

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: 04/28/2025

Auditor Information

Name: Cynthia Swier	Email: Cindy@preaauditing.com
Company Name: Corrections Consulting Services, LLC	
Mailing Address: P.O. Box 596	City, State, Zip: Buchanan Dam, TX 78609
Telephone: 713-818-9098	Date of Facility Visit: March 24-26, 2025

Agency Information

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

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Cassandra McGilbra	
Email: Cassandra.mcgilbra@tdcj.texas.gov	Telephone: 936-437-5570
PREA Coordinator Reports to: Honorable Eric Nichols Chairman of the Texas Board of Criminal Justice	Number of Compliance Managers who report to the PREA Coordinator: 7

Facility Information

Name of Facility: Garza East Transfer Facility

Physical Address: 4304 Texas 202

City, State, Zip: Beeville, Texas 78102

Mailing Address (if different from above):
2 Financial Plaza Suite 105

City, State, Zip: Huntsville, TX 77340

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Warden/Jail Administrator/Sheriff/Director

Name: Vernet Davis

Email: Vernet.Davis@tdcj.texas.gov

Telephone: 361-358-9880

Facility PREA Compliance Manager

Name: Sonia Arroyos

Email: Sonia.arroyos@tdcj.texas.gov

Telephone: 361-358-9880

Facility Health Service Administrator N/A

Name: Emanuel Ekatte

Email: Emekaett@utmb.edu

Telephone: 361-358-9890

Facility Characteristics

Designated Facility Capacity:

1328

Current Population of Facility:

1908

Average daily population for the past 12 months:	1284
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-80
Average length of stay or time under supervision:	5 months
Facility security levels/inmate custody levels:	G1, G2, G4, G5, 3A
Number of inmates admitted to facility during the past 12 months:	2896
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	2847
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	2453
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	187
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	125
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	Medical – 42; Windham - 7
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	5

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	10
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	36
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	36
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	50
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Office of the Inspector General (OIG)) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	7
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity (OIG)
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Office of the Inspector General (OIG) conducts Administrative Investigations on staff.) <input type="checkbox"/> N/A
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Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	03/24/2025
2. End date of the onsite portion of the audit:	03/26/2025
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	The Purple Door; Just Detention International
Audited Facility Information	
4. Designated Facility Capacity:	1928
5. Average daily population for the past 12 months:	1284
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	36
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1886
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	235
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	3
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	1
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	15
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>N/A</p>
<p><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>187</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>49</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>40</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>N/A</p>
<p>Interviews</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain) </p>
<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>The auditor chose inmates randomly from each housing unit, paying attention to selecting inmates from various races and ethnicities.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>N/A</p>

<p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>N/A</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>20</p>
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<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This facility does not house youthful inmates</p>
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<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Medical staff verified that there were no inmates at the facility who were designated as cognitively disabled.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Medical staff verified that there were no inmates at the facility who were designated as deaf or hard of hearing.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>5</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>

<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The two inmates who had reported a sexual abuse in the previous 12 months were no longer housed at the facility as of the dates of the on-site audit. This was verified by review of the housing unit runs provided to the auditor.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>7</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The agency and facility do not house inmates in segregation for risk of sexual victimization. Alternative housing is found for these inmates to accommodate and minimize their risk.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The populations which were not represented at the facility were supplemented by interviewing additional inmates in other targeted categories.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	N/A
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	28
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	N/A
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	N/A
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

a. If no, explain why it was not possible to interview the PREA Coordinator:	N/A
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	N/A
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe)
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other

57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	N/A
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	N/A
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The following critical functions were tested by the auditor: Reporting methods for inmates - in writing (accessibility of writing utensils), reporting methods for those in restrictive housing. Availability of phones staff reporting third party reporting access to outside emotional support services Comprehensive PREA inmate education Interpretation services. The following observations were made by the auditor: Intake - PREA information given, initial risk assessment conducted (by whom, in a private setting, the instrument used, the direct inquiry of the LGBTI identity, risk screening score) Locations of drop boxes for mail and grievances. Legal (special) mail processes staffing levels - work / shift assignments Privacy of medical / mental health rooms/ offices Segregation - showers, access to mail drop boxes and phones Programming / Education Work areas - food service, laundry lobby visitation area camera placement - monitoring record storage - electronic safeguards / locked cabinets / locked offices. Informal Conversations - staff and inmates</p>
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Documentation Sampling

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

<p>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The auditor selected staff and inmates for interviews. For targeted inmate interviews, the auditor interviewed additional inmates from other targeted categories to supplement the categories which were not represented at the facility in order to meet the minimum number of required interviews.</p>
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Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and
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				administrative investigations
Inmate-on-inmate sexual abuse	2	1	2	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	2	1	2	13

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	3	0	3	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	2	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A
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Sexual Harassment Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	3	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
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a. If 0, explain why you were unable to review any sexual abuse investigation files:	N/A
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74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
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Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
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76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
a. If 0, explain why you were unable to review any sexual harassment investigation files:	N/A
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A

Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?

Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes No

a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:

N/A

Non-certified Support Staff

91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?

Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes No

a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:

N/A

Auditing Arrangements and Compensation

92. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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*)

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive ED-03.03, *Safe Prisons* Program
4. Unit Organizational Chart

5. The TDCJ Agency PREA Audit Report – 11/21/2024

Interviews:

1. PREA Coordinator (PC)
2. PREA Compliance Manager (PCM)

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: Safe Prisons/PREA Plan as well as an Executive Directive which supplements the PREA Plan. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. Agency policies address "Preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "Detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "Responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (including notification of licensing agencies), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PREA Coordinator / PREA Ombudsman which is an upper-level position and is agency-wide. The Executive Directive confirms the PC responsibilities. The PREA Coordinator is identified as the PREA Ombudsman, who reports to the Texas Board of Criminal Justice. The PC was interviewed and reported that her primary job responsibility is PREA compliance. She stated that she has direct access to Executive Leadership and can implement policies and practices as necessary to ensure sexual safety requirements. This information is reflected in the TDCJ Agency PREA Audit dated 11/21/2024.

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

Based on the review of the PAQ, the Safe Prisons PREA Plan, ED-03.03, the TDCJ Agency PREA Audit Report, and the agency and facility organizational chart, PREA implementation appears to comply with the standard.

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

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

115.12 (a)

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

115.12 (b)

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

agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) 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*)

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive AD-02.46, *Employees of Private Businesses and Governmental Entities Contracting with the TDCJ*
3. Contracts for Confinement of Inmates

Interviews:

1. Agency Contract Administrator

Findings (By Provision):

115.12 (a): The agency has 26 contracts related to the confinement of inmates: These include secure private facilities, residential reentry and transitional treatment centers. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the contracts confirmed that all had language requiring compliance with PREA standards (either directly stated PREA compliance or via compliance with department policy and/or federal law).

115.12 (b): The agency has 27 contracts related to the confinement of inmates. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the contracts confirmed that all had language requiring compliance with PREA standards (either directly stated PREA compliance or via compliance with department policy and/or federal law). The interview with the agency contract administrator indicates that the agency has one full time TDCJ employee responsible for on-site contract monitoring for the eight (8) secure facilities. The contract monitors provide continuous monitoring. The residential and transitional centers also have contract monitors. Each monitor has up to three (3) facilities to monitor.

Based on the review of AD-02.46, the PAQ, the interview with the agency contract administrator and the language within the agency's contracts, this standard is determined to be compliant.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-11.52, *Security Staffing*
4. Security Operations Procedures Manual SOPM-08.06, *Security Operations Annual Review of Turnout Rosters Procedures*
5. Employee and Visitor Log (Showing Unannounced Rounds)
6. TDCJ Unit Staffing Plan
7. Unit Staffing Rosters
8. Security Operations Procedures Manual SPOM – 08.01, *Turnout Roster Management*
9. TDCJ Garza East Unit – Statement of Fact
10. TDCJ Garza East Unit – Statement of Participation – Annual Staffing Plan Review 2024
11. Post Orders

Interviews:

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

Site Review Observations:

1. Staffing Levels
2. Security Rosters for all Shifts – Unannounced rounds documented on all shifts
3. Staff line of Sight
4. Camera locations
5. Frequency of cell checks
6. Camera Monitoring
7. Informal Conversations with Staff regarding supervision practices
8. Informal Conversations with Inmates regarding staffing presence

Findings (By Provision):

115.13 (a): AD-11.52 indicates that the Security Operations Department is responsible for approving staffing plans and shift turnout rosters for each state operated unit. The staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The current staffing plan was reviewed and indicated that staffing was based on the facility's average daily number of inmates (1928). Each shift has a building Lieutenant and a building Sergeant that serve as the shift supervisors. A building Captain and a building Major are on-site Monday through Friday and serve as the highest security supervisory level staff. A dorm rover is responsible for two dorms each shift, while a floor rover is responsible for security of all dorms and areas on that specific floor. Additional officers are assigned to other areas to include: recreation, shakedown, escort, kitchen, intake, transport, visitation, utility, etc. Interviews with the Warden and the PC confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis.

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

115.13 (c): The facility provided in the PAQ a Unit Statement of Fact. In the comments, it is stated that the Garza East Unit was previously idled. The unit was idled on September 1, 2020 and was reopened on March 1, 2024. There was not an annual review of the staffing plan completed while the unit was idled. The annual staffing plan / roster review for the unit was conducted on April 22, 2024. The facility included the Unit Participation Statement as documentation of this review. Thios Participation statement was signed by the Regional Director, the Warden, the Assistant Director of Security Operations, the PREA Ombudsman and the Staffing Coordinator for Security Operations. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the unit's deployment of video monitoring technologies and/or the resources the unit had available to commit to ensuring adherence to the staffing plan. SOPM 08.06 and the Safe Prison/PREA Plan, page 10-11, describe the required annual review. The PC confirmed in the interview that the review is completed annually and that leadership assesses, determines and documents whether adjustments are necessary.

115.13 (d): The SAFE Prison/PREA Plan, page 9, section B, indicates that security supervisors are required to conduct and document unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. This is also specified in the post orders for Captains, Lieutenants, Sergeants, and the Major. Unannounced rounds are conducted by the building Sgt., Lt. and/or Captain and are documented at the bottom of the shift turnout roster. It was noted during the on-site audit that rounds are documented in the housing unit log books as "PREA Rounds." On the logs, there are areas for the date, destination, name, time in and time out. In the PAQ, documentation of the rounds was provided from 2/2024 through 1/2025 (119 pages).

Interviews conducted with intermediate/higher level staff indicated that supervisors are required to make unannounced rounds daily. A review of the PAQ supplemental documentation as well as a review of the shift rosters on-site indicated that supervisory rounds were being made and documented on all shifts. Additionally, the SAFE Prisons/PREA Plan prohibits staff from alerting other staff members about the rounds unless the announcement is related to legitimate operational functions of the unit. During the interviews, supervisory staff indicated that they deviate their times and locations to prohibit staff from alerting other staff about the rounds.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-11.52, SOPM 08.06, SOPM 08.01, the staffing plan, the security rosters, documentation of unannounced rounds, Post Orders, Statement of Fact regarding the Annual Review, the Annual Review, observations made during the site review and interviews with supervisory staff, this standard appears to be compliant.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Statement of Fact regarding Youthful Inmates

Interviews:

1. Warden
2. PREA Compliance Manager

Site Review Observations:

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

Findings (By Provision):

115.14 (a): The facility provided a statement of fact stating that the unit does not house youthful inmates. While the agency does house youthful inmates, this Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the site review, it was observed that no inmates under the age of 18 were housed at the facility. The facility provided a statement of fact stating that this unit does not house youthful inmates. Interviews with the warden and PREA compliance manager confirmed that the unit does not house youthful inmates.

115.14 (b): The facility provided a statement of fact stating that the unit does not house youthful inmates. While the agency does house youthful inmates, this Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the site review, it was observed that no inmates under the age of 18 were housed at the facility.

115.14 (c): The facility provided a statement of fact stating that the unit does not house youthful inmates. While the agency does house youthful inmates, this Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the site review, it was observed that no inmates under the age of 18 were housed at the facility.

Based on a review of the PAQ, the statement of fact, interviews with the warden and the PCM, as well as observations made during the site review, this standard is determined to be compliant.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-03.22, *Offender Searches*
4. Post Order PO-07.006, *Restrictive Housing Officer*
5. Post Order PO-07.023, *Cellblock Officer*
6. Post Order PO-07.027, *Dorm Officer*
7. TLDD Correctional Training and Staff Development (CTSD) Safe Prisons / PREA Program In-Service Training Curriculum
8. TLDD Correctional Training and Staff Development (CTSD) Safe Prisons / PREA Program Supervisor In-Service Training Curriculum
9. TLDD Correctional Training and Staff Development (CTSD) Pre-Service Training Block 1, *Legal Responsibilities: Contraband and Searches*
10. Staff Training Records
11. Search Logs
12. Statement of Fact – Cross Gender Searches
13. Executive Directive, PD-97, Training and Staff Development with Attachments E and F

Interviews:

1. Random Staff
2. Random Inmates
3. Transgender/Intersex Inmates

Site Review Observations:

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

Findings (By Provision):

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

115.15 (b): AD-03.22, page 2, prohibit staff from conducting cross gender pat searches of female inmates. The PAQ indicated that no female inmates are housed at the facility and therefore this section of the standard would not apply to this facility. The

Statement of Fact from the facility stated that the Garza East Unit has not conducted cross-gender strip searches or cross-gender visual body cavity searches and the unit does not house female inmates. A review of the daily population report for the previous twelve months as well as observations made during the site review indicated that no female inmates are or were housed at the facility in the previous twelve months.

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

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

115.15 (e): The Safe Prisons/PREA Plan, page 16 and AD-03.22, page 2, prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. An interview with a transgender inmate indicated that they had never been searched for the sole purpose of determining their genital status. Informal conversations with staff as well as observations during the site review indicated that there were no cameras with direct viewing capability in the showers or toilets. Informal conversations with inmates during the site review indicated that they were able to have privacy when showering, using the toilet and changing clothes.

115.15 (f): The Safe Prisons/PREA Plan, page 33 and AD-03.22 page 2 indicate that security staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The Contraband and Searches Training, page 8-15 as well as the Safe Prisons/PREA Program In-Service Training, page 4-6 and 9-11 outline these professional and respectful search techniques. The PAQ indicated that 100% of security staff had received this training. PD-97 Attachments E and F require a signature by the employee and contract employee that they have received training. A review of a random sample of training records indicated that staff had received the PREA training, which included a video on searches. Interviews with a random sample of staff indicated that they received this training and that they conduct all searches in a professional and respectful manner.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.22, Post Order PO-07.006, Post Order PO-07.023, Post Order PO-07.027, the Safe Prisons/PREA Program In-Service Training, the Contraband and Searches In-Service Training, a random sample of staff training records (PD-97 Attachments E and F), observations made during the site review to include the presence of opposite gender announcement postings, privacy barriers, shower curtains and the opposite gender announcement as well as information from interviews related to inmate privacy in the bathroom as well as staff's training on professional and respectful searches indicate this standard is determined to be compliant.

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

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

115.16 (a)

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Intake Procedures 1.10, *Initial Orientation*
4. Correctional Managed Health Care Policy Manual A-08.03, *Referral of Offenders to the Developmental Disabilities Program (DDP)*
5. Correctional Managed Health Care Policy Manual G-51.1, *Inmates with Special Needs*
6. Safe Prisons / PREA Operations Manual 02.03, *Safe Prisons / PREA Program Posting and Brochures*
7. Intake Procedures 6.05, *Intake Processing of Inmates in Need of an Interpreter*
8. Security Memorandum SM-05.50, *Qualified Spanish Interpreter Guidelines*
9. TDCJ Training and Leader Development Division, In-Service Training, Safe Prisons / PREA Program Lesson Plan
10. TDCJ Training and Leader Development Division, Pre-Service Training Block 1, Safe Prisons Module: Offender Protection Investigations PRES022
11. English Version PREA Script Braille
12. Spanish Version PREA Script Braille
13. Offender Orientation Safe Prisons Video Script (English and Spanish)
14. Correctional Managed Health Care Policy Manual G-51.5, *Certified American Sign Language (ASL) Interpreter Services*
15. Health Services Liaison Facility Types List
16. UTMB CMC Quick Reference Guide to Access an Interpreter
17. List of Staff Spanish Interpreters

Interviews:

1. Agency Head
2. Inmates with Disabilities
3. LEP Inmates
4. Random Staff

Site Review Observations:

1. Observations of PREA Posters in English and Spanish
2. Testing of access to interpretation services on -demand
3. Availability of interpretation services
4. Accessibility of interpretation services
5. Location of interpretation services
6. Informal conversations with staff regarding accessibility of interpretation services
7. Informal conversations with inmates regarding accessibility of interpretation services

Findings (By Provision):

115.16 (a): The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual G-51.1 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Other policies provided and reviewed by the auditor also specify the procedures for conducting Intake, Initial Orientation and ensuring inmates with special needs of any type are able to participate in or benefit from all aspects the PREA policies. Inmates who are deaf or hard of hearing are provided information in American Sign Language (ASL) while inmates who are blind or have an intellectual/cognitive disability would be read PREA information. Interviews with the Agency Head and inmates who have a disability indicated that inmates receive PREA information in a format that they can understand. Additionally, the auditor was able to utilize staff interpreters during the audit. A review of a sample of LEP inmate files indicated that they received PREA information and they understood the information. During the site review, the PREA signage was observed to be in large text and in bright colors.

115.16 (b): The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual E-37.05 and AD-04.25, establishes the procedure to ensure meaningful access to all the aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The agency has a staff translator list that is utilize by the facility for any inmates who are LEP. SM-05.50 Qualified Spanish Interpreters Guidelines defines "Qualified Interpreter" as an employee designated by the TDCJ who has demonstrated a satisfactory level of competency in both Spanish and English languages. These individuals must pass a Language Assessment Scales Spanish verbal proficiency test, scoring a level 4 or 5. Staff can also utilize Language Line, a service they can call which will translate information between the staff member and LEP inmate. Policy and interviews indicate that the agency's PREA information is available in numerous formats to include; written (English and Spanish), video, American Sign Language, etc. and that PREA information is available throughout the facility in English and Spanish. Interviews with the Agency Head and inmates who are LEP indicated that inmates received PREA information in a format that they can understand. Additionally, the auditor was able to utilize staff interpreters during the audit. A review of a sample of files for LEP inmates indicated that they received PREA information and they understood the information. During the site review, it was observed that PREA signage was posted throughout the facility in English and Spanish.

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

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual A-08.03, Safe Prisons / PREA Operations Manual 02.03, Intake Procedures 6.05, Security Memorandum SM-05.50, TDCJ Trainings, CMHPCM G-51.1, Intake Procedures 1.10, the English and Spanish video scripts in Brialle, the Offender Orientation in English and Spanish, the staff translator list, Correctional Managed Health Care Policy Manual G-51.5, Health Services Liaison Facility Types List, UTMB CMC Quick Reference Guide to Access an Interpreter the Safe Prisons/PREA Program brochure, the observations made during the site review to include the PREA signage as well as interviews with the Agency Head and LEP inmates, this standard is determined to be compliant.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Documents:

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

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

Interviews:

1. Human Resource Staff

Site Review Observations:

1. Employee Personnel Files
2. Contractor Personnel Files

Findings (By Provision):

115.17 (a): The Safe Prisons/PREA Plan, page 27, section 1 as well as Executive Directive PD-75, states that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. The Employment Application Supplement PERS 598 specifically asks these questions of the applicant. TDCJ Employment Application Supplement PERS 282 also asks the applicant if their present employer can be contacted for a reference, if the applicant has engaged in sexual abuse in a correctional facility or by coercion, force or threat of force and if the applicant has been civilly or administratively adjudicated to have engaged in sexual activity of this nature, and if the applicant has been involved in any substantiated incidents of sexual harassment. The supplemental application also specifies that any falsification on the application would be grounds for refusal of employment or terminating employment if already employed and that TDCJ employees are prohibited from continuing or establishing a relationship with an offender or an offender's family member which would include cohabitation, sexual misconduct or other actions that have the potential to jeopardize the security of the TDCJ. The application further contains a certification that the information provided is true and a duty to disclose any misconduct on the part of the employee while working for previous employers, with a signature required attesting to the information provided in the application. A review of personnel files of staff indicated that all staff are asked about the above incidents in their application. Additionally, all staff and contractors have a criminal background completed prior to being authorized to work at the facility.

115.17 (b): The Safe Prisons/PREA Plan, page 27, and PD-75 states that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The Safe Prisons/PREA Plan, page 39, indicates that the agency is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with inmates. PD-56 states that the release of information or documents relating to active or former TDCJ employees shall be in accordance with guidelines established in this directive and that unless prohibited by law, the TDCJ shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee after receiving a request from an institutional employer for whom such employee has applied to work. PD-71 states that the primary interviewer may check references on one or more applicants. The PAQ indicated that 100% (125) of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of the unit new hire list and personnel files indicated 100% of the random sample reviewed had a criminal background completed initially and annually thereafter. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency through the Fingerprint-based Applicant Clearinghouse of Texas (FACT). Human Resource staff indicated that all staff are

required to have a criminal background check before they are hired and that all law enforcement agencies are contacted related to information on any prior substantiated allegations of sexual abuse or resignations while under investigation.

115.17 (d): The Safe Prisons/PREA Plan, page 39, and PD-71 state that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been two (2) contracts at the facility within the past twelve months. Of those contracts, 100% of the staff have had a criminal background check prior to enlisting services. A review of a random sample of contractor personnel files indicated that criminal background checks had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the facility.

115.17 (e): The Safe Prisons/PREA Plan, page 39, and PD 27 outlines the system that is in place to capture criminal background information. The agency utilizes the FACT process. All staff and contractors are fingerprinted and anytime an individual in this system is arrested the TDCJ is immediately notified. This system is more efficient than annual background checks as it is live information and the agency is notified immediately and able to terminate employment. All staff have an annual background completed each year in addition to the FACT process. The interview with Human Resource staff confirmed that all staff and contractors are entered into the FACT system and that any arrests are immediately reported to the agency.

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

115.17 (g): The Safe Prisons/PREA Plan, page 38, and PD-73 states that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

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

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-27, PD-56, PD-71, PD-73, PD-75, PERS 282, PERS 598, the unit new hire list, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview, this standard is determined to be compliant.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Documents:

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

Interviews:

1. Agency Head
2. Warden

Site Review Observations:

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

Findings (By Provision):

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

115.18 (b): The facility has not installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. The PAQ as well as interviews with the Agency Head and Warden confirmed there have not been any upgrades or installation of video monitoring technology. In the PAQ, the facility provided a document indicating the locations of the facility cameras. During the site review, cameras were observed at some of these locations by the auditor.

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive AD-16.03, *Evidence Handling*
3. Correctional Managed Health Care Policy Manual CMHCPM-G-57.01, *Sexual Assault / Sexual Abuse*
4. TDCJ Office of the Inspector General, Operational Procedures Manual OIG-7.13, *Inmate Sexual Assault Investigations*
5. Offender Victim Representative (OVR) Training Handouts / PowerPoint Training
6. Rape Crisis Center MOU for Emotional Support Services with Women's Shelter of South Texas dba The Purple Door

7. Safe Prisons / PREA Operations Manual 05.01, *Sexual Abuse Response and Investigation*
8. TDCJ Board Policy, BP-01.07, *Inspector General Policy Statement*
9. Correctional Managed Health Care, Urgent / Emergent Care Record (Inmate Record with PII Redacted)
10. TDCJ Correctional Institutions Division, Inter-Office Communications, Inmate Victim Representatives, and Training Records
11. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*

Interviews:

1. Random Staff
2. PREA Compliance Manager
3. Inmates Who Reported Sexual Abuse
4. SAFE / SANE Staff (Exams are conducted at the local hospital. These staff were not able to be interviewed)

Findings (By Provision):

115.21 (a): AD-16.03, Evidence Handling, and the Safe Prisons PREA plan, p. 25 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All investigators follow the same evidence protocol no matter the crime. The PAQ indicated that the facility is responsible for conducting administrative investigations while the Office of the Inspector General (OIG) is responsible for conducting administrative and criminal investigations. Interviews with random staff indicated they are aware of evidence protocol; however, they do not collect evidence, rather the OIG does. They indicated they were aware of how to preserve evidence. A review of the uniform evidence protocol indicates that there is sufficient technical detail to aid responders in obtaining usable physical evidence.

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

115.21 (c): The Safe Prisons/PREA Plan, page 13-14, section 5 indicates that all inmate victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. Rather the inmate is transported to a local hospital where the forensic examination is performed by nurses with specialized training. Inmates at Garza East are transported to Corpus Christi Medical Center Doctors Regional. The PAQ indicated that during the previous twelve months, there has been one (1) forensic exam conducted. The PAQ indicated that this exam was completed at the local hospital that provides a SANE/SAFE or a qualified medical practitioner. The facility provided redacted Correctional Managed Health Care Clinic Notes to verify that these exams were conducted. The inmate involved in this was no longer housed at the facility as of the dates of the on-site audit and, therefore, was unable to be interviewed by the auditor.

115.21 (d): The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two Offender Victim Representatives (OVR) to serve as the TDCJ qualified staff member to provide advocacy services. The facility provided the auditor with documentation of their efforts to secure a MOU to provide advocacy services. Documentation of emails with the provider as well as the MOU was provided to the audit. The Women's Shelter of South Texas dba The Purple Door provides the following services to the inmate population at the facility:

- Accompany and provide emotional support services, crisis intervention, information and referrals to the inmate during the forensic medical examination conducted at a community medical center within the organization's service area.
- Accompany and support the inmate during investigatory interviews upon request of the inmate.
- Provide follow-up face-to-face emotional support services to inmates at the TDCJ Unit.
- Receive and conduct private and confidential telephone call with inmates via 24/7 crisis hotline with an advocate that can provide immediate crisis intervention.
- Provide sexual abuse educational information following a written request from the inmate.

Contact was made with executive director of this community provider who verified the specifics of the MOU and the services that are provided to the facility.

Mental Health staff and OVR staff are the qualified staff members at the facility who provide advocacy services also. Interviews with the inmates and staff indicated the OVR is available to provide advocacy services if needed or requested. An Inter-Office Communication was provided with listed staff at the facility who are the current approved and trained Inmate Victim Representatives. These staff are: the Chief of Classification, the Classification Case Manager and the Chaplain. The documentation of the training for the staff indicated was provided to the auditor. The PowerPoint for the Offender Victim Training was also provided to the auditor in the PAQ as well as the training handouts.

Posters were noted in the facility which displayed the 24/7 crisis hotline number for the community provider. Inmates interviewed were aware of this information. The hotline number can be accessed by inmates in the dorms by directly dialing the number. A test call was made to the provider and the call went through to a live staff member at the provider. The executive director of this community provider explained to the auditor that the crisis hotline is answered by staff during regular business hours, and by volunteers after business hours. The volunteer and community provider staff advocates accompany the victim to the hospital if there is a sexual assault exam. A review of the MOU also specified the responsibilities of the advocates and that they are required to complete a volunteer application and complete the required volunteer training and background screening. A review of the website for The Purple Door was reviewed and it is noted that the website states the organization provides free and confidential services for survivors of domestic violence and sexual assaults. Advocates are available 24/7 and calls may be anonymous. The website indicates they provide advocates to accompany victims to the hospital, law enforcement agencies, prosecutor's office and the courts. Advocates will offer support, information and referrals, help victims understand their options and understand and exercise their rights as a victim of a crime.

115.21 (e): The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two OVRs to serve as the TDCJ qualified staff member to provide advocacy services. Mental Health Staff and OVR staff are the qualified staff members at the facility who provide advocacy services when necessary. The facility also has a MOU in place with The Purple Door. This community provider partners with the facility to provide advocacy services. Contact was made with executive director of this community provider who verified the specifics of the MOU and the services that are provided, when necessary. Interviews with the inmates and the OVR staff indicated the OVR is available to provide advocacy services during the forensic medical examinations and investigatory interviews if needed or requested. Postings were noted in the facility which displayed the 24/7 crisis hotline number for the community provider. Inmates interviewed were aware of this information. The executive director of this community provider explained to the auditor that the crisis hotline is answered by staff during regular business hours, and by volunteers after business hours. The volunteer and community provider staff advocates also go to the hospital if there is a sexual assault exam, to accompany and support the victim. The volunteer and community provider staff advocates also provide emotional support, crisis intervention, information and referrals as well as supporting the victim during investigatory interviews. A review of the MOU also specified the responsibilities of the advocates and that they are required to complete a volunteer application and complete the required volunteer training and background screening. A review of the provider's website indicated that they do provide victim advocate emotional support services.

There were 2 investigations completed in the previous 12 months alleging sexual abuse. In both of these, the documentation was provided and reviewed by the auditor of the victim being offered victim advocacy services. The inmates were no longer housed at the facility as of the dates of the on-site audit and, therefore, were not able to be interviewed by the auditor. The PREA Compliance Manager was interviewed and stated that victim advocacy services

115.21 (f): The facility is responsible for conducting administrative investigations while the Office of the Inspector General is responsible for conducting administrative and criminal allegations. The OIG is independent of the agency, however policies including OIG-7.13 and BP-01.07, indicate they are required to comply with all federal PREA standards.

115.21 (g): The facility is responsible for conducting administrative investigations while the Office of the Inspector General is responsible for conducting administrative and criminal allegations. The OIG is independent of the agency, however policies including OIG-07.13 and BP-01.07, indicate they are required to comply with all federal PREA standards.

115.21 (h): The Safe Prisons PREA Plan outlines the requirements for offender victim representatives. Those authorized to serve in this capacity receive specialized training via the Offender Victim Representative Training and include mental health practitioners, sociologists, chaplains, social workers and case managers. The volunteer and staff of the community provider are required to be trained in the standard response to a victim's report of or request for help related to sexual abuse. Each of these volunteers and community provider staff members undergo security clearances and training in accordance with the TDCJ Volunteer Services Plan. The Purple Door is required by the MOU to send a qualified Victim Advocate to provide services to

the victim of alleged sexual abuse. TDCJ agrees to provide training to the community provider staff on functions related to the TDCJ sexual abuse response processes as part of the MOU.

Based on a review of the PAQ, The Safe Prisons/PREA Plan, SPPOM 05.01, AD-16.03, CMHCPM 57.01, OIG 7.13, BP-01.07, redacted medical notes, Offender Victim Representative Training with handouts and staff training documentation, copies of the MOU with The Purple Door, the website of the provider and information from interviews with the PREA Compliance Manager, and interview response from inmates, this standard is determined to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-16.20, *Reporting Incidents to the Office of the Inspector General*
4. Board Policy BP-01.07, *Inspector General Policy Statement*
5. Investigative Reports
6. Administrative Directive AD-02.15, *Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents*
7. Safe Prisons / PREA Operations Manual 05.01, *Sexual Abuse Response and Investigation*

Interviews:

1. Agency Head
2. Investigative Staff

Findings (By Provision):

115.22 (a): The Safe Prisons/PREA Plan and the SPPOM 05.01 outline the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The OIG is notified of all allegations of sexual abuse and harassment. If the allegation requires an administrative investigation, the supervisor or Warden will ensure an Administrative Incident Review is completed promptly. All allegations will be forwarded to the OIG for investigation. The PAQ indicated that there were five (5) allegations of sexual abuse and sexual harassment reported within the previous twelve months. The OIG has one (1) of these as an open/active criminal case. The interview with the Agency Head indicated that all allegations are taken seriously and are investigated either administratively by a trained staff member at the facility or criminally by the Office of the Inspector General. The interview also indicated all criminal investigators had received specialized investigator training.

115.22 (b): AD-16.20, AD-02.15 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment.

The policy regarding investigations is published on the agency's website:

<https://www.tdcj.texas.gov/divisions/oig/index.html>. The interview with the OIG investigator affirmed that they do the criminal investigations and work closely with the facilities. A review of the investigations documents the referrals to the OIG.

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

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

115.22 (e): This provision does not apply as no Department of Justice entity is responsible for conducting investigations.

Based on a review of the PAQ, SPPOM-05.01AD-16.20, AD-02.15, BP-01.07, the Safe Prisons/PREA Plan, the agency's website and information obtained via interviews with the Agency Head and Investigators, and a review of the investigative reports, this standard is determined to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*
3. Executive Directive PD-29, *Sexual Misconduct with Offenders*
4. Security Memorandum SM-02.25, *On the Job Training Program*
5. Executive Directive PD-97, *Training and Staff Development*
6. Safe Prisons / PREA Operations Manual 06.01, *Unit Safe Prisons / PREA Program Awareness Training*
7. TDCJ Employee Training Lesson Plans and Video Script
8. TDCJ Employee Training – Correctional Awareness / Staff Survivor Training
9. GST Safe Prisons PREA Training
10. On the Job Training Program Procedures Guide

Interviews:

1. Interview with Random Staff

Observations:

1. Safe Prison PREA Awareness Training

Findings (By Provision):

115.31 (a): PD-29 and the Safe Prisons/PREA Plan, page 33-35 indicate that all staff are required to receive PREA training at least every two years. PD-97, and PD-29 also cover the required training topics for staff. A review of the PREA training curriculums confirm that the agency trains all employees who may have contact with inmates on the following matters:

- zero tolerance policy
- how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures
- the inmates right to be free from sexual abuse and sexual harassment
- the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment
- the dynamics of sexual abuse and sexual harassment in a confinement setting
- the common reactions of sexual abuse and sexual harassment victims
- how to detect and respond to signs of threatened and actual sexual abuse
- how to avoid inappropriate relationship with inmates
- how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates
- how to comply with relevant laws related to mandatory reporting.

A review of a sample of staff training records indicated that 100% of those reviewed received PREA training. Additionally, records indicated that staff received training weekly at shift turnout. The PCM ensures that staff are trained on a different section of PREA monthly. Interviews with random staff confirmed that they had received PREA training within the previous twelve months and that they continuously receive PREA training. The staff were exceptionally knowledgeable on PREA.

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

115.31 (c): SPPOM 06.01, Unit Safe Prisons, PREA Program Awareness Training establishes USPPM operational instructions for providing PREA awareness training for staff. This policy states that staff awareness training may take place during, but not limited to: shift change, security and departmental staff meetings, non-security departmental meetings and any additional training sessions or meetings as determined by the Unit Administration. The PAQ indicated that 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. A sample of staff training records indicate that all the staff reviewed received the PREA training. Interviews with random staff confirm that they received training.

115.31 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. Training courses are approved through the TDCJ training database. Employees are required to enroll and complete courses through this database. If the training is a classroom setting, the trainer of the class or designee is required to ensure the course is entered into the database. Additionally, a supplemental training record is kept for all classroom style training. A review of the training records indicate that all staff sign an acknowledgement of training once completed.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, PD-97, SPPOM 06.01, SM-02.25, the PREA Training Curriculums, a review of a sample of staff training records as well as interviews with random staff, this standard is determined to be compliant.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Volunteer Services Training Facilitators Guide
3. Windham Training Curriculum Safe Prisons PREA
4. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan
5. Executive Directive PD-29, Sexual Misconduct with Offenders
6. TDCJ Volunteer Services, Handbook for Volunteers
7. UTMB PREA Specialized Training

Interviews:

1. Volunteers
2. Contractors

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the Safe Prisons PREA in Texas training video and receive information from the Volunteer Services Training Program (pages 32-33) as well as information in the volunteer handbook (pages 12-13). PD-29 and the Safe Prisons/PREA Plan, page 35, describe the required training and indicate that the training is based on the type and level of services provided and the level of contact with offenders. The PREA training curriculums, were provided and reviewed by the auditor and support the requirements provided in the policies and this standard. The PAQ indicated that fifty-four (54) volunteers and contractors had received PREA training, which is equivalent to 100%. A review of sample training documents for contractors and volunteers indicated that 100% of those reviewed received PREA training. Additionally, the interviews conducted with the contract staff and volunteers confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

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

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

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, the PREA training video transcript, the volunteer handbook, the Volunteer Services Training Program Handbook and Facilitator’s Guide, the Windham training curriculum, the UTMB training, and a review of a sample of contractor and volunteer training records as well as interviews with contractors, this standard is determined to be compliant.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prison/PREA Operations Manual SPPOM 06.02, *Offender Sexual Abuse Awareness Training*
4. TDCJ Correctional Institutions Division, Intake Procedures 1.10, *Initial Orientation*
5. Offender Orientation Safe Prisons Video Script – English and Spanish
6. CMHC Policy E-37.5 Interpreter Services

7. SM-05.50 Qualified Spanish Interpreters Guidelines
8. CMHC Policy G-51.5 Certified ASL Interpreter Services
9. CMHC Policy G-51.01 Offenders with Special Needs
10. CMHC, A-08.03, Referral of Offenders to the Developmental Disabilities Program
11. Offender Orientation Handbook – English and Spanish
12. Unit Safe Prisons PREA Information – English and Spanish
13. Offender Orientation Safe Prisons Video Script – English and Spanish, Braille English and Spanish
14. UTMB CMC Quick Reference Guide to Access an Interpreter

Interviews:

1. Intake Staff
2. Random Inmates
3. Targeted Inmates (Limited English Proficient, Hearing, Vision, Physical or Cognitive Impaired)(no disabled inmates at the facility as of the dates of the on-site audit)

Site Review Observations:

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

Test Processes:

1. How the facility provides necessary PREA information to all confined persons
2. Interpretation Services for LEP Inmates
3. Accessibility of interpretation services
4. Availability of interpretation service

Findings (By Provision):

115.33 (a): Intake Procedures 1.10 and the Safe Prisons/PREA Operations Manual 06.02 outline the requirement for inmates to receive PREA education, specifically information on the agencies zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. Inmates receive orientation within seven calendar days of arrival and receive five hours of peer education, to include sexual assault awareness. The PAQ indicated that 2896 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of documentation indicated the offender orientation handbook as well as the Safe Prisons/PREA Program brochure included information on the zero-tolerance policy and the reporting methods. Both documents are provided to inmate at intake. A review of a sample of inmate files indicated that 100% of those reviewed had been documented that they received PREA information at intake. During the site review, the auditor observed the intake area and was provided an overview of the intake process. Inmates were provided a handout/brochure and were also asked the risk screening questions during this time. The interview with intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via the orientation packet. Random inmates that were interviewed indicated that they received PREA information at the time of intake. Interviews with inmates who were LEP and inmates indicated that they were all provided assistance in translating and written information in a manner and format that they were able to understand. The facility provides certified interpretation services to inmates who are LEP. Many staff at this facility are bi-lingual. If a language other than Spanish is needed, the language interpretation services are utilized. The written information is also provided in English and in Spanish. Staff assist inmates if they are unable to see or read. Mental Health and education staff assist inmates who may have cognitive or functional disabilities. There were no inmates at the facility on the dates of the on-site audit with physical, functional, or cognitive disabilities, nor were there any who were blind or with low vision.

115.33 (b): The Safe Prisons/PREA Operations Manual 06.02 outlines the requirement for inmates to receive PREA education, specifically the comprehensive education that is provided to the inmates. The manual indicates that the Sexual Abuse/PREA Awareness video will be show to all offenders within 30 days of arrival into the TDCJ and if the inmate is received at a facility

and it is determined that he/she has not seen the video, they are to receive it immediately. A review of the video transcript indicated that inmates were educated on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. The video also goes over the agencies policies and procedures related to prevention, detection and response. The PAQ indicated that 2453 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100%. Staff indicated that numerous inmates receive education prior to the 30 days and as such inmates who are there less than 30 days have also received the PREA comprehensive education. A review of a sample of inmate files indicated that 100% of those reviewed had been documented that they received comprehensive PREA education. Interviews with the intake staff and random inmates confirmed that all inmates receive comprehensive PREA education.

115.33 (c): A review of a sample of inmate records indicated that 100% of those sampled received comprehensive PREA education. All inmates that are received by the facility receive PREA training and education. The facility provided the Unit Safe Prisons PREA Information in English and Spanish and the NI SPP Unit Orientation Packet in English and Spanish which covers the required information as noted in the standard. Interviews with intake staff indicate all inmates receive PREA education.

115.33 (d): The Safe Prisons/PREA Plan, page 20-21 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing are provided information in American Sign Language (ASL) while inmate who are blind or have an intellectual/cognitive disability would be read PREA information. The Safe Prisons/PREA Plan, page 20-21, CMHC E-375 and SM-05.50 specifies the procedures to ensure meaningful access to all the aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The agency has a staff translator list which is utilized by the facility for any inmates who are LEP. They can also utilize the language line, a service they can call that will translate information between the staff member and LEP inmate. A review of a sample of LEP inmate files indicated that they received PREA information and they understood the information. The auditor interviewed LEP inmates during the on-site audit. Some of these inmates understood sufficient English. All were assisted by an interpreter. During the site review, the PREA signage was observed to be in large text, bright colors and in Spanish. The facility also provides Inmate PREA information in Braille for low vision or blind inmates. This Braille information is in English and Spanish. CMHC 51.5 is the policy which provides for Certified ASL Interpreter Services for inmates who are deaf or hard of hearing. CMHC Policy G-51.01 is the policy which specifies the policy for Offenders with Special Needs. Procedure CMHC A-08.03 outlines the requirements for Referrals of Offenders to the Developmental Disabilities Program.

115.33 (e): Initial intake is completed when the inmate signs the orientation sign-in sheets (SSP-117). Comprehensive PREA education is documented via the offender sexual abuse awareness education sign-in roster. This information is then entered into the offender's individual treatment plan. A review of inmate's files indicate that all inmates have been provided comprehensive PREA education.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility had PREA information via the offender orientation handbook, the Safe Prisons/PREA Program Brochure and through PREA signage. During the site review, the auditor observed the PREA signage in each housing unit and in common areas. The signage included the audit notice, how to report sexual abuse and sexual harassment, and access to outside victim emotional support services. This signage was in common areas and was accessible and consistent. PREA information is also available on the inmate tablets. Informal conversations during the site review with both staff and inmates indicated that they knew about PREA and how to report and access outside services.

It should be noted that the facility had a couple of changes in staff who oversaw the PREA process in the months leading up to the on-site audit. It was identified by the facility and Regional PREA staff that some of the Inmate Education Sessions were not documented. The inmates who were identified as not having documentation of PREA initial intake and the 30-day comprehensive PREA orientation were subsequently provided this information and Attachment Q forms were signed. While onsite, the auditor was made aware of this. It was requested that the facility look up and provided documentation of twenty (20) randomly selected inmates to review. This was provided to the auditor and reviewed and verified the completion while the auditor was on-site. Chain lists were also provided for comparison. The documentation was submitted into the OAS supplemental file. The auditor is satisfied with the corrective action already taken by the agency and facility to correct the original discrepancies noted by the facility before the dates of the on-site audit. The facility has designated a new PREA Compliance Manager and she has been trained and accompanied in the preparation for the audit by a new officer who transferred to the facility who was formerly the PREA Compliance Manager at the previous facility, as well as trained and accompanied

in preparation for the audit by an officer who is the PREA Compliance Manager at a nearby facility. The original Corrective Action memo from the Safe Prisons Program Management Office dated January 22, 2025 was provided to the auditor which specifies the non-compliance identified by the agency and the corrective actions initiated.

Based on a review of the PAQ, the Offender Orientation Handbook in English and Spanish, the Safe Prisons/PREA Plan, IPM 01.10, the SAA video script in English, Spanish and Braille English and Spanish, the Unit Safe Prisons PREA information in English and Spanish, NI SPP Unit Orientation Packett in English and Spanish, the Safe Prison/PREA Operations Manual 02.03 with Attachments A, AS, B1-6, B1-6S, C and CS, the UTMB CMC Quick Reference Guide to Access an Interpreter, the Safe Prison/PREA Operations Manual 06.02 with Attachment Q, E-37.5, SM-05.50, the CMHC policies, the memo noting the corrective action plan, a sample of inmate records, observations made during the site review to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates, this standard is determined to be compliant.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Safe Prisons PREA Plan
3. Safe Prisons / PREA Program, *Conducting a Thorough Investigation - PowerPoint*
4. Executive Directive PD-97, *Training and Staff Development*
5. Training Documentation for Investigators

Interviews:

1. Investigative Staff

Findings (By Provision):

115.34 (a): The Safe Prisons PREA Plan, p. 26 states that investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this policy. PD-97 was provided to the auditor which specifies the requirements for staff training. The training curriculum, “Conducting a Thorough Investigation” was also provided to the auditor. A review of investigator training records indicated that seven (7) staff members who serve as investigators received specialized training. Interviews were conducted with facility investigators who stated that they had received specialized investigator training. The OIG investigator is not permanently assigned to the facility, but was at the facility during the on-site audit and was able to be interviewed by the auditor. The OIG stated that he had received specialized training to conduct sexual abuse and sexual harassment investigations.

115.34 (b): The 2013 Operational Procedures Manual OIG-02.15, page 3, requires that all investigators receive mandatory training for sexual assault investigations as well as in-service training specifically related to sexual assaults within the prison facilities. This training is completed through two curriculums: Safe Prisons/PREA Investigator Training and Sexual Assault Investigative Topics. The training curriculums included the following:

- techniques for interviewing sexual abuse victims
- proper use of Miranda and Garrity warnings
- sexual abuse evidence collection in confinement settings
- the criteria and evidence required to substantiate a case for administrative action or criminal prosecution.

A review of investigator training records indicated that all investigators have completed the specialized investigator training. The PCM who complete administrative investigations and the OIG investigator both received specialized training.

The specialized training curriculum included the following topics:

- History of the Prison Rape Elimination Act
- Definitions of key terms
- The PREA standards related to sexual abuse and sexual harassment
- The effects of sexual abuse in custody
- How investigations in confinement are different from other types of investigations
- The goals of an investigation
- The criteria for administrative action and criminal prosecution
- The requirements for administrative and criminal investigations
- Interviewing techniques for victims and special populations
- The role of a victim advocate / offender victim representative
- The forensic medical exam and timeline for obtaining forensic medical evidence
- The use of Miranda and Garrity Warnings

The facility investigators indicated they received specialized training that all the aforementioned topics were included in the training.

115.34 (c): The PAQ indicated that there are (7) investigators who completed the required training. A review of the training documents indicated that all of the facility investigators have received specialized training through the agency. The interviews with investigative staff indicated that they received specialized training and it was documented.

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

Based on a review of the PAQ, Safe Prisons/PREA Program, PD-27, the investigator training PowerPoint, a review of investigator training records as well as interviews with investigative staff, this standard is determined to be compliant.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Correctional Managed Health Care Policy Manual CMHCPM C-19.1, *Continuing Education / Staff Development*
3. Policy Directive – PD 97, Training and Staff Development
4. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan
5. UTMB Part 4 PREA Specialized Training
6. Specialized Training Certificates for Medical / Mental Health staff

Interviews:

1. Medical and Mental Health Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.35 (a): Correctional Managed Health Care Policy Manual C-19.1, requires that all medical and mental health care staff complete an orientation within 90 days. The orientation includes security, classification and health care topics and specifically discusses the detection, assessment and response to offender/victim sexual abuse and sexual harassment. Medical and mental health services are provided through the UTMB. The training includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 42 medical and mental health staff and that 100% of these staff received the specialized training. A review of medical training records indicated that all those reviewed received the specialized training. Interviews with medical staff confirmed that they had received the PREA specialized training. Mental health is conducted via telehealth and therefore, mental health staff were not able to be interviewed by the auditor.

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

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. The facility provided certificates of completion for all medical and mental health staff at the facility. The certificate of completion is added to each staff members training file.

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

Based on a review of the PAQ, CMHCPM 19.1, the Safe Prisons PREA Plan, UTMB Part 4 PREA Specialized Training, PD-97, and medical and staff training certificates as well as interviews with medical staff, this standard is determined to be compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 03.01, *Offender Assessment Screening*
4. Inmate Assessment Screening (Attachment E)
5. Inmate Re-Assessment Records (Attachment E2)
6. Safe Prisons / PREA Automated Network System (SPPANS) Assessments, Users Guide

Interviews:

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

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of File Locations and Security

Findings (By Provision):

115.41 (a): The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates.

The Texas Department of Criminal Justice Safe Prisons / PREA Plan states the intake screening shall include, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- Any mental, physical, or developmental disability
- Age of inmate
- Physical build of inmate
- Prior incarcerations
- Whether 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
- The inmate's own perception of vulnerability

During the site review, the auditor observed the intake area where the risk screening occurs. The risk screening is conducted in a private office setting, typically with the PREA Compliance Manager (Safe Prisons Staff). Interviews with random inmates confirm that they were asked questions either the same day or the next day. The interview with the staff responsible for the risk screening indicated that inmates are screened at intake and that the offender assessment screening form is completed. The PCM conducted interviews in a manner that fostered comfort and elicited responses from the inmate. The PCM utilized the risk screening tool which affirmatively asks inmates about their sexual orientation and gender identity. The PCM directly inquired if the inmate identifies as LGBTI and also made subjective determinations about the inmate's perceived status. The risk screening instrument returns a subsequent score or determination of risk of being sexually abused or being sexually abusive.

The auditor directly observed the risk screening and determined that the inmates who were screened felt comfortable answering questions in the private office space where the screening was conducted.

The Texas Department of Criminal Justice Safe Prisons / PREA Plan states that after completion of the screening instrument, the USPPM (PREA Compliance Manager) shall forward a copy to the intake coordinator for intake facilities, and the original shall be provided to the unit classification department for review.

The facility provided the auditor with the SPPANS Assessment User Guide. The guide specifies the process for completing the database assessment. The following questions are asked of each inmate within 24 hours of intake:

- Inmate TDCJ #; Ethnicity, Gender, Height, Weight, Age

The file review for staff includes:

- Prior incarcerations
- Prior sexual offenses – against a child or adult
- Criminal history – whether or not it is exclusively non-violent
- Prior institutional sexual victimization
- History of prior institutional violence or sexual abuse
- Completed Safe Prisons / PREA education during current incarcerations
- Any mental, physical, or developmental disabilities
- Does the inmate feel at risk from sexual abuse, sexual harassment or other forms of victimization
- How does the inmate wish to identify
- Does the inmate identify as transgender or intersex
- History of sexual abuse to include a review of
 - Prior to incarceration, have you ever experienced sexual victimization
 - Engaged in sexual activity with another because you believed you would be harmed if you refused
 - Been forced or coerced to engage in sexual activity for protection or otherwise
 - Engaged in non-coerced (willing) sexual activity with staff or other inmates
 - Was abuse reported
 - Forced another offender by violence, threats or promise to provide protection to engage in sexual acts
 - Been disciplined in any other facility for sexual abuse or sexual harassment of another offender

115.41 (b): The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 2847 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of inmate files confirmed that this screening takes place within 72 hours. The interview with staff responsible for risk screening (the PCM) also noted that the screening takes place within 72 hours of the inmate's arrival at the facility.

The auditor requested an up-to-date inmate roster which would provide a list of all inmates currently at the facility. This roster was organized by housing unit, and provided the inmate characteristics such as age, gender, race, ethnicity, date received at the facility, tentative release date, program assignments, work assignments, classification level, security level, gang affiliation, and housing assignment. This allowed the auditor to accurately select a random representation of inmates for the interview process. All inmates selected for interviews were selected under the guidance of the National PREA Resource Center, PREA Compliance Audit Instrument – Interview Guide for Inmates.

Interviews on-site with inmates indicated that inmates recalled being asked the screening questions upon their arrival or shortly thereafter.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of Attachment E and E-1 indicated that inmates answer yes or no questions. These questions document the following:

- prior incarceration
- current or prior sexual offense convictions
- criminal history that is exclusively non-violent
- prior institutional sexual victimization

- prior institutional violence of sexual abuse
- if the inmate is currently or has ever been assigned to safekeeping or protective safekeeping
- if the inmate has prior sexual victimization prior to incarceration
- if the inmate feels at risk from sexual abuse, sexual harassment or other forms of victimization
- if the inmate has any developmental disabilities
- how the inmate wishes to identify
- if they identify as transgender or intersex

The instrument also has a question which asks the observation of the staff whether the inmate displays characteristics or demeanor of the opposite sex or appears gender non-conforming. The screening instrument has a full page in which the interviewer can indicate their notes regarding the risk screening interview. The PCM performs most of the risk screening interviews and indicated in the interview with the auditor that the screening tool asks the inmate if they have ever been a victim of sexual assaults or otherwise victimized. The PCM stated that the inmate is asked their name and number and then they go through the questions in the questionnaire.

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

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

115.41 (f): SPPOM 03.01, page 1 and 5, indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires inmates to be reassessed and that 2453 inmates were reassessed within 30 days. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. An interview with staff responsible for the risk screening indicated that inmates are reassessed between 15 and 30 days. Interview with random inmates indicated that they were asked the risk screening questions typically on the first or second day. A review of a sample of inmate files who had been housed at this facility for a more extended period of time indicated that inmates are being reassessed within the 30-day timeframe.

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

115.41 (h): The Safe Prisons/PREA Plan, pages 19-20, as well as the SPPOM 03.01, page 2, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening. Interviews with random inmates confirmed that they have never been disciplined for not answering any screening questions.

115.41 (i): The Safe Prisons/PREA Plan, pages 19-20 as well as the SPPOM 03.01, page 2, as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Interviews with the PREA Coordinator, PREA Compliance Manager (staff responsible for the risk screening) indicate that the information obtained during the risk screening is only assessable to the Compliance Manager, the Major and other supervisors. The Compliance Manager keeps the risk screening in files that are securely locked and staff only use this information to keep inmates safe through assignment of housing, work and programs. Staff demonstrated to the auditor during the on-site audit how and who can access the electronic risk assessments and re-assessments in the SPPANS database and where the paper files would be stored and secured.

It should be noted that the facility had a couple of changes in staff who oversaw the PREA process in the months leading up to the on-site audit. It was identified by the facility and Regional PREA staff that some of the inmate initial risk assessments were not documented. The inmates who were identified as not having documentation of PREA initial intake risk assessment and the 30-day re-assessment were subsequently interviewed and the risk assessments and then re-assessments were conducted. While onsite, the auditor was made aware of this. It was requested that the facility look up and provided documentation of twenty (20) randomly selected inmates to review. This was provided to the auditor and reviewed and verified the completion while the auditor was on-site. Chain lists were also provided for comparison. The documentation was submitted into the OAS supplemental file. The auditor is satisfied with the corrective action already taken by the agency and facility to correct the original discrepancies noted by the facility before the dates of the on-site audit. The facility has designated a new PREA Compliance Manager and she has been trained and accompanied in the preparation for the audit by a new officer who transferred to the facility who was formerly the PREA Compliance Manager at the previous facility, as well as trained and accompanied in preparation for the audit by an officer who is the PREA Compliance Manager at a nearby facility. The original Corrective Action memo from the Safe Prisons Program Management Office dated January 22, 2025 was provided to the auditor which specifies the non-compliance identified by the agency and the corrective actions initiated.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 03.01, the Attachments E and E2, the SPPANS Assessments User Guide, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates, as well as the Corrective Action memo from the Safe Prisons Program Management Office, and observance of the access to the SPPANS database and the security of the paper files, this standard is determined to be compliant.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes 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*)

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*
3. *TDCJ Classification Plan*
4. Safe Prisons/PREA Operations Manual SPPOM 03.01, *Offender Assessment Screening*
5. Administrative Directive AD-04.17, *Inmate Housing Assignment Criteria and Procedures*
6. Offender Assessment Screening (Attachment E, E-1 & E-2)
7. Safe Prisons / PREA Operations Manual, SPPOM-03.02, *Special Population Review*
8. Unit Classifications Review (UCR) Screen Lists
9. Sample of housing decisions of LGBTI inmates
10. Transgender/Intersex Reassessments
11. Administrative Directive AD-04.18
12. SPPANS Assessment User Guide
13. TDCJ Unit Classification Procedure, *Offender Housing Assignments*

Interviews:

1. Staff Responsible for Risk Screening
2. PREA Coordinator
3. PREA Compliance Manager
4. Transgender/Intersex Inmates
5. Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records.

- 2. Housing Assignments of LGBTI Inmates
- 3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): SPPOM 03.01, specifies that the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. Attachments E, E1 and E2 are the forms utilized in these assessments. UCR screen lists were provided which show the format for the assessments as it appears on the computerized screens. The information obtained from the risk screening assessments are used to inform the following decisions:

- Housing assignments
- Bed assignments
- Work assignments
- Education assignments
- Program assignments

The PAQ also included SPPOM 03.02, which establishes the policy and procedure for USPPM staff to assign, review and remove special population codes for transgender and intersex inmates. During committee review, the USPPM shall ask each offender the following questions to determine whether he or she is experiencing any safety issues because of their transgender or intersex status.

- Since your last review, as anyone solicited, pressured, or forced you to engage in sexual acts?
- Have you experienced sexual harassment by others?
- Do you currently feel safe in your present housing, work, and program assignment?

Depending on the responses provided, the USPPM shall ask follow-up questions on a case-by-case basis to obtain additional information.

Interviews with the Compliance Manager (staff responsible for the risk screening) indicated that the information is used to make housing determinations and job assignment determinations. Interviews confirmed that inmates at high risk of victimization would not be authorized work assignments or program/education assignments with inmates at high risk of being sexually abusive. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together, did not work together and did not attend education/programs together.

115.42 (b): The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The TDCJ Classification Plan, p. 13 states that upon intake to the facility, offenders are assigned to appropriate housing according to security needs. Initial housing assignments at intake are made based on the offender's age, physical size, vulnerable, predatory or abusive characteristics, current offense of record, number of prior confinements, assessments, and other security related characteristics; including information received prior to the inmate's arrival, or from law enforcement and jail personnel who transported the offender to the facility. P. 10 states that the primary function and objective of the Unit Classification Team (UCC) shall be to classify each offender to ensure to the maximum extent possible, that the safety, security and treatment needs of all offenders are being met, and the safety and security of staff, the prison and the public are maintained. AD-04.17, AD-04.18 and SPPOM 03.01 are also utilized to ensure the facility utilizes individualized determinations to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicates that all offender risk assessments are reviewed by the Unit Classification Team to determine the safest housing, work and program assignments and they would not be placed in the same dorm. The PCM and the Major are involved with all housing of inmates who are at high risk of victimization or high risk of being sexually abusive.

115.42 (c): The Safe Prisons/PREA Plan, page 19, and UCPM 4.00 indicates that housing and program assignments for each inmate is considered on a case-by-case basis to ensure the inmate's health and safety, and whether the placement would present management or security problems. AD-04.17 states that all inmate housing assignments, including assignment to a unit or to a specific housing area, such as dormitories, cellblocks, rows or other similar areas shall be made on the basis of objective criteria. The housing assignment criteria includes security related criteria such as criminal history, history of institutional sexual violence or victimization, current offense, sentence length and amount of time completed on sentence, violent or passive tendencies, criminal sophistication, inmate enemies, LGB tendencies, transgender and intersex identification, height, age and weight, security threat group affiliation, disciplinary record and other special safety precautions and requirements. The PAQ indicated that this practice is taking place and that this occurs at the agency's reception centers where inmates arrive.

SPPOM 03.02, which establishes the policy and procedure for USPPM staff to assign, review and remove special population codes for transgender and intersex inmates. During committee review, the USPPM shall ask each offender the following questions to determine whether he or she is experiencing any safety issues because of their transgender or intersex status.

- Since your last review, as anyone solicited, pressured, or forced you to engage in sexual acts?
- Have you experienced sexual harassment by others?
- Do you currently feel safe in your present housing, work, and program assignment?

Depending on the responses provided, the USPPM shall ask follow-up questions on a case-by-case basis to obtain additional information.

The interview with the PCM indicated that these housing determinations are typically made on a case-by-case basis. The type of program the inmate is required to participate in is a factor in determining housing, however safety and security are also taken into consideration when assigning housing dorms based on program assignments. An interview with a transgender inmate indicated that the offender was asked about their safety by staff at the facility and the offender did not believe they were placed in a housing unit strictly for LGBTI inmates.

115.42 (d): SPPOM 03.02, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate's safety. The PAQ indicated that this practice is taking place. Transgender and Intersex inmates are seen by a committee twice a year and all inmates are reassessed within 15 - 30 days of their arrival. The interview with the PC and staff responsible for the risk screening indicated that transgender and intersex inmates are seen by classification every 30 days or sooner if needed to review their safety, security and assignments. An interview with a transgender inmate and a review of their assessment indicate that the offender is re-assessed twice a year.

115.42 (e): SPPOM 03.02, indicates that the inmate's own views with respect to his or her safety is given serious consideration. The PAQ indicated that this practice is taking place. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety during the assessments and this information is given serious consideration. The interview of the transgender inmate indicated they were asked about their own view with respect to their safety and they felt that the facility housed them appropriately.

115.42 (f): The Safe Prisons/PREA Plan, page 9, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the site review it was confirmed that all inmates are provided privacy while showering from one another via barriers. The interview with the PCM and the staff responsible for risk screening confirmed as well as the interview with a transgender inmate indicated that transgender and intersex inmates can shower separately.

115.42 (g): The PAQ and a review of housing assignments for inmates who identify as LGBTI indicated that these inmates were assigned to various dorms throughout the facility. The interviews with the PC and PCM confirmed that LGBTI inmate are not placed in one specific housing unit. Interviews with inmates who identified as LGBTI indicated that they did not feel they were placed in any specific dorm based on their sexual preference and/or gender identity.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 03.01 and 03.02, AD-04-17, SPPOM 03.02, UCR screens, a review of inmate housing assignments, a review of transgender inmate's assessments and information from interviews with the Compliance Manager, staff responsible for conducting risk screenings and LGBTI inmates, this standard is determined to be compliant.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?
 Yes No

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*
3. SPPOM 05.05, Offender Protection Investigation, Attachment J
4. Restrictive Housing Plan
5. Restrictive Housing Plan Attachments, Form I-203A
6. Documentation of housing assignments of inmates at high risk of sexual victimization

Interviews:

1. Warden (acting)
2. Staff Who Supervise Inmates in Segregated Housing
3. Inmates in Segregated Housing for risk of sexual victimization / who allege to have suffered sexual abuse

Site Review Observations:

1. Observation of Housing Units – Restrictive Housing

Findings (By Provision):

115.43 (a): The Safe Prisons/PREA Plan, page 18-19, indicates that the agency does not place inmates at high risk for sexual victimization in involuntary restrictive housing unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. Specifically, inmates who are referred for protective custody are reviewed within seven days, and then every seven days for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. Inmates at the facility are only placed on a restrictive housing status due to high risk of sexual victimization and until an alternate housing can be arranged. The facility provided form SPPOM 05.05, Offender Protection Investigation, attachment J. This form documents the review process to ensure the compliance with policy according to this standard. The Restrictive Housing Plan, p. 11, states that Inmates at high risk for sexual victimization shall not be placed into involuntary segregated housing unless and assessment of all available alternative means of separation has been made, and that there are no available alternative means of separation from likely abusers. According to the PAQ, there have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months. The interview with the acting warden indicated that any relevant information would be documented if an inmate were placed in restrictive housing and this information is submitted in order to protect the inmate. The inmate would be monitored and reviewed to determine if there was anything further needing to be done. There were no inmates in involuntary segregation for risk of sexual abuse during the on-site audit.

Interviews with inmates with a risk of sexual victimization indicated that none of these were housed in segregation, but were in general population.

115.43 (b): The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in restrictive housing, they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The facility documents the placement and restrictions for inmates on a segregated status. Staff who supervise inmates in segregated housing were interviewed and stated that inmates in segregation have access to programs, however it is modified due to their status. The staff indicated that the housing log is

documented with the nature of the programs, education and privileges and if and how it is modified. There were no inmates in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse during the dates of the on-site audit.

115.43 (c): The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in restrictive housing due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The FAQ indicates that in the past 12 months, there were zero (0) inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. A review of the inmates' housing assignment for those who have alleged sexual abuse indicates that they were not held in restrictive housing status for 30 days. The interview with the acting Warden and staff who supervise inmates in segregated housing indicated that this is standard practice. There were no inmates in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse during the dates of the on-site audit.

115.43 (d): The Restrictive Housing Review form (I-203A) documents the basis for the concern for the inmates' safety and why no alternative means of separation could be arranged. The PAQ indicates there were zero (0) inmates held in involuntary segregated housing the past 12 months. A review of the inmates' housing assignment for those who have alleged sexual abuse indicates that they were not held in restrictive housing status for 30 days. Many of these inmates were moved to alternate housing within a few days of placement in restrictive housing. The interview with the acting Warden indicated that this is standard practice.

115.43 (e): The Restrictive Housing Plan, page 11, indicates that if an inmate was placed in restrictive housing due to risk of victimization, they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, the Restrictive Housing Plan indicates that inmates who are referred for protective custody are reviewed within seven days, and then every seven days for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. A review of the inmates' housing assignment for those who have alleged sexual abuse indicates that they were not held in restrictive housing status for 30 days. The inmates were moved to alternate housing within a few days of placement in restrictive housing. Inmates identified as being at risk of sexual victimization were interviewed by the auditor and a review of their housing assignment and the interview indicated that they were all housed in general population. The interview with the acting Warden indicated that this is standard practice.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 05.05, the Restrictive Housing Plan, form I-203A, documentation of housing assignments, observations from the facility site review related to any restrictive housing areas as well as information from the interviews with inmates at risk of sexual victimization and with the acting Warden, this standard is determined to be compliant.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*
3. TDCJ Offender Orientation Handbook
4. TDCJ Board Policy BP-03.91, *Uniform Offender Correspondence Rules*
5. Executive Directive ED-02.10, *Prison Rape Elimination Act Complaints and Inquiries*
6. TDCJ Safe Prisons / PREA Operations Manual SPPOM 02.03, *Safe Prisons/PREA Program Postings and Brochures*
7. Statement of Fact – Civil Immigration
8. PREA Investigations

9. Executive Directive PD-29, *Sexual Misconduct with Offenders*

Interviews:

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

Site Review Observations:

1. Observation of PREA Reporting Signage in all Housing Units
2. Mail drop boxes
3. Record Storage (physical security and electronic security)

Processes Tested:

1. Reporting in Writing
2. Access to writing materials
3. Process for Sending / Receiving Mail
4. Reporting Electronically
5. Anonymous reporting
6. Reporting via Phone

Findings (By Provision):

115.51 (a): The Safe Prisons/PREA Plan, page 20-21, outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the offender orientation handbook, Uniform Offender Correspondence Rules, ED- 02.10, PREA Complaints and Inquiries, The Safe Prisons PREA Plan, SPPOM 02.03 and PREA signage, indicated that there are multiple ways for inmates to report. These reporting mechanisms include:

- to any employee, contractor or volunteer
- on an inmate request (I-60 form)
- via sick call
- via grievance
- by writing the PREA Ombudsman
- by having any family member or friend call the PREA Ombudsman
- by having any family member or friend report the allegation to the Office of the Inspector General
- by reporting directly to the Office of the Inspector General

During the site review, it was observed that information pertaining to how to report PREA allegations to the PREA Ombudsman and the OIG was posted in all housing units. The signage was easily read / accessed by persons in the facility. The language in the posting was clear and easy to understand and was specific to services, such as emotional support services, civil immigration and external reporting. The signage details what services are available and for what purposes. The signage is provided in English and Spanish. The signage text, formatting and physical placement accommodates most readers including those of average height, low vision / visually impaired or those physically disabled. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The information in the signage is accurate and consistent throughout the facility. The audit notices were relevant to the current audit and the contact information was consistent for the service provider / organization name, addresses, phone number. Signage related to how to report sexual abuse and / or sexual harassment (external and internal reporting methods) was posted near the phones in the housing units. This information was also observed to be posted in areas where inmates attend programming, work areas and education areas as well as in medical areas. Informal interviews with inmates at various locations in the facility indicated that they had seen the information posted and knew where the signage was located if they needed to read them. Interviews with a sample of inmates confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed on these methods. Most inmates indicated that they would ask to speak to the PCM, fill out an I-60 or tell a family member or friend. Interviews with random staff confirm that they take all allegations seriously and that inmates have multiple ways (those indicated above) to report sexual abuse and sexual harassment. During the on-site audit, the auditor questioned the process for inmates to obtain writing materials in order for them to submit written notes, grievance forms, etc. Inmates and staff both advised that these materials are distributed regularly and are also available upon request by the inmate to any staff member. Forms for submitting a written request are also available to inmates within the housing units without having to ask the staff member for them. Mail drop boxes

were observed in the facility at various locations and do not have to be given directly to a staff member in order to be processed. Mail drop boxes were locked and secured and only accessible by designated staff. Mailroom staff at the facility were interviewed and they stated that confidential mail is processed in the same manner as legal mail.

The auditor observed that the physical storage area for records and documentation such as risk screening information, medical records, sexual abuse allegations, etc. are secured and not accessible to staff who are not authorized to see such information. Physical records are stored in locked cabinets within locked offices / rooms. Electronic information is secured with password protection and accessible only by the staff member's role access. Informal conversations with medical staff and classification staff confirmed this.

115.51 (b): The Safe Prisons/PREA Plan, page 20-21, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the facility for investigation. The facility provided ED-02.10 for review. A review of additional documentation to include the offender orientation handbook and PREA signage confirm the agency provides information and phone number for the outside entity reporting method. The outside entity is the PREA Ombudsman's Office. This office is separate from the Texas Department of Criminal Justice. During the site review, it was observed that information pertaining on how to report PREA allegations to the PREA Ombudsman's Office was posted in all housing units. Inmates can have a third-party call 936-437-5570 or can write to P.O. Box 99, Huntsville, TX 77342. The interview with the PC indicated that the outside entity would receive the allegation and would immediately relay the reported information back to the facility. The facility provided TDCJ BP-03.91 which specifies that inmates can send mail by "Special Correspondence" to the rape crisis center (The Purple Door) or to the Texas Board of Criminal Justice, the executive director or deputy executive director; any division directors, deputy directors, PREA ombudsman, or wardens of the TDCJ; the clerk of any United States court or the clerk of any court in Texas or another state or territory of the United states, any current member of the Texas legislature, the legislature of another state or any other entity listed in this policy.

The facility provided a Statement of Fact pertaining to this standard which states that the Texas Department of Criminal Justice (TDCJ) does not detain individuals solely for civil immigration purposes, but TDCJ does make available foreign consulate general addresses for all foreign nationals.

Interviews with a sample of inmates confirm that they are aware of the outside reporting mechanism and that the information is posted in their housing area. Interviews with random inmates indicated that they were aware that they could report to the Ombudsman's office. Interviews with staff and inmates indicated that the inmates have access to use the phones even when they are in restricted housing. The facility does currently have a contract with an outside entity to provide emotional support and victim advocacy. This entity is the Women's Shelter of South Texas, dba, The Purple Door. The MOU with this entity was reviewed as well as the information on their public website.

A test email was made to the TDCJ Ombudsman which was confirmed as received. The auditor also confirmed that the phone number provided for The Purple Door was correct.

115.51 (c): The Safe Prisons/PREA Plan, page 20-21, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. PD-29, Sexual Misconduct with Offenders and the PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual states that an employee who becomes aware of alleged sexual misconduct shall immediately report such misconduct to their immediate supervisor, warden or department head. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage indicated inmates could report verbally, in writing, anonymously or through a third party.

A review of the investigation files verified that when an inmate makes a verbal report of a PREA incident, it is documented.

Interviews with a sample of inmates confirm that they are aware of the methods available for reporting. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to their supervisor.

115.51 (d): The Safe Prisons/PREA Plan, page 20-21, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. PD-29 indicates staff can privately report to the Office of the Inspector General or the PREA Ombudsman's Office. Staff are informed of these policies and procedures in regular monthly and annual trainings.

Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of inmates to any supervisor, to the OIG directly or to the PREA Ombudsman's Office.

Based on a review of the PAQ, Safe Prisons/PREA Plan, the offender orientation handbook, BP-03.91, ED-02.10, SPPOM 02.03, PD-29, the Statement of Fact, review of the PREA investigations, PREA signage, observations from the facility site review related to PREA signage, test emails to the PREA Ombudsman, phone verification of the outside emotional support and victim advocacy provider and interviews with the PCM, random inmates and random staff, this standard is determined to be compliant.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (e)

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

115.52 (f)

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan
3. TDCJ Administrative Directive AD-03.82, *Management of Offender Grievances*
4. IGOM 1.04 PREA Allegations
5. Statement of Fact - Grievances
6. TDCJ Offender Grievance Operations Manual OGOM 9.00, *Third Party Grievance*
7. *TDCJ OGOM Appendix U – Third Party Preliminary Investigation Form*
8. Disciplinary Rules and Procedures for Offenders
9. Sample of grievances from the previous 12 months alleging sexual abuse

Interviews:

1. Inmates Who Reported Sexual Abuse

Site Review Observations:

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

Testing Processes:

1. Completion of Third-Party test report

Findings (By Provision):

115.52 (a): The Safe Prisons/PREA Plan, AD-03.82 and IGOM 01.04 are the policies related to inmate grievances. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): The Safe Prisons/PREA Plan, pages 21-22, and IGOM 01.04 outline the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. a

115.52 (c): The Safe Prisons/PREA Plan, pages 21-22, and IGOM 01.04 outline the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint.

115.52 (d): The Safe Prisons/PREA Plan, pages 21-22, and IGOM 01.04 outline the grievance process for allegations of sexual abuse and sexual harassment. A review of the offender orientation handbook indicated part 17 discusses the grievance procedures for the facility. Specially, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial.

The PAQ indicated that there have been two (2) grievances of sexual abuse filed in the previous twelve months. The grievance log was reviewed by the auditor. Both of these grievances reached final decision within 90 days of being filed. There were no grievances that involved extensions beyond the 90-day time frame. A Statement of Fact provided by the facility provided an overview of the grievance process and commented that the agency considers all sexual abuse grievances emergency grievances and are not eligible for extensions and shall be completed within the 40-day time limit.

There were no inmates present at the facility as of the dates of the on-site audit who reported sexual abuse within the past 12 months, therefore, these inmates were not able to be interviewed by the auditor.

115.52 (e): AD-03.82, OGOM Appendix U and OGOM 9.00, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. A review of the grievance log indicated that two (2) sexual abuse grievances had been submitted in the previous twelve months. None (0) of these grievances indicated that it was filed by a third party and that the inmate declined third party assistance.

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

115.52 (f): The Safe Prisons/PREA Plan, pages 21-22, and IGOM 01.04 outline the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days by the housing Captain. The final decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there were no (0) emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. None of the two (2) grievances filed in the previous 12 months indicated that the inmate was at substantial risk of imminent sexual abuse.

115.52 (g): The Safe Prisons/PREA Plan, page 22, and the Disciplinary Rules and Procedures for Offenders indicate that the inmate may be disciplined for filing a grievance in bad faith. The PAQ indicated that there were zero (0) inmate grievances that alleging sexual abuse that resulted in disciplinary action in the previous twelve months. A review of the grievance log and sample grievances indicated that two (2) sexual abuse grievances had been submitted in the previous twelve months and none resulted in disciplinary action against the inmate for having filed the grievance in bad faith.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.82, IGOM 01.04, OGOM 9.00, OGOM Appendix U, the Statement of Fact, the Disciplinary Rules and Procedures for Offenders, the grievance log, and information obtained from interviews with inmates, this standard is determined to be compliant.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*
3. Memorandum of Understanding (MOU) with Women's Shelter of South Texas dba The Purple Door
4. TDCJ, Safe Prisons / PREA Program Unit Information Pamphlet (English and Spanish)
5. Texas Association Against Sexual Assault (TAASA) Rape Advocacy Centers
6. TDCJ Offender Handbook
7. TDCJ Sexual Assault Offender Victim Representative training curriculum
8. TDCJ OVR training documentation
9. BP-03.91 Uniform Offender Correspondence Rules

Interviews:

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

Site Review Observations:

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

Testing of Processes:

1. Test call to the outside emotional support services provider
2. Access to Outside Emotional Support via Mail
3. Process for Sending / Receiving Mail

Findings (By Provision):

115.53 (a): The Safe Prisons/PREA Plan, page 12, indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential a manner as possible. The PAQ indicated that inmates were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. This information is included in the Unit Safe Prisons PREA Information and in the Texas Association Against Sexual Assault (TAASA) pamphlet. A review of the TDCJ, Safe Prisons / PREA Program Unit Information, indicates that PREA information and reporting directions are provided which includes mailing addresses and telephone numbers. The inmates can also contact the PREA Ombudsman's office. Information to contact the Ombudsman's Office is included in this pamphlet. Other mailing addresses and website addresses are included for:

- Texas Association Against Sexual Assault
- Just Detention International
- Texas Civil Rights Project / Prisoner Rights Project
- Texas-ACLU Prison and Jail Accountability Project

The facility also provided a Statement of Fact which states that the TDCJ does not detain individuals solely for immigration purposes, but TDCJ does make available foreign consulate general addresses for all foreign nationals.

Information was provided in the BP-03.91 regarding "Special Correspondence" which states that mail sent to a rape crisis center or other specified staff is allowed to be sent in a sealed and uninspected letter directly to special and medical correspondents.

Interviews with random inmates indicated that they were familiar with the process of having emotional support services and that the facility offered them. Most inmates indicated they believed that they would be provided this information if they asked and they thought it would be confidential. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. Signage was observed by the auditor throughout the facility and specifically in the housing units by the inmate phones. This signage contained contact information for the Open Arms Rape Crisis Center. The signage was legible and, in both English, and Spanish. A test call was made of the contact number and the auditor was able to reach a live person who confirmed the services offered. Both inmates and staff relayed to the auditor that this number is toll free. Access to these services through the provider are also available to inmates housed in restrictive housing. Inmates can also contact this organization through the mailing address. There were no inmates who reported sexual abuse at the facility as of the dates of the on-site audit and were not able to be interviewed by the auditor.

115.53 (b): The Safe Prisons/PREA Plan, page 13, confirms that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. A review of the PAQ indicated that inmates were informed about confidentiality and that all calls on the inmate phones were recorded. The MOU with the Open Arms Rape Crisis Center includes language which requires that the community provider maintain confidentiality of communications related to sexual abuse as required by law and PREA standards. Other information provided by the victim might not be considered confidential. Threats of harm to self or others will be reported to the appropriate TDCJ contact. Interviews with random inmates and inmates indicated that they were familiar with the process of obtaining emotional support services. Most inmates indicated they believed that they would be provided this information if they asked and they thought it would be confidential. There were no inmates who reported sexual abuse housed at the facility as of the dates of the on-site audit and were not able to be interviewed by the auditor.

115.53 (c): The TDCJ Safe Prisons / PREA Plan states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency treatment and crisis intervention services. Attempts shall be made to make a victim advocate from a rape crisis center available to the inmate victim first, however, if one is not available, the unit shall make a qualified staff member from a community-based organization or a qualified TDCJ staff member available. The victim advocate or qualified TDCJ staff member, or qualified community-based organization staff member shall:

- Accompany and support the victim through the forensic medical examination process and investigatory interviews
- Provide emotional support, crisis intervention, information, and referrals; and
- Not delay or otherwise impede the screening or stabilization of an emergency medical condition

The auditor reviewed the TDCJ Offender Orientation handbook. This handbook provides information regarding victim advocacy services for offenders and all states that all information provided will be kept confidential, except information that requires mandatory reporting.

The agency has entered into a MOU with Open Arms Rape Crisis Center to provide local advocacy services which include providing inmates with confidential emotional support services related to sexual abuse. This community provider makes available victim advocates for inmates at this facility. A copy of the MOU has been obtained and reviewed by the auditor and contact was also made with the program coordinator of the community provider to verify the information included in the MOU. A test call to the provider was answered by an answering service who verified that their agency answers calls from inmates experiencing or who have experienced sexual assault. She stated that they provide peer support and information and referrals for inmates at the facility.

The TDCJ Sexual Assault Offender Victim Representative training curriculum was reviewed by the auditor and the verification of attendance in the training by facility staff members who are designated as an Offender Victim Representative (OVR).

Based on a review of the PAQ, the Safe Prison/PREA Plan, the MOU with the Open Arms Rape Crisis Center, the PREA Unit Information, the TAASA pamphlet, observations from the facility site review related to PREA signage and posted information and interviews with random inmates, staff and the community provider, this standard is determined to be compliant.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PREA Signage – SPPOM Attachment A and AS
3. TDCJ General Information Guide for Families of Offenders
4. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*
5. TDCJ Offender Orientation Handbook (English and Spanish)
6. TDCJ Executive Directive, ED-02.10, PREA Complaints and Inquiries

Site Review Observations:

1. Signage
2. Informal Conversations with Staff and inmates

Testing Processes:

1. Third Party Report (via agency website)

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The Offender Orientation Handbook states that an offender can report a PREA incident in the following manner:

- File a formal grievance
- Contact a ranking correctional officer
- Contact classification staff
- Contact the warden
- Contact the chaplain
- Contact the Office of the Inspector General
- Contact any staff member with whom the offender feels comfortable enough with to let them know and request their help
- Write a family member and urge the family member to contact the Ombudsman Office immediately.

A review of the general information guide for families of offenders and PREA signage (SPPOM 02.03 Attachment A and AS) as well as the agency's website (www.tdcj.texas.gov/tbcj/prea.html or www.tdcj.texas.gov/ks_offender.html) confirms that third parties can report on behalf of an inmate. Third parties can report via letters, emails and phone calls to the PREA Ombudsman's office, the OIG or reporting directly to the facility Warden. Inmates can submit an I-60 as a written method of reporting as a third-party. The auditor sent a test email to the PREA Ombudsman's Office via the link on the public website.

ED-02.10 specifies the guidelines for reporting complaints or inquiries from elected officials, the public, and offenders pertaining to allegations of sexual abuse and sexual harassment, and related TDCJ initiatives to the PREA ombudsman. Specifically, this directive states that the notice in Attachment A, which provides information about the PREA and how to contact the PREA ombudsman, shall be posted at each correctional facility and shall be made continually and readily available and visible to the offender population. The contact, mailing address, and phone number for directing inquiries and complaints to the PREA ombudsman shall be available on the TDCJ website for the public. A review of the TDCJ website was conducted by the auditor and verified that this information is provided.

Based on a review of the PAQ, PREA signage SPPOM Attachments A and AS, the General Information Guide for Families of Offenders, the Safe Prisons PREA Plan, the Offender Orientation Handbooks, and the agency's website, this standard is determined to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*
3. TDCJ Executive Directive PD-29, *Sexual Misconduct with Offenders*
4. TDCJ Safe Prisons / PREA Operations Manual 05.01, Sexual Abuse Response and Investigation
5. CMHC E-35.02, Mental Health Evaluation
6. Investigation Files

Interviews:

1. Random Staff
2. Medical (Mental Health Staff were not able to be interviewed as this is conducted via telehealth)
3. Warden (acting)
4. PREA Coordinator

Testing Processes:

1. Staff Reporting

Findings (By Provision):

115.61 (a): The Safe Prisons/PREA Plan, page 23, and PD-29, pages 4-5, outline the staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident. Employees are to report to their immediate supervisor, warden or department head, the employee's second level supervisor if the person allegedly conducting the misconduct is the employee's immediate supervisor, a unit OIG investigator, the Records Management Office, OIG Investigations Division, or the PREA Ombudsman Office. Supervisors who receive notification of alleged sexual misconduct are to report such misconduct to the warden or department head, a unit OIG investigator, Records Management Office, and / or the PREA Ombudsman. The Warden, Department Head or PREA Ombudsman shall report any alleged sexual misconduct to the OIG. The PAQ along with interviews with random staff confirm that they take all allegations seriously and that they know they are required and would report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types. Staff interviews indicated that they all felt comfortable reporting to their supervisors directly.

115.61 (b): The Safe Prisons/PREA Plan, page 23 describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary for treatment, investigation and other security decisions. SPPOM 05.01 states that staff shall not reveal an information related to a sexual abuse report to anyone other than designated supervisors or officials to the extent necessary, as specified in TDCJ policy, to make treatment, investigation and other security and management decisions. CMHC E-35.02 also states that prior to beginning a mental health evaluation, the offender will be apprised of the limits of confidentiality and asked to consent to the interview and/ or psychological testing. Documentation of the informed consent will be made in the health record. Interviews with random staff confirm that they would immediately report the information to

their supervisor. Staff indicated this would be the extent of distributing information unless they were required to complete an Inter-Office Communication (IOC) which is a written report of the incident.

115.61 (c): The Safe Prisons/PREA Plan, page 23, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. Interviews with medical staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical staff indicated they are required to inform inmates of the limits of confidentiality. Mental health care at this facility is conducted via telehealth, therefore, there were no mental health staff on-site and not able to be interviewed by the auditor.

115.61 (d): In the interview with the Agency PREA Coordinator, she stated that the facility is responsible for notifying the Department of Family Protective Services which covers Child Protective Services and Adult Protective Services. The acting Warden indicated in the interview that the facility had not had any of these reports but if they did, the Department of Family and Protective Services would be notified.

115.61 (e): The acting warden stated in the interview that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the Office of the Inspector General and confirmed that this is the practice. A review of investigative files indicate that all allegations are reported to the Office of the Inspector General.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 05.01, PD-29, CMHC E-35.02, investigation files and interviews with medical, the PREA Coordinator and the acting Warden, this standard is determined to be compliant.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Safe Prisons / PREA Operations Manual SPPOM 02.04, *Intervention Practices*
3. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*

Interviews:

1. Agency Head
2. Warden (acting)
3. Random Staff

Findings (By Provision):

115.62 (a): SPPOM 02.04 and the Safe Prisons PREA Plan indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The PAQ noted that in the past 12 months, there were zero (0) inmates who were determined to be at risk of imminent sexual abuse. Interviews with staff indicated that if an inmate is having issues with other inmates, that the facility would make appropriate housing changes, if necessary. The interviews with the Agency Head and the acting Warden indicated that any inmate at risk would be removed from the situation immediately and an investigation would commence. The offender’s job assignment, housing assignment and programming assignments would be reviewed. The inmate may be moved to a different dorm, moved to a new facility or be placed in safekeeping status. Interviews with random staff indicated that they would immediately remove the inmate from the situation.

Based on a review of the PAQ, SPPOM 02.04, the Safe Prisons PREA Plan and interviews with the Agency Head, acting Warden and random staff, this standard is determined to be compliant.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
3. TDCJ Safe Prisons / PREA Operations Manual SPPOM 04.01, *Reporting Allegations of Sexual Abuse to Other Confinement Agencies*

4. TDCJ Safe Prisons / PREA Operations Manual SPPOM 04.02, *Receiving Allegations of Sexual Abuse from an Outside Agency*

Interviews:

1. Agency Head
2. Warden (acting)

Findings (By Provision):

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

115.63 (b): The Safe Prisons/PREA Plan, pages 24-25 require that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the SPPMO will notify the head of the facility where the alleged abuse occurred within 72 hours. The PAQ indicated that during the previous twelve months, the facility has had zero (0) inmates report that they were abused while confined at another facility.

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

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

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 04.01, 04.02, and interviews with the Agency Head and acting Warden, as well as a review of the allegations received from other facilities, this standard is determined to be compliant.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
3. TDCJ Safe Prisons / PREA Operations Manual SPPOM 05.01, *Sexual Abuse Response and Investigation*
4. TDCJ Administrative Directive AD-16.03, *Evidence Handling*
5. Investigation files

Interviews:

1. Security Staff and Non-Security Staff First Responders
2. Inmates Who Reported Sexual Abuse – none at the facility as of the dates of the on-site audit
3. Random Staff

Findings (By Provision):

115.64 (a). The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

AD 16.03 specifies that when circumstances reveal that a criminal act may have occurred, the TDCJ shall ensure the implementation of evidence handling and crime scene protection/preservation procedures in accordance with this directive. All employees shall take those steps necessary to protect life and property as well as to provide for the identification, protection, preservation and collection of physical evidence in such a manner as to maintain its integrity.

The PAQ indicated that during the previous twelve months, there have been two (2) allegations of sexual abuse. All random staff interviewed were well versed first responder duties. All staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct inmates not to destroy any physical evidence. There were two (2) instances in which a security staff member was the first to respond and they separated the alleged victim and abuser. In the

past 12 months there were two (2) allegations in which staff were notified within a time period that still allowed for the collection of physical evidence. Security staff who were the first to respond to the report and these staff preserved and protected the scene until appropriate steps could be taken to collect any evidence. These staff also 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. The alleged abuser was ensured that these same directives were followed. There were no inmates at the facility as of the dates of the on-site audit who had reported sexual abuse, therefore the auditor was not able to interview the inmate involved.

115.64 (b): The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01 describe staff first responder duties. Specifically, it requires that non-security staff first responders advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Staff would tell the inmate not to wash, brush their teeth, change their clothes, urinate, defecate, smoke, drink or eat. The PAQ indicated that during the previous twelve months, there have been two (2) allegations of sexual abuse. There were zero (0) instances in the past 12 months in which the first responder was a non-security staff. Interviews with first responders (security and non-security) confirm that they are aware of their first responder duties. Staff were very well versed on first responder duties.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the SPPOM 05.01, AD 16.03, investigation files and interviews with first responders, this standard is determined to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Safe Prisons / PREA Program, Unit *Sexual Abuse Coordinated Response Plan*

Interviews:

1. Warden - acting

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the coordinated response shows that all areas are accounted for in the plan. Each section includes the actions that each person

and/or department is responsible for and includes information on how all areas work together to respond to allegations. The acting Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, the coordinated response and the interview with the acting Warden, this standard is determined to be compliant.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

- Pre-Audit Questionnaire
- Correctional Institution Division, Prison Rape Elimination Act / PREA, Statement of Fact regarding 115.66

Interviews:

- Agency Head

Findings (By Provision):

115.66 (a): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. The Correctional Institution Division, Prison Rape Elimination Act / PREA, Statement of Fact states that the agency has not entered or renewed any collective bargaining or other agreement. TDCJ does not engage in collective bargaining with staff. Staff are subject to the rules of conduct and other TDCJ policies mandating zero tolerance of all forms of sexual abuse and sexual harassment. The interview with the Agency Head confirmed that the agency has no collective bargaining or any entity that would be able to have collective bargaining on the agency's behalf.

115.66 (b): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any inmates.

The interview with the Agency Head confirmed that the agency has no collective bargaining or any entity that would be able to have collective bargaining on the agency's behalf.

Based on a review of the PAQ, the Statement of Fact and the interview with the Agency Head, this standard is determined to be compliant.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
3. TDCJ Safe Prisons / PREA Operations Manual SPPOM 02.04, *Intervention Practices*
4. TDCJ Safe Prisons / PREA Operations Manual SPPOM 5.08, *90-Day Monitoring for Retaliation*
5. Attachment N.S. 90 Day Monitoring Form (Staff)
6. Attachment N.O. 90 Day Monitoring Form (Inmates)

7. Investigation Files

Interviews:

1. Agency Head
2. Warden - acting
3. Designated Staff Member Charged with Monitoring Retaliation
4. Inmates Who Reported Sexual Abuse – none at the facility as of the dates of the on-site audit
5. Inmates in Segregated Housing for risk of sexual victimization / who allege to have suffered sexual abuse - none

Findings (By Provision):

115.67 (a): The Safe Prisons/PREA Plan, page 24, and SPPOM 05.08, outline the agency's method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the Warden and PCM are responsible for monitoring for retaliation.

115.67 (b): The Safe Prisons/PREA Plan outlines the agency's protection against retaliation. It addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or unit transfers, removal of the alleged staff abuser from contact with the victim work changes for inmates, placement in safe keeping or protective custody, if necessary and emotional support services. All inmates at the facility who report a sexual abuse or sexual harassment are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head, acting Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and/or work changes and would follow up with any administrative action on staff such as shift change, removal or discipline. A review of the monitoring documentation indicates that multiple protection measures are in place and are reviewed by monitoring staff.

115.67 (c): The Safe Prisons/PREA Plan, page 24, SPPOM 02.04 and the SPPOM 05.08, outline the agency's protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. Attachments N.S. and N.O. are utilized by staff to monitoring staff and inmates. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. All inmates and / or staff at the facility who report a sexual abuse or sexual harassment are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and would follow up with any administrative action on staff such as removal or discipline. Monitoring staff indicated that they would review the inmate for at least 90 days and would check the inmate's disciplinary reports, housing change and program changes. Monitoring staff also indicated they have not had to monitor staff in the previous twelve months but if they did, they would check performance reviews and post assignment changes.

115.67 (d): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outlines the agency's protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will conduct a minimum of three status checks. The agency has a policy that outlines the procedure and does have two forms that are utilized, Attachment N.O. and Attachment N.S. to ensure all requirements are met and staff and inmates are safe from retaliation. Additionally, as previously stated all inmates at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with staff responsible for monitoring indicated that they review the inmate for at least 90 days and would perform a minimum of three in person status checks. A review of the files for inmate's who have made a sexual abuse or harassment allegation indicated that the retaliation reviews were completed for the inmate files reviewed.

115.67 (e): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outlines the agency's protection against retaliation. It addresses that the facility will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. Interviews with the Agency Head and acting Warden indicated that they would employ the same

protective measures as stated previously related to staff and inmates to include, housing changes, administrative action, removal of staff and/or disciplinary action.

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

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 02.04, SPPOM 05.08, Attachment N.O., Attachment N.S., investigation files and interviews with the Agency Head, acting Warden, staff charged with monitoring for retaliation, as well as a review of the completed retaliation monitoring forms, this standard is determined to be compliant.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Documents:

- Pre-Audit Questionnaire
- TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
- TDCJ, *Restrictive Housing Plan*

Interviews:

- Warden - acting
- Staff who Supervise Inmates in Segregated Housing
- Inmates in Segregated Housing (for risk of sexual victimization / who allege to have suffered sexual abuse) - none

Site Review Observations:

- Observations of the Restrictive Housing Unit

Findings (By Provision):

115.68 (a): The Safe Prisons/PREA Plan, page 18-19, and the Restrictive Housing Plan, indicate that any use of restrictive housing to protect an inmate who alleged to have suffered sexual abuse will not be involuntary unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. Additionally, required justifications related to the concerns for safety and no alternatives are required to be documented and the inmate is required to be reviewed every 30 days. The PAQ indicated that no inmates who alleged sexual abuse were placed in involuntarily restrictive housing for zero to 24 hours or longer than 30 days. During the site review, it was observed that the restrictive housing unit did not house any inmates who alleged sexual abuse or harassment. The interview with the acting Warden indicated that inmates who alleged sexual abuse would never be placed in restrictive housing longer than necessary to secure alternate housing. The interview with staff who supervise inmates in restrictive housing indicated this, as well. There

were no inmates who reported a sexual abuse still at the facility as of the dates of the on-site audit, therefore, none of the inmates were able to be interviewed by the auditor.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Restrictive Housing Plan and the interview with the acting Warden and staff who supervise inmates in restrictive housing, this standard is determined to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
3. TBCJ Office of the Inspector General, Policy 7.13, *Inmate Sexual Assault Investigations*
4. TDCJ Administrative Directive AD-02.15, *Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents*
5. TDCJ Records Retention Schedule 7th Edition
6. TDCJ Executive Directive ED-02.29, *Records Management*
7. Investigation Reports
8. TDCJ Administrative Directive AD-16.20, *Reporting Incidents / Crimes to the Office of the Inspector General*

Interviews:

1. Investigative Staff
2. Inmates Who Reported Sexual Abuse – none still housed at the facility as of the dates of the on-site audit
3. Acting Warden
4. PREA Coordinator
5. PREA Compliance Manager

Site Review Observations:

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

Findings (By Provision):

115.71 (a): The Safe Prisons/PREA Plan, page 25, section A4, AD-02.15, AD-16.20 and OIG Policy 7.13 state that all allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly and objectively. The investigations from the previous 12 months were reviewed. The interview with the OIG investigator as well as the facility investigator confirmed that all investigations (administrative and criminal) are completed promptly, thoroughly and objectively.

115.71 (b): The PAQ indicated that currently there are seven (7) facility investigators who complete PREA investigations. A review of training documents confirmed that all investigators have received specialized training. The interview with the investigative staff confirmed that the OIG investigators receive the NIC investigator training as well as training through the Texas Rangers. The facility investigators received specialized training through the agency. Documentation of the completion of the facility investigators' training was provided to the auditor.

115.71 (c): Policy 7.13 describes the criminal and administrative investigation process. Specifically, it discusses evidence collection including physical evidence, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were two (2) allegations of sexual abuse at the facility for the previous twelve months. The investigations were reviewed and included physical and electronic evidence collection as well as interviews. The interviews with investigative staff confirmed that an investigator would respond immediately, would require the victim to be taken for a "rape kit" and would ensure the crime scene was secured until evidence collection initiated. The crime scene would be photographed and the alleged victim, alleged perpetrator and any witnesses would be interviewed. Cameras would be reviewed, if applicable, and a suspect list would be created, if applicable.

115.71 (d): The Safe Prisons/PREA Plan, page 28, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only

after consulting with prosecutors. The interview with the OIG investigator confirmed that he would consult with the prosecutor prior to the interview. Facility investigators do not conduct compelled interviews.

115.71 (e): The Safe Prisons/PREA Plan, pages 28-29, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual's status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the OIG investigator confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. There were no inmates who had reported a sexual abuse that were still at the facility as of the dates of the on-site audit, therefore, these inmates were not able to be interviewed by the auditor.

115.71 (f): The Safe Prisons/PREA Plan, page 29, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Five (5) administrative investigations were conducted in the previous twelve months (sexual abuse and sexual harassment). The PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. A review of the investigations indicates that all of the aforementioned information is included as part of the investigative file. Investigation files are kept in a locked filing cabinet in a locked office. Electronic files have safeguards which only allow access by specific staff who have authorization based on their positions in the agency.

115.71 (g): All of the sexual abuse and sexual harassment allegations are reported to the OIG. A review of the facility investigative reports indicated that criminal investigations were documented in written reports and included information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. The interview with the OIG Investigator confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports.

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

115.71 (i): The Safe Prisons/PREA Plan, page 31, describes the criminal and administrative investigation process. Specifically, it indicates that all written reports will be retained per the retention schedule. The Retention Schedule is in a document from September, 2020. All administrative investigations are retained seven years after closure or after termination while criminal investigations are permanently retained. Executive Directive ED-02.29, Records Management was provided to the auditor. This policy states that TDCJ develops, implements, and monitors an agency-wide records management program that complies with all state and federal laws safeguarding all state records, both paper and electronic, through effective records management, retention, storage, protection and disposition. The TDCJ continually addresses the use of new technologies for records management while ensuring transparency and by open and verifiable documentation of the processes and activities carried out in the management of all state records.

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

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

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

with all PREA policies and procedures related to investigations. Interviews with the acting Warden, PREA Coordinator, PREA Compliance Manager and Investigative Staff indicated that the agency and the OIG have a great relationship and that information is shared from the OIG through their liaison (PC).

Based on a review of the PAQ, the Safe Prisons/PREA Plan, OIG-7.13 AD-02.15, AD-16.20, ED-02.29, the retention schedule, investigative reports, training records and information from interviews with the Agency Head, acting Warden, PREA Coordinator, PREA Compliance Manager, and investigative staff, this standard is determined to be compliant.

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*)

Documents:

- Pre-Audit Questionnaire
- TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
- Investigation Reports with Findings
- Safe Prisons / PREA Program – Conducting a Thorough Investigation – PowerPoint Training

Interviews:

- Investigative Staff

Findings (By Provision):

115.72 (a): The Safe Prisons/PREA Plan, page 28, describes the administrative investigation process. Specifically, it indicates that the agency does not impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Safe Prisons PREA Program training was also provided which corroborates this. A review of the records indicated that two (2) sexual abuse administrative investigations were completed within the previous twelve months. Interviews with investigative staff confirmed that all administrative investigations only require a preponderance of evidence to make a substantiated finding.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the SPPP investigator training PowerPoint, and information from the interviews with investigative staff, this standard is determined to be compliant.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
3. Safe Prisons/PREA Operations Manual SPPOM 05.05 with Attachment J and M
4. TDCJ Safe Prisons / PREA Program, Staff-on-Offender Sexual Abuse Investigative Worksheet, SPPOM 05.11, Attachment F
5. Investigations with Inmate Notification
6. List of Alleged Sexual Abuse Investigations with Outcomes

Interviews:

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

Findings (By Provision):

115.73 (a): The Safe Prisons/PREA Plan, page 30, SPPOM 05.05 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were two (2) criminal or administrative investigations completed within the previous twelve months. The notifications from these investigations were reviewed. The documents reviewed indicated that the inmates were notified of the outcome of the investigation via memo. The interviews with the acting Warden and the Investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation. There were no inmates at the facility as of the dates of the on-site audit who had reported a sexual abuse, therefore, these inmates were not able to be interviewed by the auditor.

115.73 (b): The OIG is responsible for conducting all criminal and certain administrative investigations for the agency. The OIG is an independent agency but works very closely with the TDCJ. The OIG provides the outcome of the investigation to PREA Coordinator who in turn provides the memo to the facilities to notify the inmate. The OIG notifications were provided in the PAQ. The PAQ indicated that there were two (2) criminal or administrative investigations completed within the previous twelve months by an outside agency. The notifications were reviewed and indicated that the inmates were notified of the outcome of the investigation via memo.

115.73 (c): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.11 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there had been no substantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. The List of Alleged Sexual Abuse Investigations with Outcomes was provided to the auditor and supported this. There were no inmates at the facility as of the dates of the audit who had reported a sexual abuse, therefore, there were none interviewed by the auditor.

115.73 (d): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.05, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no instances in which an allegation of sexual abuse was made against a staff member in the previous twelve months. The investigation files were reviewed for the sexual abuse allegations which were against other inmates and not staff.

115.73 (e): The Safe Prisons/PREA Plan, page 28, and SPPOM 05.05 describes the process for reporting investigative information to inmates. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were five (5) notifications made during the audit period. The OIG notifications are in addition to the facility notifications. The documents reviewed indicated that the inmates were notified of the outcome of the investigation via memo.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 05.05 with attachments M and J, SPPOM 05.11, SPPOM 05.10, investigative files, the list of sexual abuse allegations with outcomes, notifications and information from interviews with the acting Warden and investigative staff, this standard is determined to be compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
3. TDCJ Executive Directive PD-22, *General Rules of Conduct and Disciplinary Action Guidelines for Employees*
4. TDCJ Executive Directive PD-29, *Sexual Misconduct with Offenders*

Findings (By Provision):

115.76 (a): The Safe Prisons/PREA Plan, page 31, PD-29 and PD-22, pages 42, 49, 52 and 54, describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b): The Safe Prisons/PREA Plan, page 39, indicates that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicated that there were no (0) staff members who violated the sexual abuse and sexual harassment policies.

115.76 (c): The Safe Prisons/PREA Plan, page 39, and PD-29 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there were no staff members who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

115.76 (d): The Safe Prisons/PREA Plan, page 39, and PD-29 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there were no (0) staff members who violated the sexual abuse and sexual harassment policies.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-22, and PD-29, this standard is determined to be compliant.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
3. TDCJ Executive Directive PD-29, *Sexual Misconduct with Offenders*
4. TDCJ Executive Directive PD-22, *General Rules of Conduct and Disciplinary Action Guidelines for Employees*

Interviews:

1. Acting Warden

Findings (By Provision):

115.77 (a): The Safe Prisons/PREA Plan, pages 39-40, PD-29, page 6, and PD-22 describe the process for corrective action for volunteers and contractors. Specifically, it states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies (Texas Board of Nursing, Texas Department of Aging and Disability Services and Texas Board of Physicians). The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.

115.77 (b): PD-29, page 6 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the acting Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked. Additionally, their supervisor or organization would be contacted to report the misconduct and the allegation would be reported and investigated.

Based on a review of the PAQ, Safe Prisons/PREA Plan, PD-29, PD-22 and information from the interview with the acting Warden, this standard is determined to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes 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*)

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
3. TDCJ Correctional Institutions Division, ED-03.76, *Offender Disciplinary Procedures*
4. TDCJ Correctional Institutions Division, *Disciplinary Rules and Procedures for Offenders*, English and Spanish

Interviews:

1. Acting Warden
2. Medical and Mental Health Staff (mental health is offered via tele-health and staff are not on-site)

Findings (By Provision):

115.78 (a): The Safe Prisons/PREA Plan, page 31, ED-03.76 and the Disciplinary Rules and Procedures for Offenders, describes the disciplinary process for inmates. Specifically, it states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months.

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

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

115.78 (d): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical staff indicated that they do offer therapy, counseling and other services designed to

address and correct underlying issues, but they do not require the inmate participation as a condition of access to programming and other benefits. Mental Health services at this facility are provided through tele-health and staff are not on-site. Based on this, the auditor was unable to interview mental health staff.

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

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

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

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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*
3. Correctional Managed Health Care Policy Manual CMHCPM E-35.2, *Mental Health Evaluation*
4. Correctional Managed Health Care Policy Manual CMHCPM E-35.1, *Mental Health Appraisal for Incoming Offenders*
5. Correctional Managed Health Care Policy Manual CMHCPM H-61.1, *Confidentiality and Release of Protected Health Information*
6. TDCJ Safe Prisons / PREA Program Attachment E, *Offender Assessment Screening*
7. TDCJ Safe Prisons / PREA Program, Attachment E-1, *Offender Assessment Screening*
8. *Safe Prisons / PREA Automated Network System (SPPANS) Assessments, User Guide*
9. SPPOM 03.01, *Attachment for Medical and Mental Health Referral*

Interviews:

1. Staff Responsible for Risk Screening
2. Medical and Mental Health Staff – mental health is conducted via telehealth
3. Inmates who Disclosed Sexual Victimization at Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area
2. Record Storage: Physical and Electronic
3. Informal conversations with staff

Findings (By Provision):

115.81 (a): The Safe Prisons/PREA Plan, pages 17-18 and CMHCOM E-5.2, describe medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience

prior sexual victimization will be offered a follow up with medical or mental health within fourteen days of the screening. SPPOM Attachments E and E1 as well as SPPOM 03.0 Medical and Mental Health Referral are utilized to document these referrals. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for inmates identified who disclosed prior sexual victimization revealed that inmates were seen by mental health, typically within a week. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, they are seen by mental health within fourteen days. Interviews with inmates who disclosed sexual victimization at risk screening indicated that they were referred to mental health within a week or so after the risk screening. A review of the relevant MH documents indicates that these inmates were referred and seen by mental health staff within the required 14 days. These documents are maintained in the medical department in the inmate's electronic health record (EHR).

115.81 (b): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.1 and 35.2 and SPPOM 03.01 describe medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. During the site review, it was observed that mental health staff maintain secondary medical materials in the form of electronic health records in the medical department. Interviews with staff responsible for risk screenings indicated that if a screening indicates that an inmate previously perpetrated sexual abuse, they are offered a follow-up meeting with a mental health practitioner within 14 days.

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

115.81 (d): The Safe Prisons/PREA Plan, pages 19-20, CMHC E-35.2 and CMHC E-35.1 describe medical and mental health screenings related to sexual abuse. Specifically, these policies state that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health staff but rather other staff, as necessary, to make housing, program, safety and security decisions. The PREA Compliance Manager and the Major were the main staff who have access to this information. During the site review, the auditor observed the area where the risk screening is conducted. The screening is conducted in a private office setting. The risk screenings are conducted electronically and access to these screens is dependent on the position held by the staff member.

115.81 (e): The Safe Prisons/PREA Plan, pages 19-20, and CMHC H-61.1 describe medical and mental health screenings related to sexual abuse. Specifically, these policies state that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. Interviews with medical staff indicate that they obtain informed consent prior to reporting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months.

Based on a review of the PAQ, Safe Prisons/PREA Plan, the SPPANS User Guide, SPPOM 03.01 with Attachments E and E1, CMHC 35.1, CMHC E-35.2, SPPOM 03.01, CMHC H-61.1 medical and mental health documents and information from interviews with staff who perform the risk screening, medical staff and inmates who disclosed victimization during the risk screening, this standard is determined to be compliant.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*
3. Correctional Managed Health Care Policy Manual CMHCPM G-57.1, *Sexual Assault / Sexual Abuse*
4. Medical Notes

Interviews:

1. Medical and Mental Health Staff – Mental Health is provided via telehealth
2. Inmates Who Reported Sexual Abuse – none remaining at the facility as of the dates of the on-site audit
3. Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): CMHCPM G-57.1 describes inmates' access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health maintain secondary materials documenting the timeliness of services. During the site review, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room as well as a few offices. Mental health is conducted via telehealth. Mental health staff are not on-site at the facility and were not able to be interviewed by the auditor. It was observed that there are private offices which are used for the telehealth services. All areas were private and allowed for adequate confidentiality. Interviews with medical staff confirm that inmates receive timely services, typically immediately, based on the nature of the allegation, but ultimately within 24 hours.

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

115.82 (c): The Safe Prisons/PREA Plan, page 13 and CMHCPM G-57.1, describe inmates' access to emergency medical and mental health treatment. Specifically, they indicate that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, medical and mental health care at the facility determine if these services were already provided at the hospital and if they were not, they are provided at the facility upon the inmates return. Interviews with medical staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis. There were no inmates remaining at the facility who had reported a sexual abuse as of the dates of the on-site audit, therefore, none of these inmates were able to be interviewed by the auditor.

115.82 (d): The Safe Prisons/PREA Plan, page 13, describes inmate access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. A review of the investigation files and the medical notes indicated that the inmates were not charged for any services they received.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual G-57.1, review of the investigation files and medical notes and information from interviews with medical staff, this standard is determined to be compliant.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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



Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*
3. Correctional Managed Health Care Policy Manual CMHCPM G-57.01, *Sexual Assault / Sexual Abuse*
4. Correctional Managed Health Care Policy Manual CMHCPM E-44.1, *Continuity of Care*
5. Correctional Managed Health Care Policy Manual E-35.1, *Mental Health Appraisal for Incoming Offenders*
6. Correctional Managed Health Care Policy Manual E-35.2, *Mental Health Evaluation*

Interviews:

1. Medical and Mental Health Staff – Mental Health services are conducted via telehealth
2. Inmates Who Reported Sexual Abuse – none at the facility during the dates of the on-site audit

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The Safe Prisons/PREA Plan, page 14, CMHCOM E-44.1 and CMHCPM G-57.1, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the site review, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room and a few offices. Mental Health is conducted via telehealth in a private office. All areas were private and allowed for adequate confidentiality.

115.83 (b): The Safe Prisons/PREA Plan, page 14 and CMHCPM E-44.1, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that evaluations and treatments of such victims will include follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. CMHCPM E-44.1 describes services for those inmates being released from the agency's custody. Interviews with medical staff confirmed that follow up services would be offered. A few of the services include assessment, individual counseling and follow-up counseling. Mental health is conducted via telehealth at this facility. The staff are not on-site and, therefore, were unable to be interviewed by the auditor. There were no inmates who had reported a sexual abuse still at the facility as of the dates of the on-site audit, therefore, none of the inmates were able to be interviewed by the auditor.

115.83 (c): The Safe Prisons/PREA Plan, page 14, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that medical and mental health services will be consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital for forensic medical examinations. Interviews with medical staff confirm that the services they provide are consistent with the community level of care.

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

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

115.83 (f): The Safe Prisons/PREA Plan, page 14 and CMHC G-57.1, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. CMHC G-57.1 indicates that all offender victims will be offered test and treatment for syphilis, gonorrhea, HIV and Hepatitis B. There were no inmates who had reported a sexual abuse still at the facility as of the dates of the on-site audit, therefore, none of the inmates were able to be interviewed by the auditor.

115.83 (g): The Safe Prisons/PREA Plan, page 13, describes inmates' access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. There were no inmates who had reported a

sexual abuse still at the facility as of the dates of the on-site audit, therefore, none of the inmates were able to be interviewed by the auditor.

115.83 (h): The Safe Prisons/PREA Plan, page 14, CMHC E-35.1 and 35.2 indicates that a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. Interviews with medical staff confirm that offender-on-offender abusers would be offered mental health services. Mental health services are provided via telehealth.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual G-57.1., Correctional Managed Health Care Policy Manual E-44.1, CMHCP 35.1, CMHCP 35.2 and information from interviews with medical staff, this standard is determined to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*
3. TDCJ Administrative Directive AD-02.15, *Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents*
4. Safe Prisons PREA Automated Network System (SPPANS) OPI PREA
5. Safe Prisons / PREA Operations Manual, SPPOM 02.01, Role of the Unit Investigation Team
6. Inter-office Communication, Unit Investigation Team

Interviews:

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

Findings (By Provision):

115.86 (a): The Safe Prisons/PREA Plan, page 32, and AD-02.15 outline information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. These incident reviews are completed utilizing the SPPANS system. The PAQ indicated that there were two (2) reviews which were completed within the previous twelve months.

115.86 (b): AD-02.15, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct an administrative incident review of all sexual abuse allegations. The review is required to be forwarded to the appropriate Regional Director within ten days after being reported. The PAQ indicated that two (2) reviews were completed within the previous twelve months. These incident reviews were included in the investigation files which were reviewed and verified by the auditor.

115.86 (c): The Safe Prisons/PREA Plan, page 32, and SPPOM 02.01 outline information related to sexual abuse incident reviews. Specifically, these policies states that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health. Per the Inter-office Communication memo, the following staff are designated as members of the review team: Warden, Assistant Warden, Major, STG sergeant, SPP officer, STG officer, Chief of Classification, Mailroom Supervisor, Risk Manager, Operational Review sergeant, Commissary Manager, Medical

representative and Mental Health representative. The interview with the acting Warden confirmed that these reviews are being completed and they include upper management officials. A review of the investigative files indicated that incident reviews are conducted.

115.86 (d): The administrative incident review form outlines information required to be completed related to sexual abuse incident reviews. Specifically, it includes: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. The Warden or supervisor submits this report to the Regional Director within ten days and to the Agency Head within 20 days. Interviews with the acting Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the team will adjust the staffing if necessary. Additionally, interviews indicated that any recommendations would be made and implemented that would benefit the facility and would alleviate the incident from occurring again.

115.86 (e): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the agency will implement the recommendations for improvement or document the reasons for not doing so. A review of the administrative incident review form indicated that a section exists for recommendations and corrective action.

Based on a review of the PAQ, Safe Prisons/PREA Plan, Administrative Directive AD-02.15, SPPANS OPI PREA, SPPOM 02.01, the Inter-Office Communication, completed Administrative Incident Review forms and information from interviews with the acting Warden, the PC and a member of the sexual abuse incident review team, this standard is determined to be compliant.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

This standard was audited at the Agency Level.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

This standard was audited at the Agency Level.

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*)

This standard was audited at the agency level.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.401 (a). The facility is part of the Texas Department of Criminal Justice. All TDCJ facilities were audited in the previous three-year audit cycle.

115.401 (b): The facility is part of the Texas Department of Criminal Justice. The TDCJ has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the audit year 3 of Cycle 4.

115.401 (h) – (m): The auditor had access to and the ability to observe all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

115.401 (n): The PREA audit notice was observed to be posted in all of the housing units. Informal conversations were conducted with inmates regarding how long the notice had been posted. The auditor also received an anonymous correspondence from an inmate at the facility. This correspondence was about general conditions in the facility and was marked as “confidential / privileged mail” “PREA Audit Info” on the front and back of the envelope, as well as on the top of the letter.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

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

Auditor Overall Compliance Determination

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

This standard was audited at the Agency Level.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Cynthia Swier

04/28/2025

Auditor Signature

Date

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

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