the Garza East Transfer Facility offender population was 2263 with a designed facility capacity of 2458. The auditor contact information was posted throughout the unit. The staff interviewed by the auditor were professional and cooperative with the auditor during the audit process. A unit layout of the facility was provided by the PREA Coordinator consisting of all housing areas and camera locations. The Garza East Transfer Facility physical plant has 12 buildings, 0 single housing unit; 0 multiple occupancy cell housing units, 9 open bay/dorm housing units, and 50 segregation cells. The average length of stay or time under supervision is nine months and custody G1-G3, OT, & Transient. The unit had a total of 397 staff currently employed who may have contact with offenders.

**Staff Interviews**

The auditor conducted offender and staff interviews on 3/28 & 3/29, 2019 as part of standard 115.401 (k)(m) with privacy in an office setting. A list of offenders, 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 3/29/19 with no staff refusals. Staff interviews were conducted in a private setting in the administration building in a separate office on an individual basis with no distractions or delays. Previous Interviews conducted: one agency head or designee and one agency PREA coordinator.

The auditor conducted the following interviews with facility staff during the onsite phase of the audit:

Category of Staff	Interviews Conducted
Random Staff (Total)	22
Specialized Staff (Total)	28
Total Staff Interviewed	50
Breakdown of Specialized Staff Interviews:	

Intermediate or higher-level facility staff <ul style="list-style-type: none"> <li>• Major</li> <li>• Captain</li> <li>• Lieutenant</li> <li>• Sergeant</li> <li>• Food Service</li> <li>• Maintenance</li> </ul>	6
Medical and mental health staff	2
Non-medical staff involved in cross-gender strip searches	0
Human resource staff	1
SANE staff (telephonic interview offsite hospital)	1
Volunteers and Contractors who have contact with inmates	4
Investigative staff	2
Staff who perform screening for risk of victimization	2
Staff who supervise inmates in segregation housing	1
Incident review team	1
Designated staff member charged with monitoring retaliation	2
First responder, security staff	1
First responder, non-security staff	0
Intake staff	1
Mailroom	1
Law library	1
Chaplain	1
Chief of Classification	1
Grievance	1
Laundry	1
Education	1
Unit Commissary	1
Inmate Records	1

**Offender Interviews:**

The auditor conducted offender interviews on 3/28/19 with no offender refusals. The auditor selected a geographically diverse sample of random male offenders for the audit process to include housing units by a selecting the first and tenth of every housing unit.

Category of Inmates	Interviews Conducted
<b>Random Inmates (Total)</b>	<b>25</b>
<b>Targeted Inmates (Total)</b>	<b>22</b>
<b>Total Inmates Interviewed</b>	<b>47</b>
Breakdown of Targeted Inmate Interviews:	
• Youthful inmates	0
• Inmates with physical disability	0
• Inmates who are blind	0
• deaf	0
• hard hearing	2
• Inmate who are LEP	11
• Inmates with a cognitive disability	5

• Inmates who identify as lesbian, gay, or bisexual	3
• Inmates who identify as transgender or intersex	0
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
• Inmates who reported sexual abuse	0
• Inmates who reported sexual victimization during risk screening	1

Offenders were interviewed in the majors office, in a separate room on an individual basis with privacy and sufficient time. The offenders were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for offenders to report sexual abuse and sexual harassment. The offenders 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. No offenders refused during the offender interview process.

An exit meeting was held on 3/29/19 to discuss the overall audit process with the 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 victim advocates, 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 offender interviews. The Post Audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility, staff, and offenders.

The first PREA Audit was conducted by PREA auditor Robert B. Ezell on March 14-17, 2016. The previous auditor conducted the audit as a complex with one exceeded standard, met 39 standards, and three not-applicable. During the second audit cycle on March 27-29, 2019 by Noelda Martinez, the auditor determined that the facility is 100% compliant with the Prison Rape Elimination Act standards for this relevant review period with no necessary corrective action required. In addition, the auditor determined the facility exceeded five standards which included 115.11, 115.15, 115.31, 115.33 & 115.53, due to the exceptional documentation provided & reviewed including primary and secondary; and awareness made throughout the facility of the zero-tolerance of sexual abuse & sexual harassment to include the facility practice. 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 offender, 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 Garza East Transfer Facility is located four miles east of Hwy 181 South on Hwy 202 in Bee County. The facility address and phone number is 4304 Highway 202, Beeville, TX 78102 (361) 358-9880. The facility approximate acreage is 304 (Co-located with Garza West) and formerly owned by the U.S. Navy and operated as Chase Field. The facility was established in February of 1994. The Garza East Transfer facility has a visitor check-in and arsenal building outside the fence at the main entrance, an administration, education with a law and recreational reading library and visiting park combination building just inside the fence, with a central control room and gate at the rear of the administration building for entrance to the compound. The general population housing units each consist of four separate open bay dorms with an open area for the individual shower with privacy curtains and toilet areas with privacy barriers; to include a day room with an officer (control area) picket in the middle. There is a stand-alone Trusty Camp (W6) which is attached to the Garza East Transfer facility. The trusty camp has three levels with multiple sectioned housing units with a capacity of 480 male adult offenders. The officers are positioned outside on the walk-way on each floor and the offenders have single restroom stall and a single shower with privacy from the opposite gender. The Garza East Transfer Facility has one satellite facility which is the trusty camp. The facility received the ACA reaccreditation in March of 2016.

### Programs/Facility Operations:

- Facility Operations: Region IV (Southwest Region) Maintenance Headquarters; Unit Maintenance.
- Substance Abuse Screening and Assessment; Narcotic/Cell Phone Detection Canines; Laundry services provided for Garza West.
- Medical Capabilities: Ambulatory medical, dental, and mental health services. Telemedicine, Digital Medical Services (DMS), and CPAP accommodating housing available on a single level. Managed by UTMB.
- Educational Programs: Literacy (Adult Basic Education/GED), CHANGES/Pre-Release.
- Additional Programs/Services: Faith Based Dormitory, Adult Education Program (upon availability), Life Decisions Program, Peer Education, Reentry Planning, Chaplaincy Services, GO KIDS Initiative.
- Community Work Projects: None
- Volunteer Initiatives: Substance Abuse Education, Life Skills, Support Groups, Religious/Faith Based Studies and Activities, Administrative Segregation Outreach Program.

Total employees	442
Security employees	324
Non-security employees	65
Windham Education employees	6
Contract medical employees	42
Mental health employees	5
Offender gender	Male
Maximum capacity	1,978
Maximum capacity trusty camp	480
Custody levels housed	G1-G4, Outside Trusty, Transient

Inside the secure perimeter are brick and metal structures which contain space for food service, education, medical and dental clinics, central control center, boiler room, visitation area, commissary, educational, offender housing (dormitory and cell block), recreation yard, gymnasium, and laundry. Located outside the secure perimeter, along with the agricultural operations, are the armory, maintenance, and trustee camp. The trustee camp provides workers for the field operations and maintenance and has its own kitchen and laundry. The housing units consist of A dorm, B dorm, C dorm, D dorm, E dorm and Restrictive Housing.

**Video Surveillance:**

The facility provided the auditor with a surveillance camera report of all the locations describing the types of cameras: digital and zoom-pan-tilt. The cameras are monitored from the Warden's office. During the site review, the auditor observed six working surveillance cameras. The facility had a total of 66 security mirrors positioned throughout the facility to include H-building (1), Education (2), Main Hallway (2), K-building hallway (2), Commissary (6), Maintenance (1), Necessities (3), Medical (1), G-building (2), Supply (1), Restrictive Housing (2), Food Service (6), ODR (1), Dorms (36). The security mirrors were positioned in areas identified by the facility as potential blind-spots or areas requiring more visibility for the overall safety.

**Mission Statement:**

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.

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: The auditor recommends no 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:** 5

115.11, 115.15, 115.31, 115.33, 115.53

**Number of Standards Met:** 38

115.12, 115.13, 115.14, 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, 115.54, 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, 15.87, 115.88, 115.89

**Number of Standards Not Met:** 0

-

**Summary of Corrective Action: The auditor recommends no corrective action. (if any)**

The first PREA Audit was conducted by PREA auditor Robert B. Ezell on March 14-17, 2016. The previous auditor conducted the audit as a complex with one exceeded standard, met 39 standards, and three not-applicable. During the second audit cycle on March 27-29, 2019 by Noelda Martinez, the auditor determined that the facility is 100% compliant with the Prison Rape Elimination Act standards for this relevant review period with no necessary corrective action required. In addition, the auditor determined the facility exceeded five standards which included 115.11, 115.15, 115.31, 115.33 & 115.53.

## 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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

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

- a. Safe Safe Prisons/PREA Plan (*March 2018*)-PREA Table of Contents
- b. Designated agency PREA head from the Executive Director;
- c. Agency organizational chart
- d. Post Order-07-150 Unit Safe Prisons/PREA Manager
- e. Unit organizational Chart
- f. Executive Director 03.03 Safe Prisons/PREA program

**Interviews:**

- a. PREA Coordinator
- b. PREA Compliance Manager

The interviews conducted during the audit determined they have sufficient amount of time to complete their duties and responsibilities. The Texas Department of Criminal Justice has assigned the CID Director as the Agency-Wide PREA Coordinator, PREA Ombudsman Office has a Certified PREA Auditor, Administrative Review & Risk Management Office has a Certified PREA Auditor, a Safe Prisons/PREA Management Office, a PREA Regional Manager and a designated Unit Safe Prisons PREA Manager. The USPPM superb organizational skills in guiding the facility towards a successful outcome. The facility is equipped with the staff required, resources, & support staff. The facility areas observed by the auditor extremely clean, and staff interviewed displayed integrity & professionalism.

**Site Review Observations:**

- a. PREA signage throughout the facility
- b. Cross-gender announcements/viewing (showers/toilet areas in housing units, gyms, recreation yard)

**Findings:**

**115.11 (a)** 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.

**115.11 (b)** The director of the Correctional Institutions Division is appointed as the PREA coordinator and through interviews determined they have a TDCJ Safe Prisons/PREA Plan to ensure 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. The PREA coordinator interview determined that there was enough time to fulfill all the duties and responsibilities required.

**115.11 (c)** The policy and procedures establish the responsibilities to implement a zero-tolerance policy for prohibiting, preventing, detecting, responding to and investigating the sexual abuse and sexual harassment of offenders. The facility has a detailed policy and organizational chart the auditor was provided during the pre-audit phase of the audit. 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 site review. 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 Garza East Transfer Facility displayed all forms of zero-tolerance posters, signs, and notices meeting the standard for the recertification period.

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

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

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

### 115.12 (a)

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

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders 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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### Documentation Reviewed:

1. Pre-Audit Questionnaire
2. 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.



**Findings:**

**115.12** 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 offenders for the Garza East Transfer Facility . Employees of private business and governmental entities contracting with the Texas Department of Criminal Justice,

**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 offenders 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 offenders 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 offenders 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 offender 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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

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

### Documentation Reviewed:

1. Security Operations Procedures Manual 07.02 Deletion
2. New Installation or relocation of video surveillance equipment
3. Security Operations Procedures Manual Turnout Roster Management 08.0;
4. Safe Prisons/PREA Plan 3/18
5. Security Operations Procedure Manual 08.06 Annual Review Turnout Rosters
6. Administrative Directive 11.52 Security Staffing
7. PD-22 General Rules of Conduct & Disciplinary Action Guidelines for Employees
8. Post Order 07.005 Sergeant of Correctional Officers
9. Post Order 07.004 Lieutenant of Correctional Officers
10. Post Order 07.003 Captain of Correctional Officers
11. Post Order 07.002 Major of Correctional Officers
12. Staffing Plan Review 2016, 2017, 2018
13. Staffing Roster

### Interviews:

1. Intermediate or Higher-Level Staff
  - a. Major of Correctional Officers
  - b. Captain of Correctional Officers
  - c. Lieutenant of Correctional Officers
  - d. Sergeant of Correctional Officers
  - e. Maintenance Supervisor
  - f. Food Service Supervisor
  - g. Staff interviews (supervisor visibility)
  - h. Inmate interviews (supervisor availability)

### Site Review Observations:

1. Shift Turnout rosters (signature/location of unannounced rounds)
2. Video footage/visibility of supervisors

### 3. Logbooks (unannounced round signatures)

#### Findings:

**115.13 (a)** The TDCJ Safe Prisons/PREA Plan (dated 3/18) addresses the standard: Supervision and Monitoring (§115.13) The supervision of offender will be conducted by supervisors at each unit shall conduct and document 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.

**115.13 (b)** The staffing plans were reviewed to include the staffing plan review minutes by the auditor. The Garza East Transfer Facility staffing plan was reviewed prior to the onsite audit. The staffing plan provides adequate staffing levels, video monitoring to protect offenders against sexual abuse. Intermediate and Upper-level Supervisors are conducting unannounced rounds on all shifts daily to include night shift with no patterns identified.

**115.13 (c,d)** This determination is based on the staffing plan reviews, staffing rosters, interviews conducted with facility intermediate staff or higher-level staff who conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The auditor reviewed the documentation of unannounced rounds covering day and night shifts at different times. The supervisors interviewed during the audit 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 offender population to include the facility layout and characteristics, classifications of offenders, and unique security needs and programming. The staffing plan was reviewed for the normal and expected operational conditions that can affect staffing shortages include transports, two permanent security positions at a vacant prison facility, constant/direct observation, major projects, and staff assisting other units 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 offenders

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

#### 115.14 (a)

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

#### 115.14 (b)

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

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

##### Documentation Reviewed:

1. Pre-Audit Questionnaire
2. Safe Prisons PREA Plan

##### Findings:

The Garza East Transfer Facility 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 offenders in non-exigent circumstances? (N/A here for facilities with less than 50 offenders before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 offenders 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 offenders?  Yes  No

**115.15 (d)**

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

**115.15 (e)**

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

**115.15 (f)**



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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### Documentation Reviewed:

1. On the Job Training (OJT) Procedures Manual
2. AD-03.22 Offender Searches
3. Safe Prisons-PREA Plan 3/18
4. Security Manual Table of Contents
5. ED-01.21 Policies and Procedures System
6. PO -07-015 Shower Room Officer
7. SM-01.01 Correctional Institutions Division (CID) Security Policies and Procedures System
8. Correctional Training and Staff Development FY 2019 PREA Program (pre-service) (non-supervisor)
9. “Cross-Gender Viewing & Searches/LGBTI Offenders In-service & Prep-Service Training
10. Safe Prisons/PREA Operational Manual 02.05 Cross-Gender Searches and Log

#### Interviews:

1. Random Staff
2. Random Offenders

#### Site Review Observations:

During the facility tour, the auditor observed the toilet areas, showers, recreation toilets, & work restrooms with shower curtains, privacy screens or modesty barriers preventing cross-gender viewing from staff of the opposite gender. The facility did a good job at providing privacy screen and privacy barriers throughout the facility. The

Garza East Transfer Facility had all forms of zero-tolerance posters, signs, notices, and information posted throughout the facility in the front lobby, visitation, central sally port entrance, education, food service, laundry, and housing units including A, B, C, D, and E; open dorm housing units, back gate shake down area, education, front office, maintenance area, trusty camp dayrooms. The auditor concluded the facility complies with the standard for the relevant recertification period.

**Findings:**

**115.15 (a-f)** 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 saying “female on the floor” when entering the offender housing areas. The Regional PREA Managers provide training for each facility and the USPPM are 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 Garza East Transfer Facility does not house female offenders and did not house intersex or transgender offenders in the past 12 months.

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. All offenders interviewed clearly described their ability to shower, change clothes, and use the toilet without the opposite-gender staff viewing them. The offender interviews indicated staff of the opposite gender make an announcement prior to entering the housing unit for privacy reasons.

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

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

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

**115.16 (a)**

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

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

#### 115.16 (b)

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

#### 115.16 (c)

- Does the agency always refrain from relying on offender interpreters, offender readers, or other types of offender assistance except in limited circumstances where an extended delay in obtaining an effective

interpreter could compromise the offender's safety, the performance of first-response duties under §115.64, or the investigation of the offender'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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

#### Documentation Reviewed:

1. Safe Prisons/PREA Plan (3/18);
2. Intake Procedures 1.10;
3. AD-06-25 Qualified Interpreter Services-American Sign Language;
4. Correctional Managed Health Care Policy Manual G.51.1 Offenders with Special Needs;
5. Safe Prisons/PREA Program Postings and Brochures 02.03;
6. Qualified Spanish Interpreter Guidelines SM-05.50;
7. Certified American Sign Language (ASL) Interpreter Services G-51.5;
8. AD 04.25 provides language assistance services to offenders identified as monolingual Spanish speaking;
9. Intake Processing of Offenders in need of an Interpreter 6.05;
10. Interpreter Services E-37.5;
11. SPPOM Offender Assessment Screening 03.01;
12. Psychiatric and Developmental Disabilities PO-07105;
13. List of Spanish Interpreters;
14. TDCJ Health Services Liaison Facility Types List Definitions;
15. A list of Staff who speak a language other than English or Spanish.

#### Interviews:

1. Warden
2. PREA Manager
3. Random Staff
4. Intake Staff
5. Medical staff

**Site Review Observations:**

The facility takes appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 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 offenders who are limited English proficient. The facility has signage displayed in both English and Spanish in the housing units, medical, intake area, Education, Administrative offices and department heads.

**Findings:**

**115.16 (a-c)** The Safe Prisons/PREA Plan (3/18) addresses offenders 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 offender 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.

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

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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



### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### Documentation Reviewed:

1. Standard of Supplemental Safe Prisons/PREA Training/Employee Acknowledgement Form;
2. Employment Application Supplement for Agency Applicants;
3. Applicants with pending criminal charges or prior criminal convictions PD-75;
4. Selection Criteria for Correctional Officer Applicants PD-73;
5. Employment Application Supplement PERS 282;
6. TDCJ Application Clearance; & Selection System Procedures PD-71

#### Interviews:

1. Human Resource Manager

#### Site Review Observation:

The auditor reviewed a total of 36 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit.

**Findings:**

**115.17 (a-h)** 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. A.1.b. 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. The auditor concluded the facility complies with the standard for the relevant recertification period. The auditor reviewed the facility operating policies and procedures along with primary & secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed offenders and staff during an on-site visit and tour of the facility. The facility provided the auditor with employee background checks of staff and contractors who may have contact with offenders confirming compliance with the standard for this recertification review period.

**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 offenders from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  Yes  No  NA

**115.18 (b)**

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

**Auditor Overall Compliance Determination**

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

- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### **Documentation Reviewed:**

1. SOPM 07.02 Deletion,
2. New Installation or Relocation of Video Surveillance Equipment;
3. Operating and Monitoring Video Surveillance Systems SM 01.14.
4. The facility utilizes Security Ops for the surveillance system at Garza East Transfer Facility

#### **Interviews:**

1. Warden

#### **Site Review Observations:**

The facility provided the auditor with a surveillance camera report of all the locations describing the types of cameras: digital and zoom-pan-tilt. The cameras are monitored from the Warden's office. During the facility tour, the auditor observed working surveillance cameras in different areas. The facility had security mirrors positioned throughout the facility to include areas in the food service department, laundry department, education department, G building, commissary department, back gate, and the medical department. The security mirrors were positioned in areas identified by the facility as potential blind-spots or areas requiring more visibility for the overall safety.

#### **Findings:**

**115.18 (a-b)** The Safe Prisons/PREA 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 Prison/ 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 quantity of cameras allocated may be increased or decreased as required by unit mission changes, staffing changes, offender security designation, or to protect offenders against sexual abuse. Requests to change the unit's camera allocation will be made utilizing the following procedures. Whenever necessary, but no less frequently than once each year the Unit Warden shall review the deployment of video monitoring systems to ensure adequate coverage is provided to protect against sexual abuse. The unit Warden shall collect any relevant information from the agency Safe Prison/ PREA Compliance Manager containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year.

**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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### **Documentation Reviewed:**

1. SPPOM 02.02 Offender Victim Representative;
2. Reviewed RCC MOU;
3. Reviewed five letters showing efforts to obtain services for local Rape Crisis Centers;
4. Safe Prisons/PREA Plan 3/18;
5. Reviewed list of OVR Representatives;
6. CTSD Offender Victim Representative (OVR) Training;
7. Reviewed over sixty attempts to solicit community rape crisis organizations;
8. TAASA Service Directory;
9. CMHC G-57-01 Sexual Assault/Sexual Abuse;
10. TDCJ Office of Inspector General OIG-04.05 Offender Sexual Assault Investigations;
11. Safe Prisons/PREA Operational Manual-Sexual Abuse Response & Investigation 05.01;
12. Evidence Handling AD-16.03

#### **Interviews:**

1. SANE/SAFE Staff (telephonic interview offsite location/hospital)
2. Random Staff
3. PREA Compliance Manager
4. Medical Staff

#### **Site Review Observations:**

The Garza East Transfer Facility had two Offender Victims Representatives which have been trained. The auditor interviewed an offender victims representatives on the facility. The facility transports all sexual assault victims to the local hospital where on-call SANE nurses are available 24/7. The auditor contacted the SANE/SAFE nurse at the Corpus Christi Driscoll Hospital on 3/24/19. A telephonic interview took place and the SANE/SAFE nurse confirmed the forensic medical examination process at the hospital once the offender is transported.

#### **Findings:**

**115.21 (a-h)** The Safe Prisons/PREA Operational Manual-Offender Victim Representative; Written policy and procedure require the TDCJ to make available to an offender victim of sexual assault, a victim advocate from a rape crisis center. When an advocate from a rape crisis center is not available to provide emotional support advocacy services following an allegation of sexual assault, the TDCJ shall upon request of the offender victim,

provide an OVR to support the offender victim through the forensic medical examination process and investigatory interviews. The OVR shall provide emotional support, crisis intervention, information, and referrals. 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 auditor reviewed the facility operating policies and procedures along with primary & secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed offenders and staff during an on-site visit and tour of the facility. The facility provided the auditor with Offender Victim Representative (OVR) Training confirming compliance with the standard for this recertification review period.

**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: The auditor recommends no 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: The auditor recommends no 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 Action: None requires taken by the facility.*

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

**Documentation Reviewed:**

1. AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents;
2. SPPOM 05.05 Completing the Offender Protection Investigation;
3. Safe Prisons PREA Plan;
4. SPPOM 05.01 Sexual Abuse Response and Investigation;
5. AD-16.20 Reporting incidents Crimes to the Office of the Inspector General;
6. OIG-04-05 Offender Sexual Assault;
7. BP-01.07 Inspector General Policy Statement;
8. PD-29 Sexual Misconduct with Offenders

**Interviews:**

1. Warden

**Site Review Observations:**

**Investigation Files:** The facility had a total of eight sexual abuse allegations in the past twelve months; three unsubstantiated, five unfounded, none substantiated, & no ongoing investigations. Four of the allegations were Offender-on-Offender (no cases opened) and four were Staff-on-Offender (no case opened). The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition
-------------	--------	---------------------------

Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened

**Findings:**

**115.22 (a-c)** The Safe Prisons/PREA Plan (3/18) addresses this standard in the policy. Allegations of sexual abuse and sexual harassment shall be referred 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. 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.

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 offenders and staff during an on-site visit and tour of the facility. The auditor reviewed ten investigator training files who were trained in conducting sexual abuse investigations in confinement settings. The auditor reviewed the Office of Inspector General NIC training confirming compliance with the standard for this recertification review period.

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

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

**Documentation Reviewed:**

1. Staff Training Acknowledgement forms;
2. Correctional Training and Staff Development 2018/Safe Prison PREA Program/Supervisor In-Service Training;
3. Correctional Training and Staff Development 2018 Pre-Service Training
4. Safe Prisons Module: Sexual Abuse/Assault;
5. CTSD Pre-service Training Block 1 Safe Prisons/PREA Plan;
6. Safe Prisons PREA in Texas-Video Script;
7. Safe Prisons/PREA Plan; CTSD Non-Supervisor In-Service Training Safe Prisons PREA;
8. SM-02.02 On-the-Job Training (OJT) Program;
9. AD 12.20 Implementation & Operation of the TDCJ In-Service Program;
10. ED-12.10 TDCJ Training Database;
11. PD-97 Training and Staff Development;
12. Pre-Service Training Offender Protection Investigations;
13. PD-29 Sexual Misconduct with Offenders;
14. SPPOM 06.01 Unit Safe Prisons PREA Program Awareness Training

**Interviews:**

1. Random Staff

**Site Review Observations:**

<b>Name of Record</b>	<b>Number Reviewed</b>
Employee Files	21
Volunteer Files	8
Inmate Files	45
Investigation Files	8
Contract Files	57
Training Records/Supervisors	12

**Employee Files:** The auditor reviewed a total of 21 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit.

**Inmate Files:** The auditor received a total of 45 files which corresponded with the inmate interviewed during the onsite phase of audit meeting all required categories.

**Findings:**

**115.31 (a-d)** 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 threatened and actual sexual abuse; how to avoid in appropriate relationships with offenders; how to communicate effectively and professional with LGBTI offenders; 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 facility provided the auditor with Standard/Supplemental Safe Prisons/PREA Training Employee Acknowledgement forms, Employee Training, curriculums additional forms of 21 training files 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. The number of staff employed by the facility, who may have contact with inmates, who were trained or retrained on the PREA requirements 391.

The staff interviewed by the auditor were knowledgeable of PREA requirements and expectations as it relates to reporting, investigations, and treatment of offenders reporting PREA related issues. The staff interviewed by the auditor were experienced and well versed in evidence collection and reporting expectations. The auditor concluded that the facility complies with 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 offenders have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

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

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

#### **115.32 (c)**

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

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

**Documentation Reviewed:**

1. Administrative Directive-02.46 Employees of Private Business and Governmental Entities Contracting with the TDCJ;
2. CMHC C-25.1
3. CMHC C-19.1
4. Administrative Directive 16.03
5. UTMB NEO Training and Schedule
6. PD-29 Sexual Misconduct with Offenders;
7. Handbook for Volunteers;
8. Letter of Orientation for Special Volunteers;
9. PD-97 Training for Staff Development;
10. Safe Prisons/ PREA Plan;
11. Safe Prisons in Texas-Video Script
12. Explanation Statement of Fact from TDCJ Volunteer Services;
13. Volunteer Services-2015;
14. Volunteer Services Plan;
15. AD-07-35 Administration of Volunteer Services;
16. Appendix F Acknowledgement of Volunteer Training Orientation;
17. Volunteer Training Acknowledgement;
18. Volunteer Training Schedule

**Interviews:**

1. Volunteer(s) and Contractor(s) who have contact with inmates

**Findings:**

**115.32 (a-c)** 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 offenders 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: Offender education**

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

**115.33 (a)**

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

**115.33 (b)**

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



- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Agency policies and procedures for responding to such incidents?  
 Yes  No

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to offenders through posters, offender 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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

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

**Documentation Reviewed:**

1. UCPM-05.00 Unit Orientation Procedures with Attachments;
2. SPPOM 06.02 with Attachment Q;
3. Offender Orientation Handbook;
4. Offender Video Instruction Letter;
5. IPM 01.10 Initial Orientation;
6. AD-04.25 Language Assistance Services to Offenders Identified as Monolingual Spanish Speaking;
7. AD-06.25 Qualified Interpreter Services-America Sign Language;
8. CMHC Policy E-37.5 Interpreter Services;
9. CMHC Policy G-51.01 Offenders with Special Needs;
10. CMHC Policy G-51.5 Certified ASL Interpreter Services;
11. SM-05.50 Qualified Spanish Interpreters Guidelines;
12. Staff who speak Foreign Languages 2016;
13. Offender SAA Video Script;
14. SPPOM 02.03 Postings and Brochure

**Interviews:**

1. Random Offenders
2. Intake Staff

**Site Review Observations:**

**Offender Interviews:**

The auditor conducted offender interviews on 3/28/19 with no offender refusals. The auditor selected a geographically diverse sample of random male offenders for the audit process to include housing units by selecting the first and tenth of every housing unit. Some selections were

Category of Inmates	Interviews Conducted
Random Inmates (Total)	25
Targeted Inmates (Total)	22
Total Inmates Interviewed	47
Breakdown of Targeted Inmate Interviews:	
• Youthful inmates	0

• Inmates with physical disability	0
• Inmates who are blind	0
• deaf	0
• hard hearing	2
• Inmate who are LEP	11
• Inmates with a cognitive disability	5
• Inmates who identify as lesbian, gay, or bisexual	3
• Inmates who identify as transgender or intersex	0
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
• Inmates who reported sexual abuse	0
• Inmates who reported sexual victimization during risk screening	1

Offenders were interviewed in the majors office, in a separate room on an individual basis with privacy and sufficient time. The offenders were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for offenders to report sexual abuse and sexual harassment. The offenders 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. No offenders refused during the offender interview process.

**Findings:**

**115.33 (a-f)** 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.

The number of offenders admitted during the past 12 months who were given this information at intake: 2394. The facility provided the auditor with offender training confirming compliance with the standard for this recertification review period.

**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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

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

**Documentation Reviewed:**

1. BP-01.07 Inspector General Policy Statement;
2. CTSD Safe Prisons PREA Investigation Training;
3. OIG OPM 02.15 Training Procedures;
4. OIG LP3201 Sexual Assault Investigative Topics;
5. PD-97 Training and Staff Development;
6. AD-16.03 Evidence Handling;
7. CMHC C-25.1 Orientation Training for Health Services Staff;
8. OIG OPM 04.05 Offender Sexual Assault Investigation;
9. OIG LP-2029 Interviewing and Interrogation Lesson Plan;
10. ED-12.10 Training Records and Database;
11. OIG Roster for NIC PREA Training

**Interviews:**

1. Investigative Staff

**Site Review Observations:**

**Investigation Files:** The facility had a total of eight sexual abuse allegations in the past twelve months; three unsubstantiated, five unfounded, none substantiated, & no ongoing investigations. Four of the allegations were Offender-on-Offender (no cases opened) and four were Staff-on-Offender (no case opened). The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened

**Findings:**

**115.34 (a-c)** 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. The auditor reviewed investigator files who were trained in conducting sexual abuse investigations in confinement settings. The auditor reviewed the Office of Inspector General NIC training 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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### Documentation Reviewed:

1. Letter of Orientation TDCJ Health Services Division Trainees;
2. AD-16.03 Evidence Handling;
3. CMHC C-19.1 Continuing Education & Staff Development;
4. CMHC C-25.1 Orientation Training for Health Service Staff;
5. PD-97 Training and Staff Development and Statement of Fact for Forensic Exams

#### Interviews:

1. Medical and Mental Health

#### Site Review Observations:

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 offenders 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.



**Findings:**

**115.35 (a-c)** 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. 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.

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

<b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b>
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**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

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

**115.41 (b)**

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

**115.41 (c)**

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

**115.41 (d)**

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

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (2) The age of the offender?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (3) The physical build of the offender?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (4) Whether the offender has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (5) Whether the offender's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (6) Whether the offender has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the offender about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the offender is gender non-conforming or otherwise may be perceived to be LGBTI)?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (8) Whether the offender has previously experienced sexual victimization?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (9) The offender's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (10) Whether the offender is detained solely for civil immigration purposes?  
 Yes  No

#### 115.41 (e)

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

- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, 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 offender's arrival at the facility, does the facility reassess the offender'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 offender's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an offender's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an offender's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an offender's risk level when warranted due to a: Receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness?  Yes  No

**115.41 (h)**

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

**115.41 (i)**

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

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: None requires taken by the facility.*

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

**Documentation Reviewed:**

1. Safe Prisons PREA Plan;
2. SPPOM-03.01 Offender Assessment Screening with Attachment E & E1
3. CMHC E-35.01 Mental Health Appraisal for Incoming Offenders;
4. CMHC A-09.01 Privacy of Care;
5. Disclosed Sexual Victimization;
6. IPM-CL-69 Psychological Screening Interview;
7. IPM 5.06 Intake Procedure Security Referrals

**Interviews:**

1. Staff responsible for Risk Screening
2. Random offenders
3. PREA Compliance Manager

**Findings:**

**115.41 (a-h)** The number of offenders entering the facility within the past 12 months who were screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of their entry to the facility: 2863. The number of offenders entering the facility within the past 12 months who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 3712. The auditor reviewed 21 offender 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. TDCJ does not house inmates solely for civil immigration purposes.

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 that standard on May 20, 2017. The agency took a proactive approach initiating training to ensure that the screening staff conduct effective, quality screenings of offenders to ensure the facility has adequate information upon which to make housing and programming decisions, and use of the revised Attachment E which included the reassessment section with an agency wide email distribution dated December of 2017. The facility regained compliance by conducting a refresher training to the USPPM. 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 115.42: Use of screening information**

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

**115.42 (a)**

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

**115.42 (b)**

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

**115.42 (c)**

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

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: lesbian, gay, and bisexual offenders in dedicated facilities, units, or wings solely on the basis of such identification or status?  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 offenders, does the agency always refrain from placing: transgender offenders in dedicated facilities, units, or wings solely on the basis of such identification or status?  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 offenders, does the agency always refrain from placing: intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status?  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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

**Documentation Reviewed:**

1. SPPOM 03.01 Attachment E;
2. TDCJ Classification Plan;
3. Safe Prisons/PREA Plan;
4. AD 04.18 Offender Job Assignments,
5. Job Descriptions;
6. AD-04.17 Offender Housing Assignment Criteria and Procedures;
7. SPPOM 03.01 Offender Assessment Screening;
8. SPPOM 03.02 Special Population Review;
9. CMHC G-51.111 Treatment of Offenders with Intersex Conditions, or Gender Dysphoria, formerly known as Gender Identity Disorder;
10. UCPM-0400 Offender Housing Assignments;
11. PO-07.015 Shower Officer;
12. SM-01.01 Correctional Institutions Division (CID) Security Policies and Procedures System

#### **Interviews:**

1. PREA Compliance Manager
2. Staff responsible for Risk Screening
3. Transgender/Intersex offender Interviews (the facility did not have any of the offender population listed for interviews in this specific area)

#### **Site Review Observations:**

The following areas were observed by the auditor for privacy of showers in housing units and privacy for all toilet work areas: food service, education, medical and dental clinics, boiler room, visitation area, commissary, educational, offender housing (dormitory and cell block), recreation yard, gymnasium, and laundry. Located outside the secure perimeter, along with the agricultural operations, are the armory, maintenance, and trustee camp. The housing units consist of A dorm, B dorm, C dorm, D dorm, & E dorm and administrative segregation.

#### **Findings:**

**115.42 (a-g)** 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 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 offenders 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 offenders risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of additional information that may affect the offenders 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.

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

#### 115.43 (b)

- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts 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 offenders at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the offender'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 offender 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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

#### Documentation Reviewed:

1. Protective Safe Keeping Plan with attachments;
2. I-169 Administrative Segregation Initial Placement & Notification;
3. O-203 Placement on Restriction Ad-Seg Level Review;
4. SPPOM 05.05 Offender Protection Investigation;

5. Safe Prisons/PREA Plan;
6. Administrative Segregation Plan;
7. Guidelines for Administrative Segregation Committee Members;
8. AD-04.63 Transient Status Offenders

**Interviews:**

1. Warden
2. Staff who supervise offenders in segregation

**Site Review Observations:**

The auditor observed the segregation housing units and recreation dayroom during the facility tour. The auditor randomly asked the segregation officer assigned to the facility questions regarding PREA responsibilities.

**Findings:**

**115.43 (a-e)** 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 offenders 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 offenders 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 offenders 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 offender safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.

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 offenders 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.

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

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

**115.51 (a)**

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

#### 115.51 (b)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

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

**Documentation Reviewed:**

1. BP-03.91 Uniform Offender Correspondence Rules;
2. Safe Prisons/ PREA Plan;
3. SPPOM 02.03 Attachment A;
4. SPPOM 02.03 Attachment AS Spanish;
5. AD-14.09 Postage and Correspondence Supplies;
6. Civil Immigration;
7. ED-02.10 PREA Complaints and Inquiries;
8. PD-29 Sexual Misconduct with Offenders;
9. General Information Guide for families of Offenders;
10. Offender Orientation Handbook (English & Spanish)
11. TBCJ PREA Brochure

**Interviews:**

1. Random sample of staff
2. Random sample of offenders

**Site Review Observations:**

**Offender Interviews:**

The auditor conducted offender interviews on 3/28/19 with no offender refusals. The auditor selected a geographically diverse sample of random male offenders for the audit process to include housing units by selecting the first and tenth of every housing unit.

Category of Inmates	Interviews Conducted
Random Inmates (Total)	25
Targeted Inmates (Total)	22
Total Inmates Interviewed	47
Breakdown of Targeted Inmate Interviews:	
• Youthful inmates	0
• Inmates with physical disability	0
• Inmates who are blind	0
• deaf	0
• hard hearing	2
• Inmate who are LEP	11
• Inmates with a cognitive disability	5
• Inmates who identify as lesbian, gay, or bisexual	3

• Inmates who identify as transgender or intersex	0
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
• Inmates who reported sexual abuse	0
• Inmates who reported sexual victimization during risk screening	1

Offenders were interviewed in the majors office, in a separate room on an individual basis with privacy and sufficient time. The offenders were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for offenders to report sexual abuse and sexual harassment. The offenders 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. No offenders refused during the offender interview process.

**Findings:**

**115.51 (a-d)** 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, Offender 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.

**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 offender grievances regarding sexual abuse. This does not mean the agency is exempt simply because an offender 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 offenders to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (d)

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

#### 115.52 (e)

- Are third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of offenders? (If a third-party files such a request on behalf of an offender, 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 offender declines to have the request processed on his or her behalf, does the agency document the offender'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 offender 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 offender 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: The auditor recommends no 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 offender 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 offender for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the offender 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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

**Documentation Reviewed:**

1. BP-03.77 Offender Grievances;
2. Safe Prisons/PREA Plan;
3. AD-03.82 Management of Offender Grievances;
4. OGOM Appendix B Instructions on How to Write and Submit Grievances;
5. OGOM Appendix U Third Party Preliminary Investigation Form;
6. OGOM Section 9 Third Party Grievances;
7. OGOM Section 4.00 Grievance Timelines;
8. OGOM 01.04 PREA Allegations;
9. OGOM 1.01 Step 1 Grievances; and Sexual Abuse Grievances

**Interviews:**

1. Offender who reported sexual abuse
2. Grievance Coordinator

**Findings:**

**115.52 (a-g)** 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 offenders and staff during an on-site visit and tour of the facility.

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

**Standard 115.53: Offender access to outside confidential support services**

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

**115.53 (a)**

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  
 Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

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

#### 115.53 (c)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

##### Documentation Reviewed:

1. Offender Orientation Handbook (English & Spanish);

2. Rape Advocacy Centers; Safe Prisons PREA Plan;
3. Uniform Offender Correspondence Rules;
4. PREA Complaints and Inquiries;
5. SPPOM 02.03 Attachment C;
6. RCC MOU Example;
7. RCC Solicitation Letter;
8. RCC Solicitation Letters April 2018 Showing Effort

**Interviews:**

1. Random sample of offenders
2. Offenders who reported sexual abuse

**Site Review Observations:**

The auditor reached out to the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual) and spoke to a victim's advocacy representative organization prior to the onsite audit to learn about the issues of sexual safety and related concerns. The representative did not disclose any issues regarding the facility. The auditor followed up on any issues or concerns voiced by offenders or staff in a confidential manner 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 as required. During the facility tour, the auditor observed the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project in the offender housing units. The auditor observed the rape crisis center information in the following housing units: the front lobby, visitation, central sally port entrance, education, food service, laundry, law library and housing units to include the trusty camp dayrooms.

Forty-seven offender interviews determined they were well aware of 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 located in the law library for offender use as needed with over 100 addresses and representatives available.

**Findings:**

**115.53 (a-c)** 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 offender?  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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### Documentation Reviewed:

1. ED 02.03 Ombudsman Program;
2. ED 02.10 PREA Complaints and Inquiries;
3. General Information Guide for Families of Offenders;
4. Offender Orientation Handbook (English & Handbook);
5. Safe Prisons/PREA Plan;
6. SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency

#### Site Review Observations:

During the facility tour on 3/24/19, the auditor observed the Third-party notices publicly displayed throughout the facility to include the front lobby, visitation area, staff/medical break areas, and offender housing units.

**Findings:**

**115.54 (a)** 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 the 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).

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 offenders and staff during an on-site visit and tour of the facility.

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

<b>OFFICIAL RESPONSE FOLLOWING AN OFFENDER REPORT</b>
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## Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

### Auditor Overall Compliance Determination

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



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

**Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### **Documentation Reviewed:**

1. Safe Prisons PREA Plan;
2. CMHC Policy G-57-01;
3. COURAGE YOP Operations Manual 02.05 Requirements of Contact DFPS;
4. AD-16.20 Reporting Incident Crimes to the Office of the Inspector General;
5. PD-29 Sexual Misconduct with Offenders;
6. SPPOM 05.01 Sexual Abuse Response and Investigation

#### **Interviews:**

1. Random sample of staff
2. Warden
3. PREA Compliance Manager
4. Medical/Mental Health staff

#### **Findings:**

**115.61 (a-e)** 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 offenders and staff during an on-site visit and tour of the facility. The facility met 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 offender is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the offender?  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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### Documentation Reviewed:

1. List of Sexual Assault with outcomes;
2. Investigations Reviewed;
3. Safe Prisons PREA Plan;
4. AD-02.15 Operation of the EAC & Reporting Procedures for Serious or Unusual Incidents;
5. SPPOM 05.01 Sexual Abuse Response and Investigation;
6. SPPOM 05.03 Time Frames Associated with Offender Protection Investigations.

#### Interviews:

1. Warden
2. Random sample of staff

#### Findings:

**115.62 (a)** 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, Offender 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 offenders and staff during an on-site visit and tour of the facility. The facility met compliance with the standard for this recertification review period.

**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 offender 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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### **Documentation Reviewed:**

1. BP 01.07 Inspector General Policy Statement;
2. SPPOM 04.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies;
3. Safe Prisons PREA Plan;
4. Agency demonstration-Reporting to other confinement facilities;
5. AD 16.20 Reporting incident crimes to the Office of the Inspector General;
6. SPPOM 04.02 Receiving Allegations of Sexual Abuse from Outside Agency;
7. SPPOM 05.05 Completing the Offender Protection Investigation;
8. SPPOM 05.01 Sexual Abuse Response and Investigation; and Notification to other units

#### **Interviews:**

1. Warden

#### **Findings:**

**115.63 (a-d)** 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 USPPM. The USPPM 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 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 offenders and staff during an on-site visit and tour of the facility. During the past 12 months, the number of allegations the facility received that an offender was abused while confined at another facility: 1. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 1. The facility met 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 offender 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 offender 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 offender 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 offender 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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

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

**Documentation Reviewed:**

1. OIG OPM 04.05 Offender Sexual Assault Investigation;
2. Safe Prisons PREA Plan;
3. AD 16.03 Evidence Handling;
4. SPPOM 05.01 Sexual Abuse Response and Investigation

**Interviews:**

1. First Responders
2. Random sample of staff

**Findings:**

**115.64 (a-b)** 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 offender was sexually abused:	7
Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser:	3
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: 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 offender 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: 1) Requested that the alleged victim not take any actions that could destroy physical evidence. 2) Notified security staff:	0

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 offenders and staff during an on-site visit and tour of the facility. The facility met compliance with the standard for this recertification review period.

**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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

### Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. SPPOM 05.01 Sexual Abuse Response and Investigation;
3. Garza East Unit Sexual Abuse Coordinated Response Plan

### Interviews:

1. Warden
2. Medical/Mental Health staff
3. Investigative staff

### Findings:



**115.65 (a)** 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.

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

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

### **115.66 (a)**

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

### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### Documentation Reviewed:

1. PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees;
2. PD-29 Sexual Misconduct with Offenders;
3. PD-35 Independent Dismissal Mediation and Dispute Resolution.

#### Interviews:

1. Agency head

#### Findings:

**115.66 (a)** The Texas Department of Criminal Justice does not collectively bargain nor enter into collective bargaining agreements that limits the agency's ability to protect offenders 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).

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 offenders 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 offenders 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 offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff?  Yes  No

- Has the agency designated which staff members or departments are charged with monitoring retaliation?  
 Yes  No

#### 115.67 (b)

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

#### 115.67 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

##### Documentation Reviewed:

1. PD-13 Sexual Harassment and Discourteous Conduct of a Sexual Nature;
2. 90-day monitoring forms;
3. PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees;
4. PD-29 Sexual Misconduct with offenders;
5. SPPOM 02.04 Intervention Practices;
6. SPPOM 05.08 90-day monitoring for retaliation;
7. SPPOM 05.08 Attachment N.O Offender 90-day Monitoring Form;
8. SPPOM 05.08 Attachment N.S. Staff 90-day Monitoring Form;
9. Safe Prisons/PREA Plan

**Interviews:**

- 1. Agency head
- 2. Warden
- 3. Designated staff member charged with monitoring retaliation
- 4. Offenders who reported sexual abuse

**Findings:**

**115.67 (a-f)** 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 USPPM 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 USPPM shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse, and of offenders who were reported to have been victims of sexual abuse, for changes that may indicate possible retaliation by offenders or staff, and shall act promptly to address any retaliation. 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 USPPM on the facility where the incident was originally reported shall coordinate continued monitoring with the receiving USPPM 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 offender 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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### Documentation Reviewed:

1. Safe Prisons/PREA Plan;
2. AD 03.50 Administrative Segregation;
3. AD 04.63 Transient Status Offenders;
4. Administrative Segregation Plan;
5. ASC Review Decisions Attachment 12.00-B
6. Guidelines for Administrative Segregation Committee Members 0714;
7. Protective Safe Keeping Plan

#### Interviews:

1. Warden
2. Staff who supervise offenders in segregation housing

#### Findings:

**115.68 (a)** 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.

**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 offender or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an offender 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: The auditor recommends no 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: The auditor recommends no 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 Action.

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

**Documentation Reviewed:**

1. Safe Prisons PREA Plan;
2. AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents;
3. SPPOM 05.05 Completing the Offender Protection Investigation;
4. CTSD Safe Prisons/PREA plan Investigation Training;
5. OIG 04.05 Offender Sexual Assault Investigations;
6. AD-16.03 Evidence Handling;
7. OIG OPM 03.72 Records Retention-PREA;
8. AD 16.20 Reporting Incident Crimes to the Office of the Inspector General;
9. OIG OPM 05.15 Statements & Confessions;
10. BP 01.07 Inspector General Policy Statement;
11. SPPOM 05.11 Completing the Staff-on-Offender Sexual Abuse Investigative Worksheet;
12. PD-29 Sexual Misconduct with Offenders;
13. Records Retention Schedule

**Interviews:**

1. Investigative staff
2. Offender who reported sexual abuse

**Site Review Observations:**

**Investigation Files:** The facility had a total of eight sexual abuse allegations in the past twelve months; three unsubstantiated, five unfounded, none substantiated, & no ongoing investigations. Four of the allegations were Offender-on-Offender (no cases opened) and four were Staff-on-Offender (no case opened). The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened

**Findings:**

**115.71 (a-1)** The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. The investigations 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: 1.

**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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

**Documentation Reviewed:**

1. Safe Prisons PREA Plan;
2. CTSD Investigative Training;
3. SPPOM 05.05 Completing the Offender Protection Investigation

**Interviews:**

1. Investigative staff

**Site Review Observations:**

**Investigation Files:** The facility had a total of eight sexual abuse allegations in the past twelve months; three unsubstantiated, five unfounded, none substantiated, & no ongoing investigations. Four of the allegations were Offender-on-Offender (no cases opened) and four were Staff-on-Offender (no case opened). The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened

**Findings:**

**115.72 (a)** 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. 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 offenders and staff during an on-site visit and tour of the facility. 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 offenders**

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

**115.73 (a)**

- Following an investigation into an offender’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the offender 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 offender’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 offender? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender whenever: The staff member is no longer posted within the offender's unit?  Yes  No
- Following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender 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 offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender 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 offender's allegation that he or she has been sexually abused by another offender, 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 offender's allegation that he or she has been sexually abused by another offender, 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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.*

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

#### Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. Agency Demonstration-Reporting-Offender Notification Letters;
3. SPPOM 05.05 Attachment M/UCC Notification of OPI Outcome;
4. SPPOM 05.11 Attachment F Staff-on-Offender Sexual Abuse Investigation;
5. SPPOM 05.10 Reporting Sexual Abuse Criminal Case Status to Offenders;
6. Statement of Fact;
7. SPPOM 05.05 Attachment J Offender Protection Investigation

#### Interviews:

1. Investigative staff
2. Warden
3. Offender who reported sexual abuse

#### Site Review Observations:

The number of criminal and/or administrative investigations of alleged offender sexual abuse that were completed by the agency/facility in the past 12 months: 7
Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of offenders who were notified, verbally or in writing, of the results of the investigation: 7
The number of investigations of alleged offender 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 offenders 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 offenders that were provided pursuant to this standard: 7
Of those notifications made in the past 12 months, the number that were documented: 7

#### Findings:

**115.73 (a-f)** 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.

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

<b>DISCIPLINE</b>
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**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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

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

#### Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. Windham Board Policy WBP 07.15 Sexual Misconduct with Offenders;
3. Windham Board Policy (WBP-07.44) Professional Standards of Conduct and Disciplinary Guidelines;
4. AD 16.20 Reporting Incident Crimes to the Office of Inspector General;
5. PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees;
6. PD-29 Sexual Misconduct with Offenders

### Findings:

**115.76 (a-d)** 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: The auditor recommends no corrective action. for contractors and volunteers**

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

**115.77 (a)**

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

**115.77 (b)**

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

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

**Documentation Reviewed:**

1. PD-29 Sexual Misconduct with Offenders;
2. Safe Prisons PREA Plan;
3. Volunteer Services Plan;

4. Volunteer Training Facilitators Guide;
5. Acknowledgment of Volunteer Training Orientation and Chaplaincy Manual 13.03 Ecclesiastical Endorsement

**Interviews:**

1. Warden

**Findings:**

**115.77 (a-b)** 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 offenders: 0.

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

**Standard 115.78: Disciplinary sanctions for offenders**

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

**115.78 (a)**

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

**115.78 (b)**

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

**115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an offender'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 offender 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 offender 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 offenders to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between offenders.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

##### Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. Disciplinary Rules and Procedures for Offenders
3. CMHC Policy E-35.1 Mental Health Appraisal for Incoming Offenders
4. SOTP 01.01 Overview of the Sex Offender Treatment Program

##### Interviews:

1. Warden
2. Medical/Mental health staff

**Findings:**

**115.78 (a-g)** 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 offender-on-offender sexual abuse that have occurred at the facility: 0. In the past 12 months, the number of criminal findings of guilt for offender-on-offender sexual abuse that have occurred at the facility: 0.

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 offenders 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.

**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 offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender 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 offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the offender 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 offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

**115.81 (d)**

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

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender 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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

##### Documentation Reviewed:

1. CMHC Policy E-35.1 Mental Health Appraisal for Incoming Offenders;
2. Safe Prisons PREA Plan;
3. SPPOM 03.01 Attachment E;
4. CMHC Policy E-35.2 Mental Health Evaluation;
5. CMHC Policy G-57.1 Sexual Assault Sexual Abuse;
6. CMHC H-61.1 Confidentiality and Release Protected Health Information;
7. CPOM 02.05 Requirement to Contact Department of Family Protective Services;
8. CMHC A-09.01 Privacy of Care;
9. SPPOM 05.05 Completing the Offender Protection Investigation;
10. CMHC I-70.1 Informed Consent.

##### Interviews:

1. Staff responsible for risk screening

2. Offenders who disclose sexual victimization at risk screening

**Findings:**

**115.81 (a-e)** 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, the percent of offenders who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%

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 offenders 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 115.82: 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 offender 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 offender 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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

### Documentation Reviewed:

1. CMHC A-01.01 Access to Care;
2. Safe Prisons PREA Plan;
3. SPPOM 05.01 Sexual Abuse Response and Investigation;
4. CMHC Policy G-57.1 Sexual Assault & Sexual Abuse;
5. I-214 Referral to Mental Health Services

### Interviews:

1. Medical/Mental health staff
2. Offender who reported sexual abuse
3. Security staff and non-security staff first responders

### Findings:

**115.81 (a-d)** 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. The investigative files were reviewed 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.

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 offenders and staff during an on-site visit and tour of the facility. The facility

provided the auditor with the investigations validating access to emergency medical and mental health services are available confirming compliance with the standard for this recertification review period.

**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 offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

- Are offender 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 offender 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 offender-on-offender 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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

##### Documentation Reviewed:

1. SPPOM 05.01 Sexual Abuse Response and Investigation;
2. CMHC G-57.01 Sexual Assault and Sexual Abuse;
3. Safe Prisons PREA Plan;
4. CMHC E-44.1 Continuity of Care

##### Interviews:

1. Medical and Mental health staff
2. Offenders who reported a sexual abuse

##### Findings:

**115.83 (a-h)** 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 offenders and staff during an on-site visit and tour of the facility. The SANE/SAFE nurse was interviewed on 3/24/19. The facility conducts all sexual abuse examinations offsite by certified SANE/SAFE nurses at a local hospital.

**Corrective Action:** 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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

##### Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. AD-02.15 Operations of the EAC and Reporting Procedures for Serious or Unusual Incidents;
3. SPPOM 02.01 Role of Unit Investigative Team and UIT members

##### Interviews:

1. Warden
2. PREA Compliance Manager
3. Incident Review Team

##### Site Review Observations:

**Investigation Files:** The facility had a total of eight sexual abuse allegations in the past twelve months; three unsubstantiated, five unfounded, none substantiated, & no ongoing investigations. Four of the allegations were

Offender-on-Offender (no cases opened) and four were Staff-on-Offender (no case opened). The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unfounded	No case opened
Inmate on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened
Staff on Inmate Allegation	Unfounded	No case opened
Staff on Inmate Allegation	Unsubstantiated	No case opened

**Findings:**

**115.86 (a-e)** 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 UIT 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: 3. 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: 3.

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 offenders and staff during an on-site visit and tour of the facility. The auditor conducted a review of the sexual abuse incidents within the past 12 months confirming compliance with the standard for this recertification review period.

**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 offenders? (N/A if agency does not contract for the confinement of its offenders.)  Yes  No  NA

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

#### Documentation Reviewed:



1. SPPOM Monthly Safe Prisons PREA Report;
2. Safe Prisons PREA Plan;
3. SPPOM 01.01 Safe Prisons PREA Management Office;
4. BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement;
5. OIG 04.05 Offender Sexual Assault Investigations;
6. AD-02.15 Operations of the EAC and Reporting Procedures;
7. Surveys of Sexual Victimization

**Findings:**

**115.87 (a-f)** 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 offenders 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: The auditor recommends no 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: The auditor recommends no 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 Action 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 Action: 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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

#### Documentation Reviewed:

1. BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement;
2. Safe Prisons-PREA Program Annual Report;
3. Safe Prisons/PREA Plan

#### Interviews:

1. Agency head
2. PREA Coordinator
3. PREA Compliance Manager

**Findings:**

**115.88 (a-d)** 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;  no corrective action required; and  Preparing an annual report of its findings from its data review and any Corrective Action 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 not contained in the report.

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

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

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

**115.89 (a)**

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

**115.89 (b)**

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

**115.89 (c)**

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

**115.89 (d)**

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

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.*

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

#### Documentation Reviewed:

1. TDCJ Safe Prisons/Prison Rape Elimination Act (PREA) Program prepared by PREA Ombudsman-Office of Inspector General 8/16;
2. ED-02.29 Records Management;
3. TDCJ Records Retention Schedule 5/14.

#### Findings:

**115.89 (a-d)** The Safe Prisons/PREA Plan (03/18) 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.

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 offenders and staff during an on-site visit and tour of the facility. The facility is compliant with the standard for this recertification review period.

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

## AUDITING AND CORRECTIVE ACTION: THE AUDITOR RECOMMENDS NO CORRECTIVE ACTION.

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here*

*is purely informational. A "no" response does not impact overall compliance with this standard.)*

Yes  No

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action 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 offenders, 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 offenders. Offenders 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: The auditor recommends no 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: The auditor recommends no 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 Action 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 offender 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

5/14/2019

**Auditor Signature**

**Date**

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<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.