

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

Interim       Final

Date of Report    November 5, 2018

## Auditor Information

Name: Sharon R. Shaver	Email: sharonrshaver@gmail.com
Company Name: SRS Professional Services LLC (American Correctional Association Consultant)	
Mailing Address: P.O. Box 1183	City, State, Zip: Mableton, GA 30126
Telephone: 478-454-7433	Date of Facility Visit: May 9-11, 2018

## Agency Information

Name of Agency: Texas Department of Criminal Justice	Governing Authority or Parent Agency (If Applicable): State of Texas		
Physical Address: 861-B I-45 North	City, State, Zip: Huntsville, TX 77320		
Mailing Address: P.O. Box 99	City, State, Zip: Huntsville, TX 77342		
Telephone: 936-295-6371	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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
<b>Agency mission:</b> To provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.			
<b>Agency Website with PREA Information:</b> <a href="http://www.tdcj.texas.gov/tbcj/prea.html">http://www.tdcj.texas.gov/tbcj/prea.html</a>			

## Agency Chief Executive Officer

Name: Bryan Collier	Title: Executive Director
Email: Bryan.Collier@tdcj.texas.gov	Telephone: 936-437-2101

## Agency-Wide PREA Coordinator

Name: Lorie Davis	Title: Director, Correctional Institutions Division
Email: Lorie.Davis@tdcj.texas.gov	Telephone: 936-437-2170

PREA Coordinator Reports to: Bryan Collier, Executive Director	Number of Compliance Managers who report to the PREA Coordinator 91
-------------------------------------------------------------------	---------------------------------------------------------------------

### Facility Information

Name of Facility: Gib Lewis Unit	
Physical Address: 777 FM 3497 Woodville, TX 75990	
Mailing Address (if different than above): <a href="#">Click or tap here to enter text.</a>	
Telephone Number: 409-283-8181	
The Facility 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
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
Facility Mission: <i>To provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.</i>	
Facility Website with PREA Information: <a href="http://www.tdcj.texas.gov/tbcj/prea.html">http://www.tdcj.texas.gov/tbcj/prea.html</a>	

### Warden/Superintendent

Name: Tommie Haynes	Title: Warden
Email: <a href="mailto:tommie.haynes@tdcj.texas.gov">tommie.haynes@tdcj.texas.gov</a>	Telephone: 409-283-8181

### Facility PREA Compliance Manager

Name: Christopher Rogers	Title: Unit Safe Prisons PREA Manager
Email: <a href="mailto:christoper.rogers@tdcj.texas.gov">christoper.rogers@tdcj.texas.gov</a>	Telephone: 409-283-8181

### Facility Health Service Administrator

Name: Kent Dickerson	Title: Healthcare Administrator
Email: <a href="mailto:lkdicker@utmb.edu">lkdicker@utmb.edu</a>	Telephone: 409-283-8181

### Facility Characteristics

Designated Facility Capacity: 2232	Current Population of Facility: 2172
Number of inmates admitted to facility during the past 12 months	1446
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1276
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1433

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		156
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-74
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0
Average length of stay or time under supervision:		4 years/5 months
Facility security level/inmate custody levels:		G1-G5, Ad Seg
Number of staff currently employed by the facility who may have contact with inmates:		446
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		124
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1
<b>Physical Plant</b>		
Number of Buildings: 27		Number of Single Cell Housing Units: 9
Number of Multiple Occupancy Cell Housing Units:		15
Number of Open Bay/Dorm Housing Units:		4
Number of Segregation Cells (Administrative and Disciplinary):		457
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</p> <p>Gib Lewis Unit has a total of 208 cameras throughout the facility to assist with monitoring activities of offenders and staff and for aiding in control of movement into and out of the facility entry/area access points. The Expansion Unit contains more cameras than the GP side due to the security design of original mission design and subsequent funding during construction. Minimal electronic surveillance is provided on the GP side. In 2015 additional electronic equipment was approved and installed in housing buildings J1 and J2. PREA grant funds were approved to install electronic monitoring equipment in J3 and J4. Central Control and MCC1 monitor live feed; most other cameras record with a retention of 7-21 days depending on the resolution. Views were observed during tour to ensure no direct line of sight into the bathroom/shower areas was visible. Cameras are installed in locations with the intent of keeping offenders safe from sexual assault and for other security and safety concerns.</p>		
<b>Medical</b>		
Type of Medical Facility:	Ambulatory medical, dental, and mental health services with 20 wheelchair-accommodated cells in high security. Health services are contracted through University of Texas Medical Branch (UTMB). Digital Medical Services (DMS), electronic specialty clinics, and chronic care clinics. All services on a single level, including assisted disability services.	
Forensic sexual assault medical exams are conducted at:	Nearest hospital emergency department	
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		23,288 State/44 Unit Volunteers; 44 Contractors
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		OIG: 137 Agency/3 Unit Facility; Administrative Investigators: 33

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) audit of the Gib Lewis Unit was conducted on May 9-11, 2018 by Lead Auditor Sharon R. Shaver and Auditor Mark Stegemoller, both DOJ certified PREA auditors for adult facilities, and consultants through the American Correctional Association (ACA). The Lead Auditor assignment was made by ACA staff based on this auditor's availability to accept the assignment and was locked in on March 7, 2018. The audit process began with communication between the Warden and the lead auditor on March 23, 2018. The Lead PREA Auditor arrived Houston Airport on Sunday, May 5, 2018 and was transported from the airport by Captain Terry Andrews, later joining the remaining ACA Visiting Committee for an initial meet-and-greet/in-briefing with representatives from the Gib Lewis Facility and Texas Department of Criminal Justice headquarters staff. Herein after, the Texas Department of Criminal Justice will be indicated by use of the acronym TDCJ. On Monday, May 6, 2018, a formal entrance meeting was conducted by the ACA Visiting Committee Lead with the Lead PREA Auditor participation to discuss the audit processes for both ACA and PREA. It was explained during the meeting that the facility on-site review for PREA would officially begin on Wednesday, May 9 and upon the arrival of PREA Auditor Stegemoller, although observations made during the on-site visit portion of the ACA audit may capture information that will be used in determining PREA standards compliance. Present at the meeting were: Tommie Haynes, Warden; Billy Thompson, Assistant Warden (General Population); Lindsay Lewis, Regional I Monitoring and Standards; Julia Rodriguez, Captain and Monica Kukua (Huntsville Unit ACA); Authorization was granted by Warden Haynes to conduct some of the interviews after the conclusion of the ACA audit on Monday evening.

Upon Auditor Stegemoller's arrival Tuesday evening, introductions were made to Gib Lewis Staff, followed by a kick-off meeting where an agenda and a list of documentation needed for review and areas to be visited was provided to Warden Haynes for the following day's PREA site review. Warden Haynes, Assistant Wardens Billy Thompson and Tod Allen, Sergeant Christopher Rogers, Unit Safe Prisons/PREA Manager (Compliance Manager) and Elizabeth Hammons, Regional PREA Coordinator were present during the kick-off meeting. Sergeant Rogers and Ms. Hammons were designated as the primary points of contact for the auditors and were available throughout facilitating movement for interviews and collecting additional documentation as needed. The Lead Auditor explained that the PREA audit process will seem more invasive than the ACA audit process, that the relationship between facility staff and auditors is not to be viewed as adversarial, and that the Auditors consider themselves a part of the team to ensure Gib Lewis Unit achieve full compliance with PREA Standards. Staff were advised that DOJ expects that corrective action will be necessary in most cases and that this is a normal part of the audit and should not be considered adversely. It was further expressed by the Lead Auditor that the document review and information gathering will potentially be more extensive than experienced during the prior PREA audit conducted May 5-8, 2015 due to additional guidance published by the Department of Justice. The triangulation methodology was explained so that staff understood that we would need to obtain more evidence of facility practices than written policies and procedures and that personal observations, interviews, and documentation review would be used to validate implementation. Warden Haynes ensured the Auditors we would receive full cooperation and be allowed access to any areas or information required. A copy of the Pre-Audit Questionnaire was provided to PREA Auditor Mark Stegemoller upon his arrival. Gib Lewis Unit staff and TDCJ headquarters staff were found to be highly cooperative and provided unimpeded access to facility, documents, and people. No barriers to completing the audit process were encountered by either auditor.

### Pre-Audit Activities

**Notice of PREA Audit:** The *Notice of PREA Audit* for Gib Lewis Unit was forwarded to the Texas Department of Criminal Justice (TDCJ) PREA Management Office by ACA six weeks prior to the on-site audit with instructions for posting. Notices were posted in specified areas on March 2, 2018. No letters were received by the auditor prior to the on-site portion of the audit, nor during the post audit phase. Posting of notices was verified by the auditor using three methods: 1) email notification of posting 2) observation by auditor during on-site visit 3) verbally during interviews. Auditor observed notices posted in both English and Spanish in all housing units and in all common areas used by inmates and staff, to include entry points and visitation area. Notices were legibly printed

on 8½" x 11" bright pink paper in a font size that was easy to read. Notices solicited relevant information to the agency's compliance and provided instructions for correspondence to be emailed to [SAC@aca.org](mailto:SAC@aca.org) or sent by postal mail to American Correctional Association, Standards and Accreditation Department, 206 North Washington Street, Suite 200, Alexandria, VA 22314. Because the notices posted did not include the Auditor's name and mailing address an extension for correspondence has been granted. Updated Notices with the Auditor's name and mailing address was provided to Gib Lewis Unit on July 7, 2018, in both English and Spanish, with instructions to post in all areas of the facility for the period of July 9, 2018 through August 20, 2018. Correspondence confidentiality clause states that all correspondence and disclosures between the auditor will not be disclosed unless required by law. These exceptions include: 1) if the person is an immediate danger to her/himself or others; 2) allegations of suspected child abuse, neglect or maltreatment; 3) in legal proceedings where information has been subpoenaed. The final report will reflect confirmation of the posting and reference to any correspondence received during this extension period. Auditor verified during interview with mailroom supervisor that correspondence with Auditor will be treated as privileged correspondence.

**Pre-Audit Questionnaire and Documentation Review:** The Pre-Audit Questionnaire was received on a secure thumb drive 4-weeks prior to the on-site audit at which time a thorough review of the report and the documentation provided was conducted. A sampling of documents was provided for all questions on the PAQ where required. Policies related to the questions in the PAQ were scanned and highlighted to indicate the specific applicable section to match the corresponding standards. Notes were recorded as they related to corresponding standards and a log maintained for additional information required. On May 3, 2018 a request was sent to the facility compliance manager for additional information and documentation that should be prepared and available upon auditor's arrival at facility, along with the PREA Process Map. The lists and documents requested by the Auditor in the pre-onsite audit phase included:

- Current inmate roster printed by housing unit to use for random inmate interviews
- Youthful inmates (if any)
- Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
- Inmates who are Limited English Proficient (LEP)
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Inmates (identify all inmates in each category)
- Inmates in segregated housing
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Complete staff roster (indicating title, shift, and post assignment)
- List of all staff, by position title/responsibility.
- Roster(s) of security staff for all shifts and specialized post assignments
- Specialized staff which includes at a minimum:
  - Agency contract administrator
  - Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
  - Health Services Administrator/Director
  - Mental health Director/Counselor(s)
  - Human Resources manager
  - Volunteers who have contact with inmates
  - Contractors who have contact with inmates
  - facility investigators and OIG investigators who conduct sexual abuse/harassment investigations
  - Staff who perform screening for risk of victimization and abusiveness
  - Staff who supervise inmates in segregated housing
  - Staff on the sexual abuse incident review team
  - Designated staff member charged with monitoring retaliation
  - Training officer
  - Intake staff
- List of 156 inmates who were at facility prior to 08/21/2012

- Language assistant services
- Coordinated Response Plan specifically for the Unit
- Warden's annual review of deployment of video monitoring systems
- I.O.C. or email requesting equipment
- Subsequent Decision Memorandum for funding approval
- Facility Staffing Plan
- Incidents of cross-gender strip searches
- Qualified interpreters for unit
- Designated OVRs for facility
- Sexual abuse, sexual harassment, sexual misconduct, voyeurism, etc. reported for the period of 05/01/2017-04/30/2018 (#21 reported)
- List of cases referred to OIG, same date range as above (#4 reported)
- Date/time during audit week to observe delivery of inmate education to new arrivals
- List of new arrivals week of April 2, 2018; March 19, 2018; January 15, 2018; November 6, 2017
- Employees who have access to screening information
- List of grievances filed in the prior 12 months
- Four (4) grievances filed in prior 12 months
- Name and contact information for outside victim advocates for emotional support services

Several telephone calls were held with Sergeant Rogers prior to the onsite visit to clarify requested information, discuss logistics, and to set timelines and goals. Multiple email correspondence was communicated between the Lead Auditor and Sgt. Rogers up until the arrival date providing requested information. A request was made to and granted by Warden Haynes for the Lead Auditor to bring a personal laptop computer into the facility during the onsite visit for purposes of recording audit information.

TDCJ website ([https://www.tdcj.state.tx.us/divisions/arm/rev\\_stan\\_prea.html](https://www.tdcj.state.tx.us/divisions/arm/rev_stan_prea.html)) was visited prior to the on-site visit. The auditor reviewed general website information, PREA annual reports, Survey of Sexual Victimization, and the facility's last PREA final report which was conducted on May 6-8, 2015. The website provides general information on PREA, final audit reports for agency, links to the National PRC website, and links to the TDCJ Safe Prisons/PREA Management Office and TBCJ PREA Ombudsman page. An internet search was conducted to identify any relevant information pertaining to the facility related to recent litigation, DOJ involvement, federal consent decrees, or local oversight; the search netted no results. In addition, interviews with Warden and Safe Prisons/PREA Manager confirmed that none exist. In accordance with 115.401 provision (o) Auditor made an inquiry to Just Detention International (JDI) and Texas Association Against Sexual Assault (TAASA) on June 21, 2018 about any correspondence they may have received during the past 12 months from offenders at Gib Lewis Unit. A response was received on June 22, 2018 from both advocacy groups. JDI responded that their database indicates no correspondence has been received; TAASA indicated they have received correspondence from three (3) offenders housed at Gib Lewis Unit. One offender contact was related to prior abuse and non-related to Gib Lewis Unit. Due to lack of signed consent to disclose information, Auditor was not provided information on one inmate's correspondence. The final offender contact did provide signed consent for the information to be released and Auditor review of documentation provided found that correspondence between offender and TAASA, TAASA and TDCJ. The offender's concerns were adequately addressed, and the offender is no longer housed at Gib Lewis Unit. Forensic examinations are conducted at the nearest hospital emergency room that can accommodate the emergency at time of an incident and no contract or MOU exists between the Gib Lewis Unit and a given hospital. Auditor contacted the Emergency Department at St. Andrews Hospital, 2830 Calder Street, Beaumont, Texas and verified that this location can provide SANE/SAFE services for Gib Lewis Unit should they be needed. An internet search by Auditor confirmed Texas State Law (SB-1191) requires a health care facility with an emergency room have specialized staff trained to complete forensic examinations.

### **Onsite Audit Activities**

The Lead Auditor participated in a formal facility site review on Monday, May 7 with Warden Haynes, members of Gib Lewis staff, and the ACA Visiting Committee Members. The Auditors made additional site inspections later in

the week to view areas missed during the initial tour or to more comprehensively assess the areas visited. While touring the facility random informal interviews (approximately 44 staff and 25 offenders), were conducted with staff and offenders which were not counted toward formal interview requirements. Questions posed by Auditors to staff and offenders were related to training received, awareness of responsibilities, procedures and responsibilities for reporting sexual abuse, sexual harassment, and/or retaliation. Everyone interviewed acknowledged receiving training related to their responsibilities and awareness of the zero-tolerance policy. Adequate posters in both English and Spanish were placed throughout the facility and posted on bulletin boards in living units. Area logs were reviewed at various posts to observe that rounds are being conducted and documented.

Documentation Review: Lists and documents requested by the Auditor prior to the onsite visit were provided to the Auditor as requested and included:

- Safe Prisons/PREA Plan
- Offender Handbook
- Protective Safekeeping Plan
- Classification Plan
- Additional policies and administrative directives (various)
- Complete offender roster and complete offender roster by housing unit
- Diagram of physical plant
- List of electronic monitoring equipment and location
- Employee rosters and lists

Auditor reviewed a large volume of documentation during the pre-onsite visit, during the onsite visit, and during the after-onsite visit during report preparation. This list of documentation review is not exhaustive and may not reflect the exact numbers of items reviewed but is included to illustrate the types of documents that were available and the extent of review that was conducted:

- Incoming chain rosters, 12
- Offender files/classification reviews/training record, 18
- Offender training rosters number of offenders, 89
- Offender Protection Investigations/Incident Reports, 2
- Retaliation Monitoring, 21
- Incident Review Team Minutes, 3
- Cross-gender Search Log, 1 (no entries due to no incidents)
- EAC Log and Allegation Logs and Reports
- Turn-out Rosters, 22
- Personnel Files for Hiring Documents (employee, contractor combined), 10
- Specific training documentation from employee files, 11
- Employee training rosters random, 8
- PREA Training Acknowledgements/statement verifications of prior prohibited activity, 212 employees, 65 contractors
- Grievances, 3
- Risk Screening Instruments, 33
- Employee/Visitor Logs, 47 historical and 10 on posts
- Incident Report/Case Files (full report including all related documents), 16

Note that all documents reviewed were selected by the auditor and were based on either dates or random selection of names from lists provided.

Facility Site Review Observations: A detailed physical plant description will be provided below under Facility Characteristics section of this report. Facility site review consisted of visit to education and programming areas. Instructional staff and security staff were present in areas where offenders were congregated. Offenders were found highly engaged in the programs being facilitated and found to be respectful and responsive when

approached by Auditor. During visit to kitchens and dining areas Auditor found offenders engaged in work activities preparing and plating food and maintaining sanitation. Kitchen staff and officer presence was visible in all areas and Auditor engaged staff and offenders with informal questions about their detail assignments and PREA awareness finding a cooperative attitude from all interviewed. Auditors made visits to both commissaries, general library and law library, laundry, maintenance, supply area/warehouse, and furniture shop. Auditor observed orderly operations and offenders were actively engaged in work. Non-security and security staff were present and providing supervision in all areas. Informal interviews were conducted in each of the areas with staff and offenders. Receiving/intake, administration, and medical areas were visited. Offenders present in these areas were either escorted or assigned to a work detail in the area. Auditor engaged staff and offenders in these areas with informal conversation and found them helpful and forthcoming. Auditors visited housing units, observed recreation yards, gym, and wood shop. Offenders were present in housing units and were found to be orderly and respectful and comfortable engaging with staff and Auditors during the visit. Auditors observed recreation yards in use and use of the privacy panel areas installed on the yard for strip searches. Auditors observed pat searches being conducted at various times and locations. Auditor found no concerns with processes observed during searches. The gym and wood shop were secured and not in use at the time of the visit. Auditor visited secure pickets and conducted informal interviews with officers and observed movement from picket view. Auditor noted observed no areas of concern in these areas and found posted staff to be knowledgeable about PREA and attentive to duties.

During the facility site review, the auditors observed security staff presence on walk-ways, camera views and placements, line-of-sight, physical plant condition and barriers, general sanitation, inmate movement procedures and general institution operations. No notable barriers were observed by Auditors during site visit. Security officers were present in each housing unit visited and were observed being alert and roving the unit or otherwise actively engaged with duties upon auditor's entry to the area. Auditors observed cross-gender announcements being made most of the time when entering a housing unit, although the announcement was generally made by one of the Safe Prisons/PREA team, further discussed under 115.15. TDCJ does not maintain a direct telephone reporting line for PREA allegations, but multiple other methods are available for reporting allegations, both internal and external to the facility, which is later discussed in detail under 115.51. Conversations with officers and review of area log sheets indicated regular rounds and cell checks.

Camera placements appeared to capture maximum views for increased safety and security of living units, without intrusion into areas designated for showering, using the restroom, and changing of clothes. The facility was clean and orderly and in good repair. Offender movement was organized and controlled. No concerns for line-of-site barriers were observed. Special attention was given to observing interactions between inmates-inmates, inmates-staff/staff-inmates, staff-staff, and management team interactions with both staff and inmates. Warden Tommie Haynes and Assistant Wardens Tod Allen and Billy Thompson were present and available during all on-site activities. Interactions observed were respectful and appropriate. All levels of staff were observed being approachable.

Grievance Processes: The Grievance system process was discussed during interviews with inmates and with staff. A thorough explanation of the grievance process was provided by offender grievance staff Boykin and Pate. Information collected during these interviews correlates with the related TDCJ policies and a review of the documented grievances indicates the system is working according to policy. The PREA Ombudsman office is designated as the external reporting body for sexual assault and sexual harassment allegations. Contact was made by phone with Ms. Sharp to discuss this process. These procedures are provided in more detail later in standard 115.51 narrative. The Lead Auditor requested a list of all allegations filed through the grievance process for the 12 months preceding the audit. The date range used is February 1, 2017-January 31, 2018 which is the audit period reflected in the Pre-Audit Questionnaire (PAQ). While the Auditor reviewed more recent case files and documents, to maintain consistency and accuracy in reporting, this report is prepared with the data related to the specified date range in the PAQ. The facility provided a computer-generated report listed by Sexual Abuse Related Grievance. Four (4) grievances were reported: one (1) allegation of sexual assault by another offender; two (2) allegations of sexual contact by another offender; and one (1) allegation of sexual contact by staff. A review of these grievances indicated an investigation was conducted at the facility resulting in: two (2) were forwarded to the Office of Inspector General for additional investigation, two (2) required no correction action.



Allegations: The Pre-Audit Questionnaire (PAQ) was prepared for an audit period of February 1, 2017 through January 31, 2018. While the Auditor reviewed more recent case files and documents, to maintain consistency and accuracy in reporting, this report is prepared with the prior 12-month data inclusive of the date range stated on the PAQ. The Auditor reviewed the Emergency Action Center Log, the Safe Prisons/PREA Management Office Log, and the Gib Lewis Unit Incident Log and identified the twenty-one (21) sexual abuse allegations and two (2) sexual harassment allegations reported within the period. One case of the 21 was alleged to occur at another facility and was unfounded. Case files were reviewed for these allegations and the following results were confirmed:

Total Sexual Abuse Allegations – 21

Offender on Offender – 13 - Dispositions: Substantiated (0), Unsubstantiated (10), Unfounded (3)  
Staff on Offender – 8 – Dispositions: Substantiated (1), Unsubstantiated (3), Unfounded (4)

Total Sexual Harassment Allegations – 2

Offender on Offender – 0  
Staff on Offender – 2 – Dispositions: Unsubstantiated (2)

All twenty-three (23) allegations were investigated administratively and four cases were referred to the Office of Inspector General (OIG) for possible criminal investigation. Of these four, one case was returned to the facility, one case was unfounded (Offender/Offender), and two cases (1-staff/offender; 1-offender/offender) were investigated by OIG. The staff/offender case was substantiated, followed by termination and arrest of the employee. Prosecution is pending. The offender/offender case was found closed without prosecution due to insufficient evidence for a criminal case.

New Arrival Chain Process: During the site review this Auditor observed the classification committee process for a new arrival offender. Processes observed during the interview were consistent with the *TDCJ Correctional Institutions Division Classification Plan* and other related policies for new arrivals. The Classification Committee reviewed the risk screening information prior to making a housing/bed assignment. Work and programming decisions are made during the next scheduled weekly Classification Committee Hearings. Committee members were interviewed by Auditor individually and each explained how the risk screening information is taken into consideration when making housing, work, and programming decisions. Auditor Stegemoller observed the Risk Screening Interview and PREA education for new arrivals for a chain that occurred during the facility site review. Facility Safe Prisons/PREA Manager, Sgt. Rogers conducted the screenings and asked each offender if he had received PREA education at the intake facility. Sgt. Rogers also checked the offender record to see if the education had been documented. The *Safe Prisons Program Incoming Chain Interview* form is the TDCJ designated form to assess risk of offenders for sexual abuse risk and abusiveness. Offender responses were recorded on the *Safe Prisons Program Incoming Chain Interview* form. Sgt. Rogers advised each inmate of the Zero Tolerance Policy at Gib Lewis Unit and how to make a report at the facility. A brochure was presented to the offender in the offender's preferred language. One offender was limited English proficient and an authorized staff interpreter was used during the screening and education process. Each risk screening was conducted one-on-one and in a private setting, in the Safe Prisons/PREA Office. Auditors observed the Risk Screening instruments are securely filed in locked metal filing cabinets in the Safe Prisons/PREA Office. Per interview with Safe Prisons/PREA Manager Steinbecker, TDCJ is currently developing an electronic instrument that is expected to roll-out within the next year and will replace the paper risk screening instrument.

Staff/Volunteer/Contractor Interviews: Gib Lewis Unit reports 478 full time staff (49 Administrative Support, 372 Security, 45 University of Texas Medical Branch (UTMB) and 12 Windham education employees). UTMB and Windham employees work for the contracted entity but were interviewed as employees for purposes of this audit due to the nature of their duties and their contact with offenders. There are no other contractors who have contact with offenders at Gib Lewis Unit. Of the 23,288 TDCJ approved volunteers, 44 are assigned to Gib Lewis Unit.

Staff, volunteer, and contractor interviews were based on the requirements from auditor handbook pages 54-57. Per Auditor request, the facility provided printed security shift rosters identifying staff by name and a separate printed listing of all other facility employees not identified on shift rosters. A computer printout of current employees of Windham School District and a UTMB Health Medical Staff Roster dated 05/07/2018 were provided

to the Auditor. Chaplain Ryals provided a printed spreadsheet of the 44 approved volunteers approved at Gib Lewis Unit. A facility Welcome Book was provided to the Lead Auditor that identified key personnel with their specialized duty assignments. Interview selections were made from these lists. Selections were made for specialized interviews based on staff identified in the Welcome Book. Auditor also made selections of personnel for interviews based on information obtained during interviews with Warden and Safe Prisons/PREA staff, and from information observed during pre-audit document review (incident reports, investigations, etc.). Security employees were selected from both shifts and both rotations and from line and supervisory staff ensuring a balanced perspective. The facility compliance manager and regional coordinator were interviewed prior to any others to gain a clear understanding of the distribution of PREA responsibilities for Gib Lewis Unit. Interviews with the facility Training Officer, Josh Gilley, and PREA Ombudsman, Lynne Sharp, were conducted by telephone prior to the onsite visit.

Collectively, both auditors conducted interviews with a total of 34 staff (14 random, 20 specialized) using the PREA Resource Center interview protocols, one at a time, and in a private setting. A private office was provided for each auditor to use while interviews were conducted. All persons interviewed were selected by the auditors. Note that most of the specialized staff were asked random staff questions in addition to the specialized area questions for which they have duties. Auditors used questions from protocols as a base-line for interviews and probed for additional information as necessary to obtain a comprehensive view of Gib Lewis Unit operations and culture. Employees interviewed were aware of the zero-tolerance policy and were well versed in their First Responder responsibilities and the coordinated response plan. Specialized interviews indicated well trained staff in their areas of responsibility. Officers and supervisors understand that visibility and making frequent, irregular rounds is important for preventing sexual abuse. Employees acknowledged ways to avoid inappropriate relationships with inmates and possible signs of abuse. It was conveyed that inmate’s perception of safety is taken seriously by staff. Any concerns for safety reported to staff is immediately passed along to shift supervisors and a Protection Investigation follows. Everyone interviewed confirmed they received PREA training upon hire and at additional intervals during their employment, and at least annually.

Auditor conducted interviews with the following agency leadership (not counted in totals below):

- Lorie Davis, Director, Correctional Institutions Division, Agency Head (Designee)
- Lorie Davis, Statewide PREA Coordinator
- Tommie Haynes, Warden
- Lorena Steinbecker, Safe Prisons/PREA Manager
- Elizabeth Hammons, Safe Prisons/PREA Regional Coordinator
- Sergeant Christopher Rogers, Facility Safe Prisons/PREA Manager
- Lynne Sharp, PREA Ombudsman

Category of Staff	Number of Interviews Conducted
Random Staff (Total)	14
Specialized Staff* (Total):	20
Total Staff Interviewed	34
<b>Breakdown of Specialized Staff Interviews:</b>	
▪ Agency contract administrator	1
▪ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	2
▪ Line staff who supervise youthful inmates - N/A	0
▪ Education staff who work with youthful inmates – N/A	0
▪ Program staff who work with youthful inmates – N/A	0
▪ Medical staff	1
▪ Mental health staff	1
▪ Non-Medical staff involved in cross-gender strip or visual searches - N/A	0
▪ Administrative (human resources) staff	1
▪ SAFE and/or SANE staff - N/A	0
▪ Volunteers who have contact with inmates	2
▪ Contractors who have contact with inmates	0

▪ Investigative staff – agency level	1
▪ Investigative staff – facility level	2
▪ Staff who perform screening for risk of victimization and abusiveness	1
▪ Staff who supervise inmates in segregated housing	1
▪ Staff on the sexual abuse incident review team	2
▪ Designated staff member charged with monitoring retaliation	1
▪ First responders, security staff	2
▪ First responders, non-security staff	1
▪ Intake staff	1
Total Specialized Staff Interviews*	20

**Offender Interviews:** The number of interviews required for offenders was calculated based on the auditor handbook formulas. The Lead Auditor requested a current roster of all inmates and individual lists of inmates for specific categories to be printed and available on day one of onsite. A Master Assignment Roster and an individual Row Inmate Locator Report for each Housing Unit dated 05/07/2018 was provided. A Housing Scheme was provided to explain the population types located in each Housing unit. The roster reflected a total of 2205 offenders assigned. Population demographics include 20% white, 44% black, 35% Hispanic, 1% other; 90% of the population is under the age of 45. A computer random number generator was used to randomly select two offenders from each of the 17 identified living areas. A total of 55 offenders (2 refused) were selected to formally interview based on at least one person from each housing unit. Targeted populations were selected using the same random selection method, but from the targeted lists provided by the facility. These lists were computer generated from a database or spreadsheet reflected targeted populations of: youthful (0-none assigned); Physical Disability (14); cognitive disability (6); inmates in segregation for high risk of sexual victimization (0-none housed for that purpose); inmates who reported sexual abuse (4); inmates who reported sexual victimization during risk screening (8); Gay/Bisexual/Gender Non-conforming (45); Transgender/Intersex (11). There were 770 Hispanic/Spanish speaking offenders in population at time of audit and yet not all are considered to be limited English proficient. The auditor selected the two offenders interviewed for LEP based on the documented use of an interpreter during Risk Screening/orientation at arrival.

Texas has two relevant mandatory reporting laws applicable to TDCJ: Abuse of Children and Abuse of Elderly/Disabled. Since Gib Lewis Unit has no offenders under the age of 18, the Abuse of Children is not applicable. Elder abuse involves any abuse, to include sexual abuse, of a person age 65 or older. A Disabled person means anyone with a mental, physical, intellectual or developmental disability that substantially impairs the person's ability to provide adequately for his/her own care and is 18 years of age or older. All inmates were advised by both Auditors prior to the interview that the information discussed would be kept private and confidential, with the exception of any disclosure that falls within the auditor's requirement to report. Both auditors found similar results during inmate interviews. Of the 53 offender interviews conducted, all acknowledged receiving PREA education by video or through Peer Education at either their intake facility or at Gib Lewis Unit. receiving information about the zero-tolerance policy and how to make a report. All interviewed offenders expressed receiving information about the zero-tolerance policy and how to make a report during their Incoming Chain Interview. Offenders were able to explain where they can access more information about PREA (handbook, posters) and the different methods that can be used. All offenders are aware they can write the PREA Ombudsman Office or that they can tell a family/friend outside who can contact the office by phone or email. 51 out of 53 offenders interviewed admitted they have more than one staff they could go to and make a verbal report if they were in trouble. Inmates conveyed an understanding that current management staff upholds the zero-tolerance policy. All inmates interviewed expressed feeling safe at this institution and that their housing assignment was appropriate to their needs, particularly as compared to other facilities they have lived. Some inmates who have been at the facility for extended time explained that they have not always felt safe and that over the past few years they have seen progressive movement toward increasing safety for everyone. Interviews were conducted using the PREA Resource Center interview protocols for offenders. Auditors used questions from protocols as a base-line for interviews and probed for additional information as necessary to obtain a comprehensive view of Gib Lewis Unit operations and culture. All inmates interviewed were selected by the auditors. Interviews were conducted one at a time, and in a private setting. Private office space, Major's office and Safe Prisons/PREA office, was designated for the Auditors to use for interviews.

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	32
Targeted Inmates* (Total):	21
Total Inmates Interviewed	53
Breakdown of Targeted Inmate Interviews: <sup>1</sup>	
▪ Youthful Inmates - N/A	0
▪ Inmates with a Physical Disability	1
▪ Inmates who are Blind, Deaf, or Hard of Hearing	1
▪ Inmates who are LEP	2
▪ Inmates with a Cognitive Disability	2
▪ Inmates who Identify as Lesbian, Gay, or Bisexual	3
▪ Inmates who Identify as Transgender or Intersex	5
▪ Inmates in Segregated Housing for High Risk of Sexual Victimization	0
▪ Inmates Who Reported Sexual Abuse	4
▪ Inmates Who Reported Sexual Victimization During Risk Screening	3
▪ Total Targeted Inmate Interviews*	21

Onsite Visit Closeout: Upon conclusion of the onsite visit a close out meeting was conducted by the Lead Auditor with the following parties in attendance: Warden Tommie Haynes, Assistant Wardens Tod Allen and Billy Thompson, Safe Prisons/PREA Manager Lorena Steinbecker, Review and Standards Manager II Cassandra McGilbra, Sergeant Christopher Rogers, PREA Auditor Mark Stegemoller. Auditor provided a detailed list of additional documents and information needed to support the observations of the on-site visit and to complete the compliance assessment for standards 115.13, 115.15, 115.31, 115.35, and 115.41. Auditor requested this information be provided electronically by June 1, 2018. Auditor also explained that additional documentation and information may be required once the Auditor begins writing the report.

Post Site Visit Activity: Regular email and telephone correspondence has occurred between Lead Auditor and Gib Lewis Unit staff and TDCJ headquarters staff. Additional documents and information was identified during the report writing process that were requested by the Auditor from the Unit. Unit and headquarters staff continue to be cooperative and forthcoming with information and have worked diligently to ensure compliance efforts at Gib Lewis Unit. All requested information and documentation requested by the Auditor was received and reviewed by the requested date. Analysis of information obtained post site visit has been shared by Lead Auditor with Auditor Stegemoller. Auditors found sufficient evidence of compliance with all standards with exception of two provisions of 115.15. Non-compliance will be explained in detail in *Summary of Corrective Action* section and in the 115.15 narrative within this report.

## Facility Characteristics

Logistics, Leadership and Staff: Gib Lewis Unit is located at 777 FM 3497, Woodville, Texas, one mile east of Woodville off Highway 190 on FM 3497 in Tyler County, 91 miles northeast of Houston. The facility is located on 360 acres of land with 46 acres located inside the secured perimeter. The facility leadership consists of Warden Tommie Haynes, who currently serves as Senior Warden and supported by two Assistant Wardens, Tod Allen and Bill Thompson.

Staff Size and Makeup: There are 478 full-time staff consisting of 49 Administrative Support, 372 Security, 45 UTMB, and 12 Windham Education. Gib Lewis Unit has two twelve-hour shifts, and an administrative shift that

works eight hours a day, five days per week. The Gib Lewis Unit correctional officers and support staff have years of correctional experience.

Facility Operations: Warden Haynes directly supervises ACA, Administrative and Human Resources functions, Kennel Operations, Maintenance, Operational Review, and Unit Supply.

General Population Operations: Assistant Warden for General Population (GP), Billy Thompson, supervises Chaplaincy, Classification, GP Count Room, Offender Records, Craftshop, Field Force, Food Service, Furniture Factory, Mailroom, Offender Grievance, Security Threat Group, GP Use of Force, Windham School. Through his direct report, Major Irma Fernandez, AW Thompson is also responsible for GP Security Operations, GP AD-10.20, GP Armory, Barbershop, GP Offender Property, Safe Prisons, Extortion Team, GP Key Control GP Recreation.

Expanded Cell Block Operations: Assistant Warden for Expanded Cell Block, Tod Allen supervises Commissary, Correctional Training, Counsel Substitute, Offender Disciplinary, Laundry/Necessities, Law Library, EC Count Room, EC Offender Records, Parole, Re-Entry, Risk Management, Security Threat Group, ECB Use of Force, UTMB. Through his direct report Major Patrick Coleman AW Allen is also responsible for ECB Security Operations, CRISP, ECB Security Shifts, ECB AD-10.20, ECB Armory, ECB Offender Property, Safe Prison, ECB Key Control, ECB Recreation.

Recreation: The Gib Lewis Unit recreation consists of a large outside recreation yard that provides offenders opportunity to play volleyball, basketball, handball, weightlift, walking and running track. There is a gymnasium with basketball courts for indoor recreation. Table games, intramural sports and day room activities are available to the majority of the offender population. There are exercise cages for the Expansion Compound.

Religious Programming: The Gib Lewis Unit has one full time Chaplain and three (3) certified volunteer chaplain's assistants. The facility utilizes a multi-purpose chapel room and other class room space to meet the religious needs of all offenders. There are forty-four (44) approved volunteers for this Unit.

Visitation: The Gib Lewis Unit allows general population visiting two days per week on Saturday and Sunday. The visiting time is 8:00 am to 5:00 pm. The facility has visiting rooms that can accommodate the needs of the offender population. The offender is allowed ten visitors on their list not including children. They are allowed two-hour visits with two visitors one day per week. Gib Lewis Unit has the ability to allow both contact, and non-contact visits.

Library Services: The library is supervised by both library staff and correctional officers. They are opened from 6:30 am to 8:00 pm Tuesday through Saturday each week with library book check out available. Library services are available to offenders in addition to these times upon request and approval.

Health Services: Gib Lewis Unit medical is staffed with one (1) full-time Medical Director, one (1) full-time Practice Manager, one (1) full-time RN-Nurse Manager, four (4) full-time Nurse Clinicians III, two (2) full-time Mid-level Practitioners, twelve (12) full-time Licensed Vocational Nurses, eight (8) full-time Certified Medication Aides, five (5) full-time Correctional Clinical Associates, one (1) full-time X-ray Technician, and one (1) full-time Phlebotomist (Lab Tech). Medical services at the General Population Unit are staffed from 6:00 am-6:00 pm 7 days per week. The Expansion Cellblock Health Clinic is staffed 24 hours. Sick call is provided three times per day, 7:30 am, 10:00 am, and 12:00 pm, 7 days per week. Offenders access all medical services through placing requests in the sick call boxes. Mental Health staff consists of four (4) full-time Mental Health Clinicians, one (1) full-time Mental Health Manager. Mental Health services are provided from 8:00 am-4:30 pm Monday through Friday. There are approximately 467 offenders seen monthly by mental health staff.

Population: The Gib Lewis Unit is a male facility housing security custody levels of G1-G4, (1,420); Administrative Segregation, G-5 and wheel chair assessable (779). The Gib Lewis Unit has a designed capacity of 2,232, reporting a population of 2,199\* offenders on May 5, 2018. Note population tallies are representative of the date of reporting and fluctuate based on transfers in and out of the facility. Population demographics are 20% white,

44% black, 35% Hispanic, 1% other; Age range of offenders is 18-67 with 90% of the population being under the age of 45. The average daily population for the last 12 months was 2,170, with an average length of stay at 4 years and 5 months.

Physical Plant Description/Security: The physical plant consists of 21 buildings: medical, dental, central control, intake/receiving area, visiting areas, maintenance, commissaries, industries, education, two food service areas, and laundries. There are two administrative segregation units, a total of 455 single cells with square footage of 80.32 feet, and 705 multiple occupancy two-man cells with square footage of 80.67 feet. At the main compound there are five living units called Buildings J-1 through J-5. Buildings J-1, J-2, J-3 and J-4 are two-tiered and have three wings each with 42 cells for a total of 84 beds per wing. Each wing houses up to 252 offenders. J-1 houses Level 4, J-2 J-3 and J-4 houses Level II. J-5 Building J-5 is two-tiered, open dormitory type housing Levels I and II. Dormitories M and P house up to 63 each and Dormitories N and O house up to 250 each.

The Expansion Compound has 10 cellblocks and they are called A-Wing through K-Wing there is no I-Wing. These 10 cellblocks have two rows of cells top and bottom. There are 649 cells and 848 beds. These cellblocks house Maximum Custody, Administrative Segregation, and General Population Level-I through Level-V offenders. The Expansion Cellblock also houses some offenders that are wheel chair bound and need access to handicap cells near medical. The Gib Lewis Unit dormitories have approximately 42,875 square feet of space. This Expansion Compound has a secured perimeter and is separated from the main unit with a double chain link fence.

There is an officer post that is manned 24 hours that controls gate entry and exits at both the main compound and the expansion compound. There are four sally ports that allow entrance and exits into the secured perimeters. There is an armed mobile perimeter patrol that is manned 24 hours per day. Staff and visitor verification is performed at all entrance and exit points. Offender movement is controlled, and offender searches are conducted at key areas within the facility. The facility is crossed-fenced with check points and gates that enable the facility to control staff and offender access and movement when needed. There are three manned officer towers that are armed with pistols, AR-15's and shotguns. There is a twelve-foot fence with from one to three strands of razor wire surrounding the Gib Lewis Unit.

The Gib Lewis Unit is monitored from expansion compound central control, general population central control and general population warden's office. These cameras are digital, fixed, provide color pictures and record up to 21 days. The Unit has high intensity lighting that allows good visibility at night.

Facility Mission: The Mission of the Gib Lewis Unit is "to provide public safety, promote positive change in offender behavior, reintegrate offenders back into society, and assist victims of crime". Core Values are stated as Perseverance, Courage, Integrity, Commitment. The Gib Lewis Unit was opened August 1990. The Gib Lewis Unit is named for Texas State Representative Gibson (Gib) Lewis who was only the second representative elected Speaker of the House of Representatives for four consecutive terms in Texas state history. The facility is located on 360 acres of land there are 46 acres located inside the secured perimeter. In 1994 the prison added Expansion Cells (EC) to house maximum security offenders.

Contract Agencies: The medical services are provided through a contractual agreement with the University of Texas Medical Branch (UTMB). The Windham School District (WSD) provides educational opportunities at all levels for the offender population. The offenders are assigned treatment programs, education goals and jobs according to their skills, program needs, substance abuse screening and assessment, re-entry planning, and the Windham School District CHANGES-Pre-release program. Gib Lewis Unit also completes Community Works Projects. The Texas Department of Criminal Justice Correctional Industries has one of the largest furniture factories in the Texas Criminal Justice system located at the Gib Lewis Unit with fourteen employees and 1.1 to 1.5 million dollars in yearly sales. The factory employs 124 offenders and provides on the job training certificates to the offenders working in the factory.

## Summary of Audit Findings

The PREA Audit of Gib Lewis Unit found 43 standards compliant with one of those exceeding the requirements of the standard. 115.11, Zero Tolerance of Sexual Abuse and Sexual Harassment.

**Number of Standards Exceeded:** 1

115.11

**Number of Standards Met:** 44

115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403.

**Number of Standards Not Met:** 0

Click or tap here to enter text.

## Summary of Corrective Action (if any)

The original Notices of PREA Audit provided instructions for correspondence to be emailed to [SAC@aca.org](mailto:SAC@aca.org) or sent by postal mail to American Correctional Association, Standards and Accreditation Department, 206 North Washington Street, Suite 200, Alexandria, VA 22314. Because the notices posted did not include the Auditor's name and mailing address an extension for correspondence has been granted. Updated Notices with the Auditor's name and mailing address has been provided to Gib Lewis Unit, in both English and Spanish, with instructions to post in all areas of the facility for the period of July 9, 2018 through August 20, 2018.

Correspondence confidentiality clause states that all correspondence and disclosures between the auditor will not be disclosed unless required by law. These exceptions include: 1) if the person is an immediate danger to her/himself or others; 2) allegations of suspected child abuse, neglect or maltreatment; 3) in legal proceedings where information has been subpoenaed. The final report will reflect confirmation of the posting and reference to any correspondence received during this extension period. Auditor verified during interview with mailroom supervisor that correspondence with Auditor will be treated as special correspondence.

115.13, Supervision and Monitoring: During the onsite visit, Gib Lewis Unit was unable to provide a current annual review of the existing staffing plan. The latest documented review was conducted on April 10, 2017. The Safe Prisons/PREA Manager advised that the review meeting was scheduled within the next couple of weeks and that the updated plan will be forwarded upon completion. A sufficient staffing plan review dated May 14, 2018 was provided to Auditor on May 29, 2018. Staffing plan is further discussed under standard 115.13 below. Receipt of this documentation satisfied the non-compliance at conclusion of onsite visit. This corrective action has been satisfied prior to the issuance of the Interim Report.

115.15, Limits to cross-gender viewing and searches: Physical plant efforts have been made to provide privacy barriers while maintaining security measures. Discussion was held between the Auditors and the warden about the view into shower and toilet area from the 2<sup>nd</sup> floor in Building J-5. J-5 hold Dormitories M, N, O, and P and includes a total of six (6) restroom/shower areas with this design. Each is an open dormitory style with two tiers and open showers with multiple shower heads. Toilets and urinals are in an open area surrounded by a partial block wall. A modesty barrier has been constructed at the entry to the shower area which eliminates cross-gender viewing from the 1<sup>st</sup> floor. However, when using the stairs and making rounds on the 2<sup>nd</sup> floor there is a direct view

into the shower area and toilets. Based on the cross-gender viewing into the restroom and shower areas, requirements of provision (d) is not met. A corrective action plan has been developed to relocate the privacy barrier and raise the wall height. A sample of the construction was provided to the Auditor for review and a decision was made after collaboration to proceed with one bathroom and upon completion of this construction photographs will be provided to Auditor from various angles for review. Auditor will continue to work with facility for the duration of this project. A follow-up call is scheduled for July 6 for a status update. At completion of this phase, modifications will be evaluated by Auditors, Safe Prisons/PREA Manager, PREA Ombudsman, and Warden. If all parties approve, Gib Lewis Unit will proceed with modifications in the other five (5) restroom areas to ensure facility's compliance with provision (d).

**Corrective Action:** Modifications were made to the five (5) restroom areas in Building J-5, Dorms M, P, N, and O between May 11, 2018 and October 10, 2018. Photographs capturing multiple views in the restroom areas were submitted by the facility and found by this auditor to provide adequate barriers to prevent cross-gender viewing. More details are provided in standard section 115.15.

Staff of opposite gender are required by agency and facility policy to announce their presence when entering the housing area. Auditor reviewed Officer Post Orders for housing areas and found sufficient language requiring female officers to announce their presence at the beginning of each shift and any time the status quo of the gender-supervision of a housing area changes from exclusively same gender to mixed or opposite gender supervision. Officers are directed to ensure the announcement is made for other opposite gender staff entering the housing unit. Officers interviewed indicated they are aware the announcements are required to be made. Auditor observed announcements being made during the onsite prison tour for the entering visitors to be made by the staff entering, not the officer on post. Interviews with offenders indicated inconsistencies in cross-gender announcements being made. A recommendation for re-training staff on the requirement to make consistent cross-gender announcements was made. Documentation was presented on May 21, 2018 as evidence that each shift/card retrained all shift correctional staff on the requirement and importance of making cross-gender announcements regularly and consistently. This training was conducted in four consecutive shift turn-out briefings. To validate institutionalization of this procedure Lynne Sharp, PREA Ombudsman, visited Gib Lewis Unit at the Auditor's request. Ms. Sharp works independently of TDCJ and reports directly to the Texas Board of Criminal Justice and is also a Department of Justice Certified Auditor. Ms. Sharp provided a report to the auditor indicating that while some progress has been made, the process of making cross-gender announcements has not yet been fully institutionalized. A corrective action plan has been developed and will be monitored over the next thirty (30) days, at which time another evaluation will be made on the facility's compliance with this provision (d).

**Corrective Action:** Based on documentation provided by the facility and telephone interviews with Lynne Sharp, PREA Ombudsman and Lorena Steinbecker, SPPM-CID, additional training was delivered to all Gib Lewis Unit staff, to include contract staff, between May 2018 and July 2018. Documentation was presented by the facility and is sufficient evidence to indicate all staff have been retrained on the Knock and Announce requirements. PREA Ombudsman Sharp and SPPM-CID Steinbecker conducted an on-site visit on June 26, 2018 and reported they were recommending additional training for security and non-security staff. This additional training was delivered during the month of July 2018 as evidenced by rosters provided to this auditor. Ms. Sharp and Ms. Steinbecker visited the facility again on July 27, 2018 and after conducting interviews with staff, inmates, and making personal observations of practices indicate evidence that the cross-gender knock and announce requirements have been institutionalized. Confirmation of the institutionalization of cross-gender knock and announce was conveyed to this auditor through written documentation and telephone interview. More details are provided in standard section 115.15.

**115.31, Employee Training:** During staff interviews, few employees were able to explain the dynamics of sexual abuse and sexual harassment in confinement or to speak freely and comfortably about the communicating effectively with offenders, including gay, bisexual, transgender, intersex, or gender non-conforming portion of the training they have received. After discussing with Warden Haynes, it was mutually agreed that all employees at Gib Lewis Unit will receive sensitivity training which is to include "How to Communicate Effectively and Professionally with Offenders to include Lesbian, Gay, Bisexual, Transsexual, Intersex and Non-Conforming Offenders". On May 21, 2018 Warden Haynes provided the training curriculum and his verification statement that all employees and contractors who have contact with inmates have completed this training curriculum and included signed acknowledgement forms for a random selection of employees. Auditor corroborated delivery of this training through interview with Safe Prisons/PREA Manager Steinbecker. Analysis of Auditor's observations



during pre-audit and on-site and the delivery of this additional training post site visit, this standard has been met. This corrective action has been satisfied as of the issuance of the Interim Report.

115.35, Specialized Training, Medical and mental health care: Auditor verified through interviews that specialized training for medical and mental health workers had occurred, but the staff person with UTMB who maintains those records was not available to provide the required documentation. Evidence of specialized training was requested by Auditor and was provided the week after on-site visit. In addition, Safe Prisons/PREA Manager Steinbecker agreed with the Auditor that these training records should also be maintained by the Agency and has instructed Facility ensure future records are maintained accordingly Analysis of documentation received supported policy requirements and the information gathered during interviews while on-site, satisfying compliance with this standard. This corrective action has been satisfied prior to the issuance of the Interim Report.

115.41, Screening for risk of victimization and abusiveness: Between 15 and 30 calendar days from offender's arrival at a unit, the reviewer will review screening information to determine if any previously unknown information has become available that may affect the screening results. While the documentation provided onsite combined with interviews supported the 30-day screening is conducted, TDCJ policy directive was revised and became effective January 2018 after issuance of the Standards in Focus provided clarification. To ensure this procedure is well institutionalized, the Auditor selected specific offenders from the chain rosters pulled from the prior four (4) months and requested that scanned copies of 30-day risk screening be provided to Auditor for review. These documents were provided to the Auditor by June 1, 2018. Auditor's review of documentation, analysis of pre-audit information and on-site observations, and follow-up interviews with Gib Lewis Unit Safe Prisons/PREA Manager, Warden Haynes, and Safe Prisons/PREA Manager Steinbecker indicate the procedure has been institutionalized. This corrective action has been satisfied prior to the issuance of the Interim Report.

Risk screening instruments with the required considerations could not be provided for offender who are still housed at Gib Lewis Unit and who were present prior to 2012. TDCJ had a screening process in place at that time, but it did not contain all elements considered on the current process. Auditor requested the 156 offenders be rescreened using the current screening process. Evidence of these screenings was provided by the facility on June 1, 2018 and reviewed by the Auditor finding this requirement met. This corrective action has been satisfied prior to the issuance of the Interim Report.

## PREVENTION PLANNING

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

#### 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*)

By Executive Directive ED-03.03 (rev.3), dated March 31, 2015, the TDCJ establishes its zero tolerance toward all forms of sexual abuse and sexual harassment. The policy states the TDCJ shall be vigilant in establishing a safe environment for staff and offenders at all secure correctional facilities. Every attempt shall be made to protect offenders who are at increased risk of harm by others, take a proactive approach to prevent, detect, and respond to incidents of sexual abuse and sexual harassment of offenders, reduce incidents of extortion, and address the needs of offenders who have been victimized. Violators shall be subject to criminal charges and civil liability in state or federal court, as well as TDCJ disciplinary action. PD-29 (rev.5) directs reporting for Sexual Misconduct with Offenders. The policy requires a zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of offenders; and prohibits employees from subjecting another employee, offender, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with offenders. Immediate reporting of any above known behavior or action is required by all written related directives reviewed by auditor. The facility Sexual Abuse Coordinated Response Plan (also noted in 115.65) outlines the steps for facility staff to respond to allegations. These policies collectively establish the agency's zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Executive Directive ED-03.03 (rev.3), dated March 31, 2015, establishes the director of the Correctional Institutions Division as the PREA coordinator for the agency who holds the responsibility for establishing the *Safe Prisons/PREA Plan*. The TDCJ *Safe Prisons/PREA Plan* outlines measures to implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and is created to ensure every effort is made to maintain a safe and secure environment for staff and offenders, and to oversee endeavors to comply with PREA standards. TDCJ *Safe Prisons/PREA Plan* establishes additional positions that oversee the implementation and operation of the plan. The Safe Prisons/PREA Management Office (SPPMO) falls under the Management Operations Deputy Director reporting to the Correctional Institutions Division Director in the TDCJ organization structure. Auditor's interview with Director Davis concluded Ms. Davis has sufficient time and authority to complete her duties as Agency PREA Coordinator and she manages these efforts through the designated statewide staff assigned to these positions at both headquarters and in the facilities. The Agency Safe Prisons/PREA Manager is a dedicated position currently held by Lorena Steinbecker, and is tasked with development, implementation, and oversight of agency efforts to comply with the PREA standards in all TDCJ facilities. This auditor interpreted this position as most equivalent to the functional PREA Coordinator designated

in this standard, so Ms. Steinbecker was interviewed using the PREA Coordinator interview protocols. She conveyed sufficient time and authority for implementation, oversight, and management of efforts to implement and comply with PREA standards. TDCJ also employs Safe Prisons/PREA Regional Coordinators. Region I Coordinator Elizabeth Hammons oversees and supports the Gib Lewis Unit in its efforts to implement and comply with PREA standards. Ms. Hammons has 13 facilities within her area of responsibility and provides direct support to the Unit Safe Prisons/PREA Manager Christopher Rogers (facility compliance manager). Due to Ms. Hammons scope of responsibilities, this auditor used the PREA Coordinator and Compliance Manager protocol questions during the interview. Ms. Hammons conveyed sufficient time and authority to implement, develop, and provide oversight of compliance with PREA standards in the 13 facilities under her purview, to include Gib Lewis Unit.

The Unit Safe Prisons/PREA Manager is equivalent to the facility compliance manager. This Post Order is created through PO-07.150 (rev.), dated January 15, 2016. Each facility (identified as Unit) has a designated Safe Prisons/PREA Manager which is a multi-tasked position identified by the TDCJ to perform unit-based initiatives identified through the Safe Prisons/PREA Management Office. The Unit Safe Prisons/PREA Manager is responsible for monitoring of the *Safe Prisons/PREA Plan*, to manage compliance with PREA standards at the unit level, and to work directly for the warden or designee responsible for the safety and security of the unit. Christopher Rogers is designated as Gib Lewis Unit Safe Prisons/PREA Manager and was interviewed using the compliance manager interview protocol questions. Sergeant Rogers stated he has sufficient time for overseeing the PREA related efforts at Gib Lewis Unit and is given support and authority to carry out the requirements of his position. Interview with Warden Haynes and conversations with staff and offenders, indicated a facility-wide awareness and support for Sgt. Rogers' authority and oversight with PREA related operations at the facility.

Based on Auditor's analysis of related policy, review of agency and facility organizational chart, and formal staff interviews it is determined that TDCJ exceeds the requirement of having a designated PREA Coordinator and Compliance Manager by funding multiple positions across the agency with responsibility for oversight and implementation of Safe Prisons/PREA Plan.

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

### 115.12 (a)

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

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

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

TDCJ contracts for confinement of inmates at eleven (11) facilities. A review by the auditor of the contracts for these facilities revealed language is included in current contracts to obligate the contracting agency to comply with PREA standards. Each contract requires the contractor to comply with the PREA Standards for Adult Prisons and Jails and to report any offender sexual assault or sexual harassment to the TDCJ. According to agency policy and verified by interview with Agency Contract Administrator Cody Ginsel, the TDCJ designated contract monitor assigned to each contract facility ensures the contractor is compliant with the PREA Standards on a regular and on-going basis and each facility is required to provide a copy of a PREA final report according to the standard requirements. A website review conducted by auditor verifies that all contract facilities have provided TDCJ with PREA final report either in the prior audit cycle and/or current audit cycle. As confirmed during interview with Mr. Ginsel, those facilities due audits during the current cycle are scheduled to be completed prior to August 2019. Review of the contracts for confinement of inmates, interview with Agency Safe Prisons/PREA Manager, agency website review and interview with the Agency Contract Administrator indicates TDCJ complies with provisions (a) and (b) and meets the requirements of this standard.

## Standard 115.13: Supervision and monitoring

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be

isolated) in calculating adequate staffing levels and determining the need for video monitoring?  
 Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

Per TDCJ *Safe Prisons PREA Plan* Gib Lewis Unit is required to develop, document, and comply with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect offenders against sexual abuse. This auditor has reviewed the Gib Lewis Unit staffing plan and found that it documents the consideration of all requirements delineated in 115.13(a)1-11. Interviews with Safe Prisons/PREA Manager (SPPM) and Warden confirm that Gib Lewis Unit regularly monitors staffing levels and develops a staffing plan of adequate levels at least annually, in conjunction with the CID Security Operation Department and in accordance with AD-11.52 (rev.6) and Security Operations Procedure 08.06 (rev.1). Development of the current staffing plan is documented by publication of *Lewis Unit Staffing Plan*, dated June 15, 2017 by Security Operations. The most recent annual review titled *Annual Staffing Plan Review – 2018*, was conducted and approved on May 14, 2018 by the following participants: Regional Director, Warden, Assistant Warden, Safe Prisons/PREA Manager, Staffing Coordinator, Operations Manager, and Assistant Regional Director. The current year review was conducted after the on-site audit and a copy of the minutes were provided to this auditor on May 30, 2018. Related agency policy referenced in this narrative was reviewed by Auditor and found to be compliant. 115.13(a). Further confirmation of 115.13(a) was evidenced by review of staffing plan, staffing plan review minutes, and interviews with Warden and SPPM as noted in above narrative.

Auditor's review of The Safe Prisons PREA Plan and AD-11.52 (rev.6) find policy to direct Gib Lewis Unit to document and justify all deviations from their approved staffing plan. Auditor reviewed shift turnout rosters for the audit period and for both shift and cards and found instances where staffing plan deviations occurred, they were properly document and justified. Most common cause of deviation is staff callouts, and off-unit transports. Auditor interviews with shift commanders, majors, captains, assistant wardens, and warden indicates the facility is documenting and justifying circumstances where the staffing plan is not complied with on the daily shift turnout roster. Staffing plan deviations for priority posts are reported to the regional director (according to Security Operations Procedures 08.01 (rev.3) and verified by Auditor review of sample emails and interview with warden. Auditor finds Gib Lewis Unit compliant with provision 115.13(b).

The most recent annual review titled *Annual Staffing Plan Review – 2018*, was conducted and approved on May 14, 2018 by the following participants: Regional Director, Warden, Assistant Warden, Safe Prisons/PREA Manager, Staffing Coordinator, Operations Manager, and Assistant Regional Director. No changes to the existing staffing plan dated June 15, 2017 were recommended. The current year review was conducted after the on-site audit and a copy of the minutes were provided to this auditor on May 30, 2018. Minutes of this review indicate

consideration was given to deployment of video monitoring systems and other monitoring technologies and to resources the facility has available to commit to ensure adherence to the staffing plan. Security Operations Procedures, Number 07.02 (rev.4) directs The Surveillance Systems Coordinator coordinates with the agency safe prison/PREA compliance manager to collect any relevant information containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for that unit prior to the new installation of video surveillance equipment. Security Operations updates and maintains the Equipment Status Report and includes electronic monitoring equipment allocation and placement for protecting offenders against sexual abuse, in conjunction with the Safe Prisons PREA Plan. Interview with warden and SPPM indicate a review of these resources occurs at least annually and three years of documented reviews were provided for evidence. Auditor finds Gib Lewis Unit compliant with 115.13(c).

The Safe Prisons PREA Plan directs security supervisors at each unit to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds are to be conducted during all shifts. Staff is prohibited from alerting other staff members when these rounds are occurring, unless the announcement is related to the legitimate operational functions of the unit. TDCJ prohibits employees alerting other staff members when supervisor rounds are being conducted through PD.22 (rev. 14) which provides for disciplinary action (charge of misconduct, a Level 4 violation) for those found in violation. Frequent unannounced rounds are required and outlined in post orders: PO-07.005 (rev.7) for Sergeants in all areas where staff are assigned; PO-07.004 (rev.8) for Lieutenants in all areas where staff are assigned; PO-07.003 (rev.9) for Captains in all buildings on the unit, perimeter pickets, mobile patrol, back gate, offender housing, and offender work areas; PO-07.002 (rev.9) for Majors of all buildings on the unit, perimeter pickets, mobile patrol, back gate, offender housing, and offender work areas. Interviews with Warden, Assistant Wardens, Majors, and Captains confirm unannounced rounds are made on all shift and at various times during the day/week. These rounds are not announced and are documented on the Employee and Visitor Logs located at each area post. The auditor analyzed the dates/times/frequency of these rounds on a random sampling of logs and found no discernable pattern. Informal and formal interviews with officers and shift supervisors indicate regular and irregular rounds by Majors, Captains, and Assistant Wardens occur. All staff interviewed were aware that alerting other staff of these rounds is prohibited and attested that alerting of these rounds does not occur. PREA rounds made by shift supervisors are documented on the Daily Turnout Roster which has been verified by Auditor. Auditor interviews with offenders indicated that shift supervisors, Captains and Majors regularly make rounds in the housing units and other areas occupied by offenders. Interviews by the Auditors and this Auditor's review of current and randomly selected daily shift turnout rosters and current and randomly selected employee and visitor logs for various areas indicate the facility has established a practice of having intermediate-level or higher-level supervisors conduct and document rounds during all shifts and on holidays and weekends to identify and deter staff sexual abuse and sexual harassment. The auditor finds Gib Lewis Unit compliant with provisions in 115.13(d). Based on document review, policy review, and interviews, Gib Lewis Unit meets requirements of this standard.

## Standard 115.14: Youthful inmates

### 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*)

TDCJ policy CPOM 01.02 (rev.2) requires that youthful offenders be housed separately from adult offender population. In areas outside housing units direct staff supervision will be required when youthful offenders cannot be separated by sight and sound. Safe Prisons/PREA Plan, TDCJ Classification Plan, and the TDCJ Unit Classification Procedures Manual 16.15 all direct that youthful offenders will be kept separated by sight, sound, and physical contact with adult offenders within housing units, dayroom, shower areas; when outside housing areas, direct supervision will be provided when sight and sound separation cannot be maintained. The agency policy is to make best efforts to avoid placing youthful offenders in isolation to keep them separated from adults and will not deny large muscle exercise and any legally required special education services, except under exigent circumstances. According to the Administrative Segregation Plan, written authorization is required prior to placing youthful offenders in administrative segregation, a non-punitive, maximum custody status for purpose of protective custody. PO-07.140 (rev.4) directs the Youthful Offender Program officer to provide direct supervision when youthful offenders and adult offenders are within range of sight, sound, or physical reach of each other.

The Gib Lewis Unit houses no youthful offenders therefore this standard is not-applicable for this unit however, a review of agency policy indicates TDCJ policy meets requirements of this standard.

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

### 115.15 (a)



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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

Gib Lewis Unit is a male facility. Offenders must be strip searched by a male correctional officer or a trained staff member. Only in exigent circumstances, and by supervisor approval, may a cross-gender strip search be conducted. Cross-gender visual body cavity searches are to be conducted only in exigent circumstances or performed by medical practitioners. All cross-gender strip searches and cross-gender visual body cavity searches must be prior approved and documented by the shift security supervisor by Inter-Office Communication (IOC) in accordance with *Safe Prisons/PREA Operations Manual Number 02.05, July 2014* and AD-03.22 (rev.11) and filed in the Safe Prisons/PREA manager's office. The facility maintains a Cross-Gender Search Log, SPPOM 02.05, Attachment D to document cross-gender strip searches. Auditor's review of this Log indicates no cross-gender strip searches have been conducted. Interview with Warden, Unit Safe Prisons/PREA Manager, and Majors confirm no cross-gender strip search or cross-gender visual body cavity search has been conducted in the audit period. Interview with Health Services Administrator indicated no body cavity searches have been conducted within the past 12 months but confirmed medical staff would be required to perform if necessary and within the requirements of AD-03.22 (rev.11). Informal and formal interviews with officers and security supervisors indicate only male officers conduct strip searches at Gib Lewis Unit and none were aware of any body cavity searches having been conducted but were knowledgeable of the protocol to follow. Formal interviews with inmates support strip searches are conducted only by male officers. Auditor reviewed the Emergency Action Center Log for the audit period confirming no incident occurred indicating cross-gender strip search or body cavity search. Policy, interviews, and documentation review support compliance with provision 115.15(a) and (c).

Provision 115.15(b) is not applicable because Gib Lewis Unit is a male facility.

*Safe Prisons PREA Plan* provides that best efforts be made to allow offenders to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing. The facility maintains a practice that enables inmates to shower, perform bodily functions, and change clothing without opposite gender viewing their breasts, buttocks, or genitalia. Physical plant efforts have been made to provide privacy barriers while maintaining security measures. Discussion was held between the auditors and the warden about the view into shower and toilet area from the 2<sup>nd</sup> floor in Building J-5. J-5 hold Dormitories M, N, O, and P and includes a total of six (6) restroom/shower areas with this design. Each is an open dormitory style with two tiers and open showers with multiple shower heads. Toilets and urinals are in an open area surrounded by a partial block wall. A modesty barrier has been constructed at the entry to the shower area which eliminates cross-gender viewing from the 1<sup>st</sup> floor. However, when using the stairs and making rounds on the 2<sup>nd</sup> tier there is a direct view into the shower area and toilets. Based on the ability for cross-gender viewing into the restroom and shower areas, requirements of provision (d) is not met. A corrective action plan is in progress and once approved will be constructed in one bathroom, re-evaluated, then completed in the other five. **Corrective Action 115.15 (d-1):** Communication between the facility and this auditor was held on multiple occasions between May and July to develop a solution

to eliminate cross-gender viewing in the shower/restroom areas of the dorms in Building J-5. On July 10, 2018 the facility provided photographs of privacy shields that had been constructed in one dormitory. SPPM-CID Steinbecker and this auditor agreed the shields would provide adequate privacy and allow the facility to maintain security checks and decided to proceed with installation of these shields in the remainder of the dormitories. Modifications were made to the remaining five (5) restroom areas in Building J-5, Dorms M, P, N, and O between May 11, 2018 and October 2018. Photographs capturing multiple views in all six (6) shower/restroom areas were submitted by the facility on October 10, 2018. This auditor found these privacy shields to provide an adequate barrier for prevention of cross-gender viewing while maintaining security integrity. Completion of this corrective action brings Gib Lewis Unit into compliance with provision (d) of this standard.

Staff of opposite gender are required to announce their presence when entering the housing area. Auditor reviewed Officer Post Orders for housing areas and found sufficient language requiring female officers to announce their presence at the beginning of each shift and any time the status quo of the gender-supervision of a housing area changes from exclusively same gender to mixed or opposite gender supervision. Officers are directed to ensure the announcement is made for other opposite gender staff entering the housing unit. Officers interviewed indicated they are aware the announcements are required to be made. Auditor observed announcements being made during the onsite prison tour for the entering visitors to be made by the staff entering, not the officer on post. Interviews with offenders indicated inconsistencies in cross-gender announcements being made. A recommendation for re-training staff on the requirement to make consistent cross-gender announcements was made. Documentation was presented on May 21, 2018 as evidence that each shift/card retrained all shift correctional staff on the requirement and importance of making cross-gender announcements regularly and consistently. This training was conducted in four consecutive shift turn-out briefings. To validate institutionalization of this procedure, Lynne Sharp, PREA Ombudsman, visited Gib Unit Lewis at the Auditor's request. Ms. Sharp works independently of TDCJ and reports directly to the Texas Board of Criminal Justice and is also a Department of Justice Certified Auditor. Ms. Sharp provided a report to the auditor indicating that while some progress has been made, the process of making cross-gender announcements has not yet been fully institutionalized. A corrective action plan has been developed and will be monitored over the next thirty (30) days, at which time another evaluation will be conducted for compliance with provision 115.15(d). **Corrective Action 115.15 (d-2)**: Based on documentation provided by the facility and telephone interviews with PREA Ombudsman Lynne Sharp and SPPM-CID Lorena Steinbecker, additional training was delivered to all Gib Lewis Unit staff, to include contract staff, between May 2018 and July 2018. Documentation was presented by the facility and is sufficient evidence to indicate all staff have been retrained on the Knock and Announce requirements. PREA Ombudsman Sharp and SPPM-CID Steinbecker conducted an on-site visit on June 26, 2018 and reported they were recommending additional training for security and non-security staff. This additional training was delivered during the month of July 2018 as evidenced by rosters provided to this auditor. Ms. Sharp and Ms. Steinbecker visited the facility again on July 27, 2018 and after conducting interviews with staff and inmates and making personal observations of practices indicate that the cross-gender knock and announce requirements have been institutionalized. Based on training documents and results of staff and offender interviews and observations made by independent PREA Ombudsman conveyed to this auditor through written documentation and telephone interview, this Auditor concludes provision (d) has been met.

Gib Lewis Unit refrains from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status in accordance with requirements of *Safe Prisons/PREA Plan*. Interviews with security staff indicate they are aware searching an inmate for the sole purpose of determining the offender's genital status is prohibited. After interviews with five transgender offenders and Warden, Assistant Wardens, Majors, Captains and correctional officers, this Auditor concludes this practice does not occur at Gib Lewis Unit finding compliance with provision 115.15(e).

Correctional Training and Staff Development Pre-Service Block 1 includes *Constitutional Protections Module: Contraband and Searches*. Auditor's review of this lesson plan indicates staff are trained in accordance with AD-03.22, (rev.11) Offender Searches and requirements of the *Safe Prisons/PREA Plan*. AD-03.22 (rev.11) directs searches of all offenders, including transgender and intersex, to be conducted in a professional and respectful manner and in the least intrusive manner as possible while maintaining consistency with security needs. All security staff interviewed were knowledgeable about the search requirements and confirmed they have received the training indicated in this narrative. Auditor's review of employee training records indicate training for searches

is conducted annually and the auditor's review of shift turn-out rosters indicate periodic training on searches occurs during shift turn-outs. Inmates selected for interviews indicated cross-gender pat down searches are conducted professionally and respectfully. Interviews with five offenders who identify as transgender indicate searches are conducted in a professional and respectful manner and minimally intrusive, keeping with security needs. Auditor finds Gib Lewis Unit in compliance with provision 115.15(f).

Based on policy review, training record review, personal observations during tour, interviews with supervisory and line staff, interviews with offenders, Gib Lewis Unit does not meet all provisions of this standard.

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

### **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*)

Intake Procedures, Number 1.10, July 2014 provides that offenders identified as Spanish speaking only or limited English proficiency be provided orientation in Spanish and subsequent notation on the Orientation Sign-in sheet. Certified American Sign Language Interpreter (ASL) services will be provided for hearing impaired. Inmate Handbook is available in both English and Spanish. All offenders are provided a 5-hour orientation video, and 5-hours of peer education that includes sexual assault awareness. *Safe Prisons PREA Plan* directs offenders shall be provided education in formats accessible to all offenders, including those who are limited English proficient,

deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. Safe Prisons/PREA Operations number 03.01 directs the screening interviewer to ask each question in a manner and method so the questions are understood by the offender. A review of the PREA curriculum for staff training includes information on employee's responsibility to ensure inmates with LEP and disabilities have same access to PREA information and related services.

Safe Prison/PREA Posters continuously displayed in English and Spanish throughout housing units, staff and offender work areas, and other areas throughout the facility about the agency's Zero Tolerance for Sexual Abuse policy. AD-04.25 (rev.5) and Security Memorandum 05-50 (rev.3) specifies guidelines for the use of qualified Spanish language unit interpreters, directs confidentiality and non-disclosure of information obtained during the service, and activities when interpreters may be used. Qualified interpreters shall be used in the offender grievance process, classification committee hearings, orientation, OIG interviews, health care process, offender protection investigations, and Safe Prisons/PREA assessment screening. TDCJ maintains a list of staff who speak other foreign languages.

AD-06.25 (rev.4) directs ASL for deaf offenders be provided during disciplinary case interviews and hearings, grievance and patient liaison investigations, OIG investigations, medical and dental appointments, psychiatric, psychological, and sociological appointment. Correctional Managed Health Care Policy, number G.51.1, provides interpreters to offenders whose primary means of communication is ASL or finger spelling for completing the diagnostic process; disciplinary hearings; classification committee hearings; medical/dental/mental health appointments; job placement interviews. CMHC Policy E-37.5 provides for access to *Pacific Interpreters* in the absence of an onsite qualified interpreter when nursing staff need an interpreter to deliver patient care. CMHC number G.51.1 and G-51.5, provides for assistive disability services (ADS) for offenders with mobility, vision, hearing or speech impairments. ADS provided includes inmates with serious mental health needs and those who are developmentally disabled.

Based on interviews with Warden and Safe Prisons/PREA Manager, it is the practice of TDCJ to assign offenders with severe vision, hearing, cognitive, learning, or other disabilities to an appropriate facility that can accommodate the needs of the offender. Gib Lewis Unit is not designated as a facility to accept offenders with severe disabilities. A current list of designated staff interpreters is maintained at the facility and are used as necessary; inmate interpreters are not used. Interpreters were utilized during the interviews with LEP/Spanish speaking offenders and were readily available. The Offender Assessment Screening form indicates if an inmate is LEP and if an interpreter is used in dissemination of the local PREA training information. These forms were reviewed and clearly document that interpreters are used in the screening process and to deliver the zero-tolerance message to new arrivals at Gib Lewis Unit when needed, and on a regular basis. Offender handbooks, PREA pamphlets, PREA posters are all published in both English and Spanish.

Based on interviews with the Warden, Assistant Wardens, Majors, Classification Committee, and USPPM, the facility is prepared to provide accommodations to ensure every inmate understands and is able to participate with the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, although anyone with a serious limitation will be referred to a facility with a broader range of services. Limited English Proficient Offenders interviewed confirmed they have access to staff interpreters when needed. Handbooks are available in English and Spanish. Qualified Spanish and American Sign Language interpreters (AD-06.25 rev.4) are provided, and Language Line Solutions and Pacific Interpreters (E-37.5) for telephonic interpreters available to offenders who are in need. Auditor placed call to both service providers and verified that the accounts are active and available for interpreting multiple languages. The service number and account information are posted in medical and in main control center. This Auditor interviewed two (2) of the three (3) authorized Spanish interpreters for Gib Lewis Unit to verify services are provided when needed. The agency also maintains a list of employees who speak languages other than English and Spanish for use when needed.

Based on policy review, review of orientation documentation, interviews noted above in narrative, and personal observations, Gib Lewis Unit meets requirements of this standard.

## **Standard 115.17: Hiring and promotion decisions**

### 115.17 (a)

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

### 115.17 (b)

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

### 115.17 (c)

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

### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

*Safe Prisons/PREA Plan* and Executive Directive PD-75 (rev.8) directs prospective employees, current employees considered for promotion, and contract employees who may have contact with offenders must not



have 1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2) 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; 3) been civilly or administratively adjudicated to have engaged 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, to be employed by TDCJ. In addition, any incidents of sexual harassment will be considered in determining whether to hire an individual or to enlist the services of a contractor who may have contact with offenders. PD-71(rev.12) outlines procedure for prior employment reference checks. TDCJ imposes a continuing affirmative duty to disclose knowledge of any such misconduct noted above. Material omissions regarding misconduct of this nature, or the provision of materially false information, shall be grounds for termination. Employment and Promotion Application Supplement Forms include questions sufficient to obtain the required information from prospective candidates. Executive Directive, PD-71 (rev.12) designates the Employment Section to perform a criminal record background check on all newly hired employees and contractors during the clearance process. 115.17(a)(b)(f)(g)

Executive Directive, PD-27 (rev.6) provides Employee Relations shall conduct a semi-annual background check for each employee. All employees are fingerprinted and submitted to the Texas Department of Public Safety (DPS) Automatic Arrest Notification System, which provides automatic notification to TDCJ if the employee has been arrested. Employees have a duty to report arrests or when they become the subject of a criminal charge for a misdemeanor or felony offense to their immediate supervisor within 48 hours of the event and before reporting for duty. Executive Directive, PD-56 (rev.7) directs 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, unless release of said information is prohibited by law. Requests made by potential employers for substantiated allegations of sexual abuse or sexual harassment involving a former employee will be provided in accordance with PD-56. 115.17(c)(d)(e)(h)

A list of 124 new employees hired for the period of February 1, 2017- January 31, 2018 was provided to auditor. Verification was provided that a background check was conducted on each employee prior to employment and each applicant completed the Employment Application Supplement which includes the three questions explained above and as required by *Safe Prisons/PREA Plan* and Executive Directive PD-75 (rev.8). In accordance with TDCJ policy, employees considered for promotion must complete the Employment Application Supplement explained above. Two randomly selected recently promoted employee files were reviewed indicating they were cleared for background check and investigations prior to promotion and the Application Supplements for existing employees were completed and on file. The clearance process is conducted from a centralized office as outlined in the above review of TDCJ policies after the completed application and request for clearance is submitted by the local facility. A clearance is then provided to the Unit which authorizes hires and promotions. Contractors who have regular contact with offenders (UTMB Health and Windham School District) are subject to the same requirements of employees. This process was verified to be in place based on interview with Warden and Human Resources representative.

Based on policy review, employment records, personnel file reviews, interviews with Human Resources, Warden, and SPP staff, Gib Lewis Unit meets requirements of this standard.

## Standard 115.18: Upgrades to facilities and technologies

### 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*)

Security Operations Procedure 07.02 (rev.4) establishes the Surveillance Systems Coordinator will coordinate with the agency State Prisons/PREA Manager to collect any relevant information containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for any unit prior to the new installation of video surveillance equipment. The coordinator in conjunction with the unit warden and warden of security operations will deploy the surveillance equipment in an effort to enhance the agency's ability to protect offenders from sexual abuse. The unit warden is responsible for reviewing the deployment of video monitoring systems to ensure adequate coverage is provided to protect against sexual abuse. SM-01.14 (rev.3) directs unit administration ensure video surveillance systems are used to protect offenders against assault, extortion, and sexual abuse in accordance with the TDCJ *Safe Prisons/PREA Plan*.

No substantial expansion or modification of this facility were made since the last PREA audit, May 6, 2015 but interview with Warden Haynes confirmed his awareness and understanding of protocols to follow for any future modifications finding compliance with provision (a). Auditor's review of Decision Memorandums dated 04/30/15 and 06/10/15 for additional surveillance initiated by Warden Haynes and subsequent interview, indicates the protocols outlined in the policies cited above were followed finding compliance with provision (b). Interview with Safe Prisons/PREA Manager Steinbecker further confirmed procedures, personal observation of video monitoring technology and policy review, Gib Lewis Unit meets requirements of this standard.

## RESPONSIVE PLANNING

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

#### 115.21 (a)

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

### 115.21 (b)

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

### 115.21 (c)

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

### 115.21 (d)

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

### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

The agency is responsible for investigating allegations of sexual abuse and follows uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, as directed by AD16.03(rev.4) and in accordance with provision (a). OIG-04.05 establishes policy to assist sexual assault victims in a supportive manner and to conduct timely and diligent investigations, enhancing probability of a successful prosecution. Healthcare policy G-57.1 also supports investigative policy and outlines responsibilities of healthcare provider that meet requirements of provision (a). Uniform evidence handling protocol is outlined in the written policy and includes instructions to Medical assistance is to be obtained/provided when necessary. TDCJ policy follows evidence protocols that are developmentally appropriate for youth and are based on the USDOJ Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents," 2<sup>nd</sup> edition referenced in provision (b) in this standard.

OIG-04.05 requires offering a forensic medical examination to potential sexual assault victims for up to 96 hours after the alleged incident. In accordance with Safe Prisons/PREA Plan, all offender victims of sexual abuse will be offered access to forensic medical examinations, where evidentiary or medically appropriate and will be performed by a SAFE or SANE when possible. Offender victims will not be charged for services rendered. One SAFE/SANE examination was conducted during the reporting period, based on the auditor's review of incident log and case files. Offender was not charged for this forensic examination. Interviews with Health Service Administrator and Safe Prisons/PREA Manager confirmed the auditor's findings. 115.21(c)

Interview with Health Services Administrator Laura David supported agency processes as outlined in policy and corroboration of implementation at Gib Lewis Unit. Ms. David explained the OIG investigator authorizes the forensic examination and victims of sexual assault will be taken to the nearest hospital emergency department for completion of the forensic exam. Texas State Law (SB-1191) requires Emergency Room staff have specialized training to complete a forensic exam. 115.21(c)

*Safe Prisons/PREA Plan* directs attempts shall be made to provide a victim advocate from a rape crisis center to the offender victim. If one is not able to be provided, a qualified staff member from a community-based organization will be contacted. As a last resort, a qualified TDCJ staff member will be made available to provide the offender with victim advocate services. If requested by offender these services will include to accompany and support the victim through the forensic medical exam process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. Stabilization of an emergency medical condition will not be impeded or delayed pending arrival of the victim advocate. An MOU for outside victim support services has not been secured for Gib Lewis Unit, but diligent efforts have been documented. The Safe Prisons/PREA Management Office has secured services for some of the TDCJ facilities and continues to identify and create more alliances (i.e. Families in Crisis, Inc., for period of 09/01/2016-08/31/2019). Interview with PREA Ombudsman Lynne Sharp conveyed a recent meeting with various representatives from rape crisis centers/victim advocacy groups resulting in positive feedback leading toward potential agreements with TDCJ. PREA Ombudsman Sharp and SPPM Steinbecker are working in coordination to expand the outside support system for offender victims. Ms. Steinbecker provided copies of very recent email communication with six (6) separate center representatives indicating they are close to having signed agreements in place. In the interim, the Gib Lewis Unit continues to use the OVR protocol to provide victim support services. Auditor's interview with Erica Gammill, the Prisoner Advocate, Incarcerated Survivor Program, Texas Association Against Sexual Assault (TAASA) substantiated that TAASA is now positioned to begin offering services to incarcerated offenders. She plans to assist local centers and individual prisons toward creating agreements where available. 115.21(d)

The Auditor found Directive 0.02 establishes the Offender Victim Representative to be made available in lieu of community support services and policy requires each unit have at least two designated offender victim representatives (OVR) who must complete the TDCJ Sexual Assault Offender Victim Representative training. Auditor's review of the OVR curriculum finds it adequately covers role and responsibilities of the facility OVR and identifies the role as "to not investigate or assess the merits of an allegation, but to support the victim." A list was provided by Gib Lewis Unit indicating three (3) designated OVRs and each representative was interviewed. Interviews indicated all representatives understand their responsibilities as victim advocate when required, and they have received specialized training to provide this service. Training records were reviewed by auditor verifying these representatives have received the OVR training. Two of the three representatives have had cause to provide these services and explained the process: one incident was outside the audit period and the other was when employed at another facility. 115.21(e)(h)

Based on policy review, interviews with Safe Prisons/PREA staff, PREA Ombudsman, TAASA, St. Elizabeth's ER Nurse, OVRs, and document review, Auditor finds Gib Lewis Unit meets requirements of this standard.

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

### **115.22 (a)**

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

### **115.22 (b)**

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

Texas Government Code 493.019 designates the OIG as the primary investigative and law enforcement entity of the TDCJ. AD-02.15 (rev.12) directs notification of a sexual abuse incident to the Emergency Action Center (EAC) to be the responsibility of the warden or supervisor, or ranking employee on duty. This notification is to be made as soon as possible but at least within 3 hours of becoming aware of the reportable incident and then followed-up with a written report. The warden or supervisor is further directed to conduct a prompt, thorough investigation, and complete an Administrative Incident Review. BP-01.07 (rev.6) requires each investigation to be professional, thorough, complete, and unbiased and that all available techniques and resources be employed by investigator.

*Safe Prisons/PREA Plan* directs an administrative and criminal investigation, as appropriate, be completed for allegations of sexual abuse and sexual harassment and referred to the OIG for investigation. Directive 05.05 directs a complete and thorough investigation for offender protection requests. Staff may report sexual abuse violations directly to the unit warden, the OIG, or the PREA Ombudsman. Directive 05.01 directs a coordinated response by the unit security staff, the OIG, medical and mental health services, and victim advocates. AD-16.20 identifies the OIG as the primary investigative organization within the TDCJ, have full law enforcement authority and statewide jurisdiction in criminal matters affecting the TDCJ. Interviews with staff at all levels, SPPP staff, and

inmates who have made allegations and review of allegations logs and grievance logs indicates Gib Lewis Unit practice is systematic and consistent with policy requirements and provisions (a) and (b) of this standard.

OIG-04.05 outlines the policy and procedures for investigating and documenting incidents of sexual assault. TDCJ policy is “to assist sexual assault victims in a supportive manner and to conduct timely and diligent investigations, enhancing probability of a successful prosecution.” Regional captain reviews all notifications of sexual related incidents for the region and initiates a criminal investigation when the incident meets elements required for criminal intent. TDCJ policy for referral of allegations of sexual abuse or sexual harassment for criminal investigations and the sexual assault investigative process is explained in the published annual report on its public website found at [https://www.tdcj.state.tx.us/documents/PREA\\_SPP\\_Report\\_2016.pdf](https://www.tdcj.state.tx.us/documents/PREA_SPP_Report_2016.pdf) satisfying provision (b). Additional information related to PREA reporting and referrals can be found on the PREA Ombudsman page of TDCJ public website at <http://www.tdcj.texas.gov/tbcj/prea.html>. Based on incident document review, website access, interviews with facility and OIG investigators, facility supervisors, Safe Prisons/PREA staff, Unit Wardens, and policy review, Gib Lewis Unit meets requirements of this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 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*)

CTSD curriculum for Pre-Service Training Block 1 & 2; Safe prisons PREA Program In-service; Non-Supervisor in-service training SPPP; Supervisor In-Service Training Safe Prisons PREA Program; Safe Prisons PREA in Texas-Video Script SPPOM 06/01 were all reviewed. Collectively, these modules cover all required elements of this standard. Correctional employees assigned to female offenders housing areas must complete a 16-hour gender specific training course. Gib Lewis Unit is a male facility and training material is appropriate to employees working at male facilities. All unit assigned employees, contractors, and interns receive SPPP training initially, then at least every two years thereafter.



Training documentation was reviewed for a random sampling of employees. All employees of the TDCJ receive training that contains all elements required of this standard upon hire and then every year thereafter through viewing the *Safe Prisons/PREA in Texas* training video and subsequently documented by employee signature on the Safe Prisons/PREA Training Employee Acknowledgement Form. In addition to the in-service training, shift supervisors conduct training throughout the year covering sections of the Safe Prisons/PREA curriculum in shift turn-out. This training is documented on the daily shift turn-out roster. Pre-service, annual in-service, and shift turn-out trainings were all validated through document review and through interviews with staff. Staff were knowledgeable about: the zero-tolerance policy; how to fulfil their responsibilities for prevention, detection, reporting, and response policies and procedures; the offenders' right to be free from retaliation; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual abuse; how to avoid inappropriate relationships with offenders; mandatory reporting requirements. During staff interviews, few employees were able to explain the dynamics of sexual abuse and sexual harassment in confinement or to speak freely and comfortably about the communicating effectively with offenders, including gay, bisexual, transgender, intersex, or gender non-conforming portion of the training they have received. After discussing with Warden Haynes, it was mutually agreed that all employees at Gib Lewis Unit will receive sensitivity training which is to include "How to Communicate Effectively and Professionally with Offenders to include Lesbian, Gay, Bisexual, Transsexual, Intersex and Non-Conforming Offenders". On May 21, 2018 Warden Haynes provided the training curriculum and his verification statement that all employees and contractors who have contact with inmates have completed this training curriculum and included signed acknowledgement forms for a random selection of employees.

Based on knowledge of staff, document review, interviews, and incident files it is evident staff have received meaningful training and understand their responsibilities and put the procedures into practice. The rapid response to provide and complete the additional training recommended by auditor demonstrates leadership's dedication to the agency's *Safe Prisons/PREA Plan*. Curriculum review and training policy review, interview with training officer, along with documentation of trainings, (in-service and shift turn-outs throughout the year), indicates Gib Lewis Unit meets requirements of this standard.

## Standard 115.32: Volunteer and contractor training

### 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*)

Contractors who have regular contact with offenders (UTMB Health and Windham School District) are subject to the same training as employees and sign the acknowledgement form 631 verifying they understand the training received. Auditor's review of training records for UTMB and Windham District staff found compliance with all provisions of this standard. Volunteer handbook is provided and published on TDCJ website. Volunteer training covers zero-tolerance for sexual misconduct and consequences for participating in this activity, requirement to report such incidents when witnessed or known, and right to be free from harassment, retaliation, intimidation, or coercion for reporting an incident of sexual misconduct. Evidence of notification/training received by contractors and volunteers is maintained through signature on the Acknowledgement of Training Form. Training is conducted every two years. Contractors and volunteers interviewed were knowledgeable about the agency's zero tolerance policy and on their responsibilities with reporting and how to detect and respond to signs of sexual abuse. Review of training documentation, interviews with contractors and volunteers, Safe Prisons/PREA staff, training staff, and review of policy indicates Gib Lewis Unit meets requirements of this standard.

## Standard 115.33: Inmate education

### 115.33 (a)

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

### 115.33 (b)

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

### 115.33 (c)

- Have all inmates received such education?  Yes  No

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

TDCJ Intake Procedure #1.10, July 2014 outlines Initial Orientation Procedures to ensure comprehensive orientation for every newly received offender. Every offender receives orientation within 7 calendar days of arrival at an intake facility. This is provided in both English and Spanish, and ASL when required. Peer education (5 hours) is provided addressing PREA awareness and health education. Offenders are provided comprehensive education on their right to be free from sexual abuse and sexual harassment and retaliation and how to report an incident within 30 days of arriving a unit and thereafter, every two years. Unit Classification Procedure 5.00 requires offenders to receive orientation within first week (7 days) of arriving their unit by either video or delivery

by an employee and such orientation includes the Safe Prisons Program. An orientation sign-in sheet records the inmate's attendance. Offenders are provided an Inmate Handbook containing PREA information and providing instructions on reporting methods, and what to do if an offender feels threats to his/her safety. Handbooks are available in English and Spanish. Qualified Spanish and American Sign Language interpreters (AD-06.25 rev.4) are provided, and Language Line Solutions and Pacific Interpreters (E-37.5) for telephonic interpreters available to offenders who are in need. Auditor placed call to both service providers and verified that the accounts are active and available for interpreting multiple languages. The service number and account information are posted in medical and in main control center. This Auditor interviewed two (2) of the three (3) authorized Spanish interpreters for Gib Lewis Unit to verify services are provided when needed. The agency also maintains a list of employees who speak languages other than English and Spanish for use when needed. PREA educational brochures are available in both English and Spanish and are enclosed with the Offender Orientation Packet during intake and in the new chain arrival packet for transfers. Policy review complies with provisions 115.33(a)(b).

Safe Prison/PREA Plan protocols and reporting procedures are the same at all TDCJ facilities, only the names of staff change. According to TDCJ policy, the comprehensive training will not be conducted at non-intake facilities for offenders who transfer between facilities, except every two years as required. Offenders receive the comprehensive training every two years after the initial. The date of the comprehensive training is documented in each offender's file. As an offender transfers into Gib Lewis Unit on day one Sergeant Rogers, the Unit Safe Prisons/PREA Manager (or other trained staff member), reviews each file to confirm the date that the comprehensive training was conducted. If he finds that the offender needs the training, the offender will be added to the roster to attend comprehensive training at Gib Lewis Unit within 30 days of his arrival in accordance with SPPOM 06.02 The training is provided by video and with staff and/or offender trained inmate peer educators. Written materials are also available during training. Sergeant Rogers also provides each new arrival with notification of the Zero Tolerance Policy at Gib Lewis Unit, his name as the Safe Prisons/PREA Manager and how to contact him and explains the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report an incident or suspicions of sexual abuse or sexual harassment at Gib Lewis Unit. Signed rosters were provided to Auditor to confirm this training occurs. Gib Lewis Unit. Offenders receive PREA education at least every two years by use of the Safe Prisons/PREA video, in accordance with SPPOM 06.02.

Classification Committee completes the process by reminding the new arrival of the Zero Tolerance policy and explains how an allegation can be reported and provides the offender with the PREA brochure (in Spanish or English as appropriate) and a list of Gib Lewis Unit staff including instructions on how to contact them. The offender is provided opportunity to ask questions and then asked to sign a roster documenting receipt of the orientation training material. Accommodations are made for inmates with disabilities (read to limited reading or low vision, Spanish interpreters are available on site, staff interpreters from other facilities may be used where possible, or alternative languages may be accessed through use of Pacific Interpreters language service as needed, in print for hard of hearing), however, offenders with severe disabilities are housed at facilities that provide a broader range of services to accommodate their specific needs. Auditors observed the Safe Prisons/PREA Plan and Classification Team interviews for new arrivals and verified the procedure was followed as stated in policy, finding compliance with provisions (c)(d)(e)

Another informal means of communicating sexual safety to TDCJ offenders is through *The Echo Texas Prisoner News* which is a free newspaper distributed to inmates in the TDCJ system. Page 8 in the March 2018 publication was dedicated to an article *TDCJ offenders who commit sexual abuse and sexual harassment face harsh legal and health consequences* by PREA Ombudsman. The article is printed in both English and Spanish in the publication. This article signifies TDCJ seeks creative methods to reinforce the zero-tolerance policy within the prisoner population potentially reaching a wider audience of that of official means of communicating the message.

Of the 53 offender formal interviews conducted, all acknowledged receiving the comprehensive training either at the intake facility, or during the orientation procedure at Gib Lewis Unit, or having seen the PREA video. Auditor's review of training rosters confirmed the USPPM provides training to offenders according to protocol and documents when completed. Offenders confirmed the Safe Prisons video has been shown since they arrived Gib Lewis Unit. Offenders were able to explain their right to be free from sexual abuse and sexual harassment, and their right to be free from retaliation for making a report. Offenders were aware they could make a report on behalf

of another offender and were aware that a report could be made on their behalf by a 3<sup>rd</sup> party. Offenders were aware of the PREA Ombudsman and how to contact. Some inmates referenced being able to look in the handbook or get information from the posters displayed throughout the facility. Most offenders knew the USPPM Sgt. Rogers, by name, and that he is the primary contact for PREA issues. All offenders said there is at least one person at the facility that they would feel safe in reporting a problem to. The offenders interviewed expressed they feel Gib Lewis Unit is one of the safer prisons they have been incarcerated.

Zero-Tolerance Policy posters (English and Spanish) are placed throughout unit in office of warden, administrator, employee break rooms, offender and employee dining areas, law library, general library, offender housing areas, offender work and educational areas, and multi-purpose areas and visitation. Sexual Abuse, Sexual Harassment, and Extortion Awareness Posters (English and Spanish) are displayed throughout the unit in locations accessible and visible to offenders. Inmate Handbook in both English and Spanish is available in the Law Library. Auditor observed a thorough display of posters and accessibility of the Inmate Handbook finding provision (f) in compliance.

Based on orientation observation, facility tour, documentation review, review of handbook and pamphlets, curriculum review, interviews with offenders, and interviews with SPPM and USPPM, Gib Lewis Unit meets requirements of this standard.

## Standard 115.34: Specialized training: Investigations

### 115.34 (a)

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

### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

BP-01.07, CTSD Safe Prisons/PREA Investigation Training: *Conducting a Thorough Investigation* is a 3-hour lesson plan designed for correctional security staff who conduct administrative investigations. A review of the curriculum indicates inclusion of the following topics: 1) conducting sexual abuse investigations in confinement settings; 2) techniques for interviewing sexual abuse victims; 3) proper use of Miranda and Garrity warnings; 4) sexual abuse evidence collection in confinement settings; 5) criteria and evidence required to substantiate a case for administrative action or prosecution referral. All supervisors at level of sergeant and above receive this training (*Safe Prisons PREA Plan*). Documentation was provided where all 33 supervisors have received this training. Interviews were conducted with supervisory staff who are responsible for conducting administrative investigations and all were knowledgeable about their duties and were able to articulate the required steps indicated in the training material, further explaining that all cases are presented for review by OIG who makes the final disposition on assigning for a criminal investigation.

OIG-02.15 directs the OIT to establish and administer a comprehensive training program for OIG investigators that includes specialized training in investigating sexual assaults within the prison facilities and PREA standards. Training records are maintained by the CTSD. This training is delivered through a 3-hour lesson plan entitled *Sexual Assault Investigative Topics* that includes all elements required to meet this standard. These investigators also receive *Interview and Interrogation* training, a 32-hour lesson plan on interviewing techniques. Training records were reviewed for the two OIG investigators assigned to Gib Lewis Unit. In addition to the agency required general PREA training and investigator specialized training, these investigators have also completed the NIC Training Course including topics: Investigative Standards; PREA Investigations; Working with Victims; Interviewing Techniques; and Institutional Culture and Investigations. An OIG investigator was available for an interview and was knowledgeable about PREA, agency policy and procedures, and specialized training received. The unit's assigned OIG investigators training records were reviewed verifying completion of the general PREA training and the specialized training in accordance with agency policy.

Based on review of training documentation and training curricula, interviews with OIG investigator, unit investigators and USPPM, and policy review, Gib Lewis Unit meets requirements of this standard.

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

### 115.35 (a)

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

Health Care Policy C-25.1 requires medical and mental health practitioners to attend initial orientation to include detection, assessment, and response to offender-victims of sexual abuse and sexual harassment, preservation of physical evidence, and how and to whom to report allegations or suspicions of sexual abuse and harassment. Documentation of training is filed in personnel file. Medical and mental health practitioners are required to attend the *Safe Prisons/PREA Plan* pre-service and in-service training equivalent to that of TDCJ employees (as noted in 115.31 and 115.32). This training includes training in effectively and professionally responding to victims of sexual abuse and sexual harassment. In addition, medical and mental health care practitioners have been trained in Communicating Effectively with offenders to include LGBTI. Facility medical staff does not perform forensic examination, offenders are taken to nearest hospital for this service.

Medical and mental health care interviews indicated training has been received and understood. A review of training documentation provides evidence the training has been delivered. Review of curriculum indicates all elements required are covered in the lesson. Based on interviews, training and personnel documentation review, curriculum review, and policy review, Gib Lewis Unit meets requirements of this standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

TDCJ Safe Prisons Manual #03.01, December 2017 establishes procedures for conducting the offender assessment screening interview utilizing the Offender Assessment Screening form. Screening interview is to be conducted no later than 72 hours from arrival to assess risk of being sexually abused by other inmates or of being sexually abusive toward other inmates. Policy requires one-on-one, confidential interview. Policy provides that an offender will not be disciplined for not disclosing information during the screening, meeting requirements of provision 115.41(h). Between 15 and 30 calendar days from offender's arrival at a unit, the reviewer will review screening information to determine if any previously unknown information has become available that may affect

the screening results. This policy directive was revised and effective January 2018 after issuance of the Standards in Focus provided clarification of the intent for a reassessment to be conducted within 30 days after arrival. Identified or any new information that potentially bears on a change in risk will be used to reassess the offender. *Safe Prisons/PREA Plan* provides guidance for the screening instrument and process. Attachment E, Offender Assessment Screening is an objective screening instrument that is completed for each offender and includes 1-9 of the elements to be considered during screening to meet the requirements of the standard as well as: a) prior acts of sexual abuse; b) prior convictions for violent offenses; c) history of prior institutional violence or sexual abuse. Element 10 is not applicable because TDCJ does not house offenders solely for civil immigration purposes, so it is not included as part of the screening instrument. Policy review and instrument review find it meets provisions 115.41(a)(b)(c)(d)(e).

Per interview with Sergeant Rogers, Unit Safe Prisons/PREA Manager, who is responsible for conducting risk screenings, the practice of Gib Lewis Unit is to screen offenders arriving at Gib Lewis Unit on day one, but no later than 72 hours as required by policy. Auditor pulled random selections of risk screening instruments and verified that screening was conducted on date of arrival for all forms reviewed. Offender risk screening is conducted by a trained Safe Prisons/PREA staff, and normally by the Unit Safe Prisons/PREA Manager. Interviews are conducted one-on-one in a private setting. Inmate interviews conducted by Auditors confirmed the risk screening questions were asked during the Safe Prisons Interview on the day of arrival to Gib Lewis Unit. The auditor observed screening of new arrivals by Sgt. Rogers while on-site. Each question was asked of the offender and answers were documented on the form. Sgt. Rogers (or another trained employee) reassesses each new arrival's risk no sooner than 15 days but within 30 days from arrival to facility and documents this information on the original assessment form in the section for the 30-day re assessment. This information is forwarded to the Classification Committee and is maintained confidentially and disseminated only for health or security management purposes (in accordance with Safe Prisons 03.01). Procedures observed and verified by interviews and document review meet provisions 114.41(a)(b)

Reassessments are conducted based on referrals or requests by other staff, and after incidents of sexual abuse or an Offender Protection Investigation. When additional information becomes available that could bear on an offender's risk for victimization or abusiveness a referral is made for reassessment. These assessments are documented through the UCC process and in the offender's record. After the initial assessment and reassessment, all other referrals, requests, incidents, or receipt of additional information are promptly investigated, and a risk screening is conducting through the classification process. The UCC documents that the review has been conducted in the investigative packet. The Risk Screening instruments containing responses to the questions asked are securely filed in locked metal filing cabinets in the Safe Prisons/PREA Office which meets requirements of provision 115.41(i). Only Safe Prisons/PREA trained staff or Warden have access to this filing cabinet. Auditor reviewed reassessment documentation for cases where additional information was presented and after an incident and verified procedures are institutionalized. Auditor's review of reassessment process and documentation indicates provisions of 115.41(f)(g) are met. Auditor selected multiple random offenders from chain rosters pulled from the prior four (4) months and checked for risk screening. Documentation provided during on site review and additional post-site-review indicated all inmates reviewed had been screened within 24 hours and then again within the 15 to 30-day rescreening period for new arrivals, indicating the process has been institutionalized. Risk screening instruments with the required considerations could not be provided for offender who were still housed at Gib Lewis Unit prior to 2012. TDCJ had a screening process in place at that time, but it did not contain all elements considered on the current process. Auditor requested the 156 offenders be rescreened using the current screening process. Evidence of these screenings was provided by the facility on June 1, 2018 and reviewed by the Auditor finding this requirement met.

Screening information is provided to unit classification to determine unit, housing/bed, work, education, and program assignments with goals of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, otherwise the information collected during the risk screening interview is maintained confidentially and disseminated only for health or security management purposes in accordance with provision 115.41(i). Offenders are not disciplined for refusing to answer questions during the risk screening interview in accordance with TDCJ policy and provision 115.41(h).

Currently the screening process is tracked manually but TDCJ has recently contracted for design and production of an entire offender protection web-based tracking system. This system will include risk for sexual victimization or aggressiveness and allow for more efficient tracking and access to documentation. System is anticipated to go live within the next year.

Interviews with offenders, Safe Prisons/PREA staff, Warden, Assistant Wardens, and Classification Committee members, review of documentation and screening records, and policy review indicate Gib Lewis Unit meets requirements of this standard.

## Standard 115.42: Use of screening information

### 115.42 (a)

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

### 115.42 (b)

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

### 115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  
 Yes  No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

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

Review of policy finds the intent of the TDCJ (AD-04.17 rev.4) to ensure the safety, security, and treatment needs of all offenders. Offenders identified by classification committee as being too assaultive or too vulnerable to be safely housed with another offender will be housed in a cell alone (AD-04.68). The Safe Prisons/PREA Assessment information is used, in conjunction with other information, to determine housing assignments. Emergency housing changes are reported to the chief of unit classification. AD-04.18 (rev.5) provides that Unit Classification Committee (UCC) has authority to make changes in an offender's job assignment that affects other areas of the Individualized Treatment Plan. Job assignments are made based on consideration of the offender's total record. Gib Lewis Classification Committee controls housing assignments. Gib Lewis Unit Warden and Assistant Wardens regularly participate in the UCC process. Interviews with classification committee members indicated a systematic and consistent approach. Interviews confirmed this information is used to inform housing, bed, work, education, and program assignments. Screening information is forwarded from the Unit Safe Prison/PREA Manager to UCC to determine unit, housing/bed, work, education, and program assignments with goals of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, otherwise the information collected during the risk screening interview is maintained confidentially and disseminated only for health or security management purposes (in accordance with Safe Prisons 03.01, Offender Assessment Screening). The auditors review of the housing board identified location of all inmates assigned to Gib Lewis Unit. Inmates classified as high risk for vulnerability were housed separately from inmates classified as sexual predators as per Unit Classification Procedure 4.00, Offender Housing Assignment. As per Safe Prisons/PREA Plan, the UCC makes individualized determinations regarding how to ensure the safety of each offender. Policy review and Auditor's observations indicate compliance with provision 115.42(a)(b).

AD-04.17(rev.4) Offender Housing Assignment Criteria and Procedures dictates offender housing to ensure safety, security, and treatment needs of all offenders are met, and to maintain the safety and security of the public, staff, and the unit. Criteria set forth in this policy are to be strictly followed when making housing assignments. Offender classification is a comprehensive evaluation system designed to evaluate and accurately group offenders based on various characteristics. This system operates to ensure the safety of all offenders, staff, the public, and to protect the security and order of each unit. Facility assignments, including whether to assign a transgender or intersex inmate to a facility for male or female inmates, are determined after an inmate completes the intake process in accordance with the Classification Plan, April 2018 regulated by Classification and Records Office. As per SPPOM 03.02, Special Population Review, and Unit Classification Procedures 1.04, the classification review will consider the offender's views on his/her safety. This policy procedure was also confirmed during interviews with PREA Coordinator and Safe Prisons/PREA Manager. Auditors interviewed five of the eleven transgender offenders at the facility and all indicated they are asked their opinion of their own safety concerns with regard to housing, programming, and work assignments during classification reviews. 115.42(c).

*Safe Prisons/PREA Plan* provides that transgender or intersex offenders be given opportunity to shower separately from other inmates. Gib Lewis Unit accomplishes this by housing identified transgender and intersex offenders to living units that have individual showers. This practice was confirmed during the inmate interviews and interviews with USPPM and UCC members. Gib Lewis Unit does not house gay, bisexual, transgender or intersex offenders in a dedicated wing as per Safe Prisons/PREA Plan. A review of the complete with special assignment code indicates this is true in practice as offenders are assigned in various housing assignments through the unit. Transgender and intersex offender placement and programming assignments are reassessed twice each year to review any threats to safety experienced by the offender in accordance with Safe Prisons/PREA Operations Manual #03.02, Special Population Review. The Auditor's review of five (5) transgender inmate files and found this review is being conducted. During the Auditor's interview with the five (5) transgender inmates it was confirmed by the inmates that the Unit Safe Prisons/PREA Manager and Unit Classification Committee discusses with the offender his/her own views with respect to safety for consideration in making housing, programming, and work assignments. 115.42(d)(e)(f)

All inmates, including transgender and intersex, receive an individualized assessment when these decisions are made to ensure the inmate's health and safety, and in consideration of management or security concerns. Transgender and intersex inmates are flagged in the database for placement and programming assignment reviews to be conducted every six months. Case records were reviewed by auditor and verified Classification Committee conducts these reviews according to provision (d). Offenders interviewed indicated that they have been asked questions about their own safety concerns and their risk for sexual victimization either at arrival, or later during classification committee. During the interview offenders were asked if they feel they are housed appropriately to their needs, including safety and all responded that they were. Some explained circumstances where they had problems with another offender on the dorm and that when it was reported to staff, housing adjustments were made to separate the offenders.

Gib Lewis Unit maintains a very comprehensive UCC that involves participation from facility leadership on a regular basis. Interviews indicate management staff (Majors and above) are highly engaged with monitoring safety of offenders. No housing movements are made without UCC approval. Based on review of offender file records, other document review, related policy review and interviews with staff and offenders, Gib Lewis Unit meets requirements of this standard.

## Standard 115.43: Protective Custody

### 115.43 (a)

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

### 115.43 (b)

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

TDCJ policy provides procedures for regulating inmates who are placed in segregation because of being at high risk for victimization. Offenders are reviewed by the UCC initially, and in accordance with the TDCJ *Administrative Segregation Plan. Safe Prisons/PREA Plan* provides that offenders at high risk for sexual victimization shall not be placed in protective custody unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If assessment is not immediate, offender will be held for no more than 24 hours, while the assessment is completed. The offender should be in PC for this purpose for no more than 30 days, and will provide access to GP privileges, to the extent possible. Any restrictions to access will be documented. Every 30 days a review will be conducted, if there is a continuing need for separation from GP. Work and proctored educational programs are restricted while in this status and the Form I-203sv will be documented why the restriction is imposed and the duration of the restriction. In these cases, the facility is required to clearly document the concern for the inmate's safety and why no alternative means of separation can be arranged. All offenders initially placed in administrative segregation shall



be afforded an initial hearing within seven days and a subsequent paper review by the ASC every seven days for the first 60 days, and at least every 30 days thereafter. All reviews shall be documented. Administrative Segregation Plan, Attachment A, indicates offenders are allowed group recreation, television, commissary, property, programming, in-cell correspondence course materials. Gib Lewis Unit did not assign any offender to involuntary segregated housing for high risk of sexual victimization within the past 12 months. Should an offender be identified at high risk for victimization so that suitable housing cannot be found at Gib Lewis Unit, a transfer to a more suitable facility will be initiated promptly. This was confirmed through document review and warden's interview. Based on no qualifying incident and policy review that provides procedures within the standards, Gib Lewis Unit meets requirements of this standard.

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

*Safe Prisons/PREA Plan* provides multiple ways for offenders to report an allegation of sexual abuse or sexual harassment, or retaliation: 1) directly to the major; 2) directly to OIG; 3) privately to PREA ombudsman 3) to any staff verbally, in writing, anonymously, and from 3<sup>rd</sup> parties; 4) through grievance process; 5) through family members or other individuals verbally or in writing. Inmates may also make an internal private report by using a sick call form. Posters are provided throughout Unit, offender handbooks, and brochures provided to offenders at intake and initial interview during transfers that includes the multiple ways a report can be made. Verbal reports are immediately documented on an EAC Incident Report and Sexual Abuse Checklist. 115.51(a)

BP-03.91 (rev.3) provides that offender correspondence with PREA ombudsman is considered "Special Correspondence" and may be sealed and inspected only in the presence of offender. PD-29 (rev.5) Sexual Misconduct with Offenders establishes guidelines prohibiting sexual misconduct with offenders and provides reporting and investigation procedures and responsibility assignments. ED-02.10 (rev.1) establishes the PREA Ombudsman Office. The PREA Ombudsman serves as an independent office to review or conduct administrative investigations of allegations of sexual abuse and sexual harassment, as well as provide a point of contact for elected officials, the public, and offenders to report allegations of sexual abuse and sexual harassment. This position is appointed by the Texas Board of Criminal Justice and reports directly to its chairman and is the external public entity designated to receive reports. Upon receipt of an allegation, the PREA Ombudsman immediately initiates an investigation. The reporting offender can remain anonymous. This office produces an informational brochure for use by staff, offenders, family & friends and contact information to include General Information Guide for Families of Offenders includes information on when and how to access the PREA Ombudsman. 115.51(b)

Employees may anonymously report employee corruption and PREA/Safe Prisons violations by calling 409-283-8181, extension 8199. Calls are machine recorded and the caller's identity will remain anonymous. This information is provided to staff during orientation and in-service and posted on bulletin boards at unit. 115.51(d)

Informal and formal interviews with all levels of staff indicate that reports are accepted verbally, in writing, anonymously, and from third parties. Case files indicate both verbal and written reports. No anonymous or third-party reports were noted. 115.51(c)

The TDCJ does not detain offenders solely for civil immigration purposes. Interview with PREA Ombudsman, SPPM, observations during tour, interviews with offenders, interview with staff, review of handbook and other available literature, to include incident reports review concludes Gib Lewis Unit meets requirements of this standard.

### Standard 115.52: Exhaustion of administrative remedies

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party 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*)

BP-03.77 (rev.9) establishes policy for Offender Grievances and directs publication of *Offender Grievance Operations Manual*. Third parties (fellow offenders, staff members, family members, attorneys, and advocates) shall be permitted to assist offenders with filing a grievance relating to an allegation of sexual abuse and may file on behalf of. The alleged offender victim may be required to personally pursue any subsequent steps in the process in accordance with the TDCJ *Offender Grievance Operations Manual*. TDCJ does not impose a time limit for submitting a grievance of allegations of sexual abuse, nor are inmates required to use an informal resolution process. A grievance may be submitted without submitting to a staff member who is the subject of the complaint and the grievance will not be referred to a staff member who is the subject of the complaint. A final decision shall be made within 90 days of the initial filing, with a potential for 70 days extension, should it be needed to make an appropriate decision. The inmate will be notified in writing of this extension. Emergency grievances will be forwarded for immediate corrective action with an initial response provided within 48 hours of receipt and a final decision within 5 calendar days. If an offender is in substantial risk of imminent sexual abuse, this must be documented, along with the action taken. OGOM 1.04 establishes procedures for immediate investigations of allegations of sexual abuse/sexual harassment made through the grievance procedure. Any offender filing a grievance alleging sexual abuse in bad faith may be disciplined.

Auditor interviewed Gib Lewis Unit Grievance Coordinator and obtained discussed the listing of grievances provided with the Pre-Audit Questionnaire. Ms. Shackelford explained the relevant grievance codes and the process for regular grievances and emergency grievances and was knowledgeable of the process. Auditor conducted a review of offender grievances with sexual abuse codes and found them to be compliant with procedures and timeframes designated in TDCJ policy and with this standard. There were no documented 3<sup>rd</sup> party grievances filed. Inmates interviewed are aware of the grievance procedures and understand they may submit allegations or threats of sexual abuse and that they may assist or file on behalf of another offender. Based on policy review, selected grievance reviews, and interviews, Gib Lewis Unit meets requirements of this standard.

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

### 115.53 (a)

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

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

Gib Lewis Unit Safe Prisons/PREA Manager (USPPM) provides offenders access to victim advocates for emotional support services. All new arrivals are provided information that services can be accessed through written correspondence and these addresses can be found in the Texas Association Against Sexual Assault (TAASA) service directory which is available in the Law Library. Education program recommends that victims of sexual abuse seek emotional support and advises how to access outside support. In addition to the outside victim advocates, notification is made that professional assistance is available any time through the facility mental health services; emotional support can also be accessed through the Chaplain or their case manager or the Offender Victim Representative (OVR). Offenders are notified of these services in the offender training and at orientation and it is provided in the offender Safe Prisons/PREA brochure and in the offender handbook. A copy of the TAASA directory is also in the USPPM office to provide information upon request during the SPPP interview. Auditor's interview with Erica Gammill, the Prisoner Advocate, Incarcerated Survivor Program, Texas Association Against Sexual Assault (TAASA) informed that she has been communicating with offenders at Gib Lewis Unit within the past year. Safe Prisons/PREA Plan direct the Unit to allow reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. As per interview with Safe Prisons/PREA Manager, once an MOU is in place with a specific outside advocacy group, confidentiality will be observed in accordance with the agreement defined in the MOU and offenders will be notified of any limitations. A web search revealed that Texas has two relevant mandatory reporting laws applicable to TDCJ: Abuse of Children and Abuse of Elderly/Disabled. Elder abuse involves any abuse, to include sexual abuse, of a person age 65 or older. A Disabled person means anyone with a mental, physical, intellectual or developmental

disability that substantially impairs the person's ability to provide adequately for his/her own care and is 18 years of age or older. 115.53(a)(b)

*Safe Prisons/PREA Plan* directs attempts shall be made to provide a victim advocate from a rape crisis center to the offender victim. If one is not able to be provided, a qualified staff member from a community-based organization will be contacted. Auditor reviewed copies of correspondence from SPPM Steinbecker reaching out to various local advocacy groups to initiate MOUs where efforts have been made to solicit support from rape crisis centers and their responses. An MOU for outside victim support services has not been secured for Gib Lewis Unit, but diligent efforts have been documented. Interview with PREA Ombudsman Lynne Sharp conveyed a recent meeting with various representatives from rape crisis centers/victim advocacy groups resulting in positive feedback leading toward potential agreements with TDCJ. PREA Ombudsman Sharp and SPPM Steinbecker are working in coordination to expand the outside support system for offender victims. The SAFE PRISONS/PREA MANAGEMENT OFFICE has secured services for some of the TDCJ facilities and continues to identify and create more alliances (i.e. Families in Crisis, Inc., for period of 09/01/2016-08/31/2019). Auditor's interview with Erica Gammill, the Prisoner Advocate, Incarcerated Survivor Program, Texas Association Against Sexual Assault (TAASA) substantiated that TAASA is willing to work with the Gib Lewis Unit to develop a working relationship. Ms. Gammill advised Hardin County Victim Assistance Center is the local provider for this area. She has contacted the administrator who is ready to begin negotiations with the facility to work toward an MOU. 115.53(c)

The TDCJ does not detain offenders solely for civil immigration purposes. Based on policy review, interviews with inmates, interviews with SPP staff, PREA Ombudsman, and correspondence between TDCJ and community rape crisis centers, Gib Lewis Unit meets requirements of this standard.

## Standard 115.54: Third-party reporting

### 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*)

ED-02.03 (rev.6) establishes the Ombudsman Program to respond to complaints or inquiries within 10 workdays, unless an extension is warranted. Reports received alleging sexual abuse are forwarded to the PREA ombudsman, unit administration, and OIG immediately on the same day received. ED-02.10 (rev.1) establishes and designates the PREA ombudsman's office to investigate and process PREA complaints and inquiries from inmates, staff, public, elected officials, and any 3<sup>rd</sup> party reporter. Contact information is provided to inmates in the handbook, available through informational guide provided to families, and posted on units and available on the public website. *Safe Prisons/PREA Plan* provides that allegations for protection may be reported by the offender in need of protections, other offenders, the offender's family, TDCJ staff, or others.

The Offender Orientation Handbook, Safe Prisons/PREA Plan, and Offender Grievance Program pamphlet are posted on the public website, PREA Ombudsman page at <https://www.tdcj.state.tx.us/tbcj/prea.html>.

Based on website review, documentation review, and interview with PREA Ombudsman, and other SPP staff, Gib Lewis Unit meets requirements of this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

#### 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*)

AD-16.20 (rev.2) and BP-01.07 directs administrative violations and criminal offenses, to include knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment or retaliation, to be reported to OIG who is responsible for investigating these incidents occurring on TDCJ property or affecting TDCJ property or pecuniary interest. Employees are required to report occurrences or allegations of administrative violations, criminal offenses, and other incidents required to be reported immediately of becoming aware of such conduct, or as soon as practical. Reports may be made directly to the OIG or through the employee's supervisor. Supervisory staff shall ensure that incidents reported to them are also reported to the OIG. PD-29 (rev.5) requires an employee who becomes aware of alleged sexual misconduct to immediately report incident to: 1) employee's immediate supervisor, warden, or department head; 2) employee's 2<sup>nd</sup> level supervisor if the person allegedly conducting such misconduct is the employee's immediate supervisor; 3) a unit OIG investigator; 4) the Records Management Office, OIG Investigations Division; or 5) PREA Ombudsman Office. Supervisors who receive such notifications or who become aware of sexual misconduct otherwise, shall immediately report incident to: 1) warden or department head; 2) unit OIG investigator; 3) the Records Management Office, OIG Investigations Division; or 4) PREA Ombudsman Office. Wardens, department head, or PREA ombudsman must contact the OIG in accordance with AD-16.20 upon receiving a report from an employee, an employee's supervisor, other individual, an offender, or an offender's family of any alleged sexual misconduct.

*Safe Prisons/PREA Plan* requires medical and mental health practitioners to report sexual abuse and to inform offenders of the duty to report, and limitations of confidentiality, unless otherwise precluded by federal, state, or local law. Healthcare policy E-35.2 directs offenders will be apprised of the limits of confidentiality before a mental health evaluation, clinical interview, or mental status examination and asked to consent to the interview, which is then documented in the health record.

Healthcare policy G-57.1 states healthcare staff are required to report any incident of sexual assault to the OIG whether it occurred in a correctional setting or in the community for offenders under the age of 18 and patient consent is not required. Healthcare staff must obtain consent from offenders age 18 or older to report a prior assault/abuse in the interest of initiating an investigation into the incident whether in a correctional setting or in the community. Healthcare staff may report such incidents without consent only in the interest of treatment, security, or management issues. CPOM-02.05 (rev.1) Abuse, exploitation, neglect of an offender under 18 may be reported to the Department of Family Protective Services where TDCJ investigation finds sufficient grounds to believe wrongful.

*Safe Prisons/PREA Plan* directs staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions. The Plan further requires mandatory reporting of staff of incidents of sexual abuse or sexual harassment or and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Offenders and staff who report sexual abuse or sexual harassment or cooperate with a subsequent investigation shall be protected from relational by other offenders or staff. SPPOM 05.10 further directs staff to keep confidential information related to a sexual abuse report outside of those required to whom the report is to be made, and those involved in treatment, investigation, and other security management decisions.

Interviews with random and specialized staff conveyed a high level of understanding for mandatory reporting of all sexual abuse incidents of which they are made aware. They clearly articulated the urgency of initiating the coordinated response plan and acting immediately upon notification. All staff interviewed indicated awareness and observance of the need to keep information of sexual abuse reports confidential, to be shared only as part of the investigation or to serve health or safety needs.

Based on policy review, local documentation, interviews with staff at all levels, and SPP staff Gib Lewis Unit meets requirements of this standard.

## Standard 115.62: Agency protection duties

### 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*)

*Safe Prisons/PREA Plan* provides that an Offender Protection Investigation (OPI) may be requested by anyone who has information that an offender may need protection. *Safe Prisons/PREA Operations Manual 05.03* establishes that the unit major or highest-ranking security supervisor on duty shall determine the type of housing required for the alleged offender victim pending completion of the investigation. A timely OPI will be conducted and documented on the tracking log. Timeframes correspond with the type of housing determined: 1) general population, within 12 hours; 2) transient status, within 72 hours; 3) administrative segregation and solitary confinement, within 72 hours. The OPI is then forwarded to the chief of classification for committee review upon completion. Should it be necessary the offender be moved to another facility for safety, a request for transfer will be initiated through the Unit Classification Committee and then approved by the State Classification Committee. Auditor reviewed a random sample of Offender Protection Investigations which provided evidence of properly documented, thorough, and timely review and disposition of offender safety needs.

Interview with Correctional Institutions Division Director Lorie Davis, Warden, OIG investigator, and SPPM Steinbecker and policy review indicate Gib Lewis Unit meets requirements of this standard

## Standard 115.63: Reporting to other confinement facilities

### 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*)

SPPOM 04.01 establishes guidelines for processing offender reports of sexual abuse alleged to have occurred while incarcerated at a confinement facility outside of TDCJ. The Safe Prisons/PREA Management Office will notify the head of the facility or appropriate office of the agency where the alleged incident occurred as soon as possible, but no later than 72 hours after receiving the allegation.

Safe Prisons/PREA Plan states the individual taking an initial report of sexual abuse during confinement at another facility, such as a county jail or out of state facility, must immediately notify the USPPM who will provide the Safe Prisons/PREA Management Office with the details of the incident. The Safe Prisons/PREA Management Office will initiate notification to the appropriate office of the outside agency within 72 hours after receiving the allegation and document such notification.

SPPOM 04.02 establishes guidelines for processing reports of offender sexual abuse allegations received from another confinement facility or agency outside of the TDCJ. The individual receiving such notification shall provide notification to the unit warden who will report and provide a copy of the notification to the OIG, PREA Ombudsman, and USPPM using the Sexual Abuse Investigation Checklist (SPPOM 05.01). The allegation will be investigated according to the agency protocol for investigations.

Copies of notifications were reviewed by Auditor indicating notifications received have been processed in accordance with the above stated procedures. Gib Lewis Unit has not received any allegations from other facilities within the last 12 months. Gib Lewis Unit received 3 allegations within the last 12 months that an inmate was abused while confined at another facility. Auditor reviewed correspondence providing notification to the Safe Prisons/PREA Management Office and the Warden of the other facility had been made according to requirements. Documentation review, policy review, and interviews with Agency PREA Coordinator, Warden, Unit Safe Prisons/PREA Manager and Statewide Safe Prisons/PREA Manager confirm Gib Lewis Unit meets requirements of this standard.

### Standard 115.64: Staff first responder duties

### 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*)

*Safe Prisons/PREA Plan* requires the first correctional officer to be made aware of an incident of sexual abuse to separate the victim and assailant AND preserve and protect the crime scene until steps can be taken to collect any evidence AND monitor victim and assailant to ensure physical evidence is not destroyed if the incident occurred within a time period that still allows for collection of physical evidence AND take preliminary steps to protect the victim until seen by medical and mental health AND refer victim and assailant to medical and mental health services for examination and evaluation. If the first staff responder is not a correctional officer, the responder shall monitor the victim to ensure physical evidence is not destroyed and immediately notify a correctional officer.

Auditor's review of case files indicates the protocols are followed in accordance with the TDCJ policy and First Responder training. The incident checklist was completed for these incidents and appropriate actions and notifications noted. Auditors formally interviewed two first responder security staff, but informally spoke with others. Auditors found them all to be knowledgeable of their responsibilities as a first responder. Offender

interviews indicated staff respond immediately with an investigation once a report is made. Based on document review, policy review, interviews with staff, USPPM, supervisors, and warden, Gib Lewis Unit meets requirements of this standard.

## Standard 115.65: Coordinated response

### 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*)

Gib Lewis Unit's Sexual Abuse Coordinated Response Plan was reviewed. This plan outlines coordinated action required for first responders, medical and mental health practitioners, investigators, and facility leadership. Applicable policies are delineated and required duties. Contact numbers and names/positions are listed for notifications, and use of Attachment G, Sexual Abuse Investigation Checklist is required. Informal, random, and specialized staff interviews indicate knowledge of Plan. Gib Lewis Unit meets requirements of this standard.

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

### 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*)

The TDCJ PD-22 (rev.14) states employees are representatives of TDCJ and are expected to adhere to the highest standards of conduct while on-duty or off-duty, including adherence with rules of conduct. Employees who commit a rule violation will be subject to disciplinary action in accordance TDCJ procedures. TDCJ has zero tolerance for all forms of employment discrimination in the disciplinary process. Harassment or retaliation for opposing or reporting employment discrimination is prohibited. The agency may remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation with no restrictions and as determined necessary. Employees may be reassigned to other duties to limit contact with offenders or other employees pending the completion of an EEO investigation. Gib Lewis Unit meets requirements of this standard. Per interview with Lorie Davis, Correctional Institutions Division Director, Agency Head Designee, the agency has no collective bargaining agreements in place that would limit the agency's ability to remove a staff from contact with inmates.

## Standard 115.67: Agency protection against retaliation

### 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 residents 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*)

The agency establishes a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperates with subsequent investigation through PD-22 (rev.14) by establishing that harassing or retaliating against an offender or another individual for participating in an official investigation or inquiry or for pursuing legal activities as a Level One Violation for disciplinary purpose, punishable by dismissal. Further, PD-29 (rev.5) establishes the zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of offenders and prohibits an employee from subjecting another employee, offender, or other individual to harassment or retaliation for reporting or cooperating with an investigation of sexual misconduct with offenders. And Executive Directive PD-13 (rev.6) establishes zero tolerance for all forms of gender discrimination, to include sexual harassment and retaliation for opposing or reporting discrimination, or for associating someone who has opposed or reported discrimination. Employees who violate this directive will be subject to disciplinary action, up to and including termination. *Safe Prisons/PREA Plan* establishes protection for offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The Gib Lewis Unit Safe Prisons/PREA Manager is the designee for monitoring incidents of retaliation. This policy review meets requirements of 115.67(a).

Offenders or staff will be monitored for at least 90 days following a report of sexual abuse for changes that may indicate possible retaliation by offenders or staff and are required to act promptly to address any retaliation. Conduct and treatment will be documented on the monitoring form, attachment N.O. (offender)/N.S. (staff). Monitoring includes periodic status checks of offenders and will be extended beyond 90 days if warranted. A minimum of three status checks must be completed during the 90-day monitoring period. Retaliation monitoring was conducted and documented according to TDCJ policy for each qualifying incident occurring for the past 12 months. Evidence reviewed meets requirements of provisions (c) and (d).

Offender monitoring includes documented disciplinary reports; offender requests for housing changes or refusal to accept housing assignment; offender request for job or program changes and refusing to work offenses; Retaliation monitor conducts face to face interviews in a private setting. Multiple protective measures are taken such as: housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offender or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Appropriate measures are taken to protect any individual against retaliation. Housing moves, or transfers may be initiated by the Units Safe Prisons/PREA Manager and processed through the Unit Classification Committee. This procedure meets requirements of provision (b). Auditor review of offender training reveals curriculum includes notification of the right to be free from retaliation. Emotional services may be accessed through methods discussed in standard 115.53 or by contacting the OVR, chaplain, or case manager.

Staff monitoring shall include review for any negative performance reviews and conduct violations; review for job or shift reassignments; and conduct face-to-face interviews in a private setting with the involved staff member. Monitoring continues if an employee is relocated up to the 90-day cycle. There has been no qualifying incident in the last 12 months to warrant staff monitoring. Auditor's review of training reveals curriculum includes zero-tolerance for retaliation against anyone reporting an allegation or participating with an investigation. Employees may anonymously report employee corruption and PREA/Safe Prisons violations by calling 409-283-8181, extension 8199. Calls are machine recorded and the caller's identity will remain anonymous. This information is provided to staff during orientation and in-service and posted on bulletin boards at unit.

Monitoring will be discontinued if the allegation is deemed unfounded. The facility reports no incidents of retaliation within the past 12 months. Based on policy review, document review, and interviews with PREA Coordinator, Warden, Classification Committee, and Sgt. Rogers and interviews with inmates, and random staff, Gib Lewis Unit meets requirements of this standard.

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



### 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*)

AD-03.50 (rev.13) establishes the policy of TDCJ to provide a non-punitive status involving separation of an offender from general population for the purpose of maintaining safety, security, and order among general population offenders and staff. Regulation of administrative segregation is pursuant to terms of TDCJ Administrative Segregation Plan previously explained and subsequently meeting the requirements of standard 115.43. There have been no qualifying incidents reported for this audit period. Gib Lewis Unit meets requirements of this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 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*)

The Auditor conducted a review of the agency's policies and find they meet all provisions in this standard. D-16.20 (rev.2) through BP-01.07 authorizes the Office of Inspector General's broad investigative responsibilities and designates the Office of Inspector General (hereinafter referred to as OIG) as the primary investigative organization within the TDCJ. The OIG has primary jurisdiction for the investigation of criminal offenses occurring on TDCJ property. Local, state, and federal law enforcement agencies have concurrent investigative and law enforcement authority with the OIG. OIG staff are available 24 hours a day and may be contacted as needed and to notify of reportable incidents. BP-01.07 (rev.6) establishes the mission of the OIG to serve as an independent office to conduct investigations in accordance with professional standards that related to the fields of investigation in a government environment and certain regulations and policies of the Texas Board of Criminal Justice and Texas Department of Criminal Justice, laws of State of Texas, and the Constitution and laws of the United States, as they are applicable.

The agency follows a uniform evidence protocol to investigate allegations of sexual abuse and sexual harassment including 3<sup>rd</sup> party and anonymous reports. In accordance with OIG-04.05 and *Safe Prisons/PREA Plan*, objective, thorough, and timely investigations are conducted by trained investigators and is evidenced by the Auditor's review of investigation case files. Sexual assaults that are reported within 96 hours of occurrence or involve serious bodily injury or a juvenile offender, elderly offender, or disabled offender and incidents of sexual misconduct between an employee and offender must be reported immediately to the OIG upon being made aware of such incident. A review of the investigation case files indicated the investigations were investigated immediately and notification was made to the Emergency Action Center. One of the trained security supervisors begins the investigation by collecting evidence and interviewing and collecting witness statements, when appropriate and notifies the Facility Safe Prisons/PREA Manager and OIG Investigator. The OIG Investigator provides additional direction for evidence protocols and determination of need for a forensic examination. OIG will assume investigation in criminal cases or certain cases involving staff misconduct, specifically those where allegations of staff misconduct that appears to be criminal. Facility investigators complete the administrative investigations on offender on offender allegations at the unit level. Investigations alleged against staff must be conducted by a captain or above and is be at least one rank above the accused staff member. In accordance with SPPOM 05.11. SPPOM 05.05, additional notifications are made through the offender protection investigation, to include Classification Committee and Warden. 115.71(a)

While the Auditor reviewed more recent case files and documents, to maintain consistency and accuracy in reporting, this report is prepared with the prior 12-month data inclusive of the date range stated on the PAQ. The Auditor reviewed the Emergency Action Center Log, the Safe Prisons/PREA Management Office Log, and the Gib Lewis Unit Incident Log and identified the twenty-one (21) sexual abuse allegations and two (2) sexual harassment allegations reported within the period. One case of the 21 was alleged to occur at another facility and was unfounded. Case files were reviewed for these allegations and the following results were confirmed:

Total Sexual Abuse Allegations – 21

Offender on Offender (13) - Dispositions: Substantiated (0), Unsubstantiated (10), Unfounded (3)  
Staff on Offender (8) – Dispositions: Substantiated (1), Unsubstantiated (3), Unfounded (4)

Total Sexual Harassment Allegations – 2

Offender on Offender – 0  
Staff on Offender – 2 – Dispositions: Unsubstantiated (2)

All twenty-three (23) allegations were investigated administratively and four cases were referred to the Office of Inspector General (OIG) for possible criminal investigation. Of these four, one case was returned to the facility, one case was unfounded (Offender/Offender), and two cases (1-staff/offender; 1-offender/offender) were investigated by OIG. The staff/offender case was substantiated, followed by termination and arrest of the employee. Prosecution is pending. The offender/offender case was found closed without prosecution due to insufficient evidence for a criminal case. Auditor found Incident reviews were conducted on all qualifying incidents with five (5) administrative findings, followed by appropriate action. Auditor interviews with facility investigators indicated they conduct prompt, thorough, and objective investigations in all cases to include third-party and anonymous reports. Several more recent cases were reviewed by Auditor but not included in these numbers to maintain consistency with the reporting period. These files reviewed were found to be consistent with the same protocols. 115.71(a).

Auditor reviewed training records and training curriculum completed for the two OIG Investigators assigned to Gib Lewis Unit finding both have received training in the *Safe Prisons PREA in Texas Video Training; Safe Prisons/PREA Investigation Training: Conducting a Thorough Investigation*; and National Institute of Corrections' PREA: Safe Prisons/PREA Manager confirmed during interview that all OIG investigators are required to have the same training and records are maintained in the training database. Investigating Sexual Abuse in a Confinement Setting. OIG Investigators also receive additional training through the Investigator Training Academy. Auditor's review of the training curricula listed above finds it meets the requirements of standard 115.34. The Pre-Audit Questionnaire indicates there are 33 personnel at Gib Lewis Unit who are authorized and trained to conduct Administrative Sexual Abuse investigations. A list of these 33 staff was obtained by Auditor and compared to the training roster for the required training confirming they have all attended. Training records for two OIG investigators assigned to Gib Lewis were obtained confirming information received during interviews with Statewide Safe Prisons/PREA Manager, PREA Coordinator, and OIG Investigator. 115.71(b).

Evidence protocols include gathering and preserving direct and circumstantial evidence, physical and DNA evidence (when obtainable), and electronic monitoring data (where available) in accordance with OIG-05.15, AD-16.03 (rev.3), OIG-04.05. Auditor's case file reviews indicate a thorough collection of evidence occurs and is retained in accordance with agency policy. Evidence of witness, victim, and perpetrator interviews are captured in written statements and attached to the case files as observed by Auditor. TCCP Article 38.22 and Texas Family Code, Chapter 51, Sections 51.09 and 51.095 regulate statements and confessions taken for criminal investigations. Miranda warning will be administered prior to any statement of accused or suspect, and then only after a knowing, willing, and voluntary documented waiver. Statements taken for Administrative cases employ Garrity Warning right, which warns the employee that failure to full disclose information that is related to an administrative investigation may result in disciplinary action up to and including dismissal. Compelled interviews are conducted only after consulting with prosecutors to ensure interviews do not impede criminal prosecution. The investigation form includes an area where all prior reports and complaints of sexual abuse involving the perpetrator are noted. In addition to the case file reviews, Auditors confirmed procedures through interviews with OIG Investigator, facility investigators, and Warden. 115.71(c)(d).

An offender who alleges sexual abuse shall not be required to submit to a polygraph examination as a condition for proceeding with the investigation. The credibility of an alleged victim, assailant, or witness shall be assessed on an individual basis and not on the status as an offender or staff member. Offenders interviewed who reported sexual abuse said they were not subjected to a polygraph and Investigators interviewed also confirmed they do not use polygraph examinations on offenders to proceed with a case. Credibility of an offender or staff is based on an assessment of the individual's history of institutional behavior, prior allegations, any disciplinary history, and any other factors relevant to the investigation. Auditor's case file review supports truth-telling devices are not used and these criteria for assessing credibility are used. 115.71(e)

The unit major designates a security supervisor or officer with knowledge, training, and experience in conducting investigations, collecting evidence, interviewing witnesses, and report writing ability to conduct the offender protection investigation (OPI). A written report with investigation findings is completed for every allegation reported for both criminal and administrative investigations. The report contains the person involved, a thorough summary of the incident, description of physical evidence and testimonial evidence collected, reasoning behind credibility assessments, and investigative facts and findings. Information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report and is also a part of the Administrative Review conducted by the Warden or Warden's Designee. The EAC incident report, offender travel cards, health services clinical notes from referral and the Sexual Abuse Investigation Checklist is a part of the completed case file. The designated form is documented and is inclusive of a thorough description of the physical, testimonial, and documentary evidence and attaches copies of relevant documentary evidence. Report is filed in both victim and assailant Safe Prisons/PREA file and stored according to TDCJ Records Retention Schedule. The OIG investigation files were not available for review, but all necessary information required to make a determination of compliance was available in the local case file or was provided by the Statewide Safe Prisons/PREA Manager. Auditor found the Investigation case files are maintained in the Warden's office and were found to be thorough, detailed, and easy to follow reasoning behind the determinations made. Observations through interviews and case file reviews indicate this practice is in place. 115.71(f)(g)

Of the twenty-one (21) abuse allegations, four (4) cases were referred to the Office of Inspector General (OIG) for possible criminal investigation. Of these four, one case was returned to the facility, one case was unfounded (Offender/Offender), and two cases (1-staff/offender; 1-offender/offender) were investigated by OIG. The staff/offender case was substantiated, followed by termination and arrest of the employee. Prosecution is pending. The offender/offender case was found closed without prosecution due to insufficient evidence for a criminal case. Interviews with Warden and OIG Investigator further confirms the agency intent to pursue prosecution for substantiated criminal activity. 115.71(h)

OIG-03.72 – Records Retention – PREA, sets for requirements for preserving documents related to criminal and administrative investigations and provides for retention for as long as the alleged abuser is incarcerated within the TDCJ or employed by the TDCJ, plus five years for all criminal and administrative investigative reports involving any sexual assault related offenses. State of Texas Records Retention Schedule classifies OPI documents, Sexual Abuse Investigation Checklist and Subsequent Offender Interview records to be retained permanently. 115.71(i)

The two facility and one OIG investigators interviewed were very knowledgeable of PREA and explained the procedures for conducting an administrative and criminal investigation for sexual abuse and sexual assault, and retaliation. Interview with Warden indicated a good working relationship between the facility and the OIG's office and he is kept promptly informed of investigative status on cases under investigation (115.71(l)). The Auditor's case file review and interviews with investigative staff provided evidence that an employee resignation or offender victim leaving custody does not terminate the investigation (115.71(j)). Based on substantial policy review, investigative files, interviews with unit investigators, OIG investigators, Wardens, and SPP staff, Gib Lewis Unit meets requirements of this standard.

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

### **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*)

*Safe Prisons/PREA Plan* and SPPOM 05.05 establishes preponderance of evidence as the standard for determining sexual abuse and sexual harassment dispositions. establishes that in OPI cases, the classification committee shall use preponderance of evidence to determine disposition of cases. *Safe Prisons/PREA Investigations Training: Conducting a Thorough Investigation* curriculum teaches the staff they are to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, meaning more than 50% of the evidence supports the allegation.

Of the 23 case files reviewed, Auditor observed all received a thorough, prompt administrative investigation using preponderance of evidence as the standard. An interview was conducted with the OIG investigator assigned to Gib Lewis Unit, with two (2) facility investigators, and the facility Wardens (3). These interviews revealed that no standard higher than preponderance of evidence is necessary to substantiate allegations of sexual abuse/sexual harassment. Based on policy review, investigative files, interviews with unit investigators, OIG investigator, Wardens, and SPP staff, Gib Lewis Unit meets requirements of this standard.

## Standard 115.73: Reporting to inmates

### 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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*)

Safe Prisons/PREA Plan and SPPOM 05.10 establishes offenders will be notified of relevant information regarding criminal investigations following offender allegation that he/she was a victim of any criminal sexual assault. The offender shall be informed as to whether the investigative finding was substantiated, unsubstantiated, or unfounded and following the suspect assailant indictment or conviction on the related charge and done so on SPPOM 5.05 Attachment J. The Gib Lewis Unit Classification Committee and Safe Prisons/PREA Manager makes these notifications in person and provides offender a copy of Attachment J. In accordance with Safe Prisons/PREA Plan and SPPOM 05.1 regular updates are provided to the facility by OIG for criminal investigations and the offender is informed of the progress of the investigation. Auditor confirmed this process during interviews with Safe Prisons/PREA Manager, PREA Coordinator, and Warden. The signature of offender and employee completing action is captured on the form. The Auditor's case file reviews observed completed copies of the notifications for closed cases as part of the file. 115.73(a)(b)

Investigation updates in criminal cases are made through written format by the Warden and the Agency's Safe Prisons/PREA Manager. The Warden receives regular criminal case information from the OIG and then informs the offender victim of the following criminal case outcomes or status changes: 1) staff member indicted; 2) staff member convicted; 3) offender assailant indicted; 5) offender assailant convicted and in accordance with all provisions delineated in 115.73(c). Auditor observed in case file reviews were these notifications are being made and with interview with Warden. The Safe Prisons/PREA Manager receives monthly criminal case information from the OIG and then informs the offender victim when the alleged abuser has been indicted and/or convicted in a charge related to sexual abuse within the facility. The Safe Prisons/PREA Manager also notifies an offender victim when a criminal case has been closed with no prosecution. A log is maintained in the Safe Prisons/PREA Management Office and each notification and attempted notification is documented. Log and notification letters from SPPM were reviewed. Interview with SPPM Steinbecker and letters of notifications viewed by Auditor confirms this procedure is in place. Of the 21 abuse allegations, 1 was substantiated both administratively and criminally. Staff was terminated and arrested. Offender was notified the abuser is no longer employed at Gib Lewis Unit and facility. Prosecution is pending. 115.73(c)(d)(e)

Of the 23 cases reviewed, notifications were made by the Warden, through the Classification Committee of the disposition of the investigation. The two offenders interviewed stated they received a letter during classification committee when the investigation was completed. Notifications were provided by the State Safe Prisons/PREA Manager to the offenders when the criminal investigations were closed on the three (3) cases investigated by OIG. Policy review, case file reviews, and interviews with SPPM Steinbecker and Warden indicates Gib Lewis Unit meets requirements of this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 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*)

AD-16.20 (rev.2) establishes administrative violations, criminal offenses and emergency incidents that will be reported to the OIG, prohibited acts, and categories for disciplinary. PD-22 (rev.14) establishes general rules of conduct and disciplinary guidelines for employees with PD-29 providing definitions of prohibited activity. TDCJ disciplinary guidelines categorize sexual misconduct with offenders as a level I violation punishable by termination. Harassment and retaliation may be level I or II depending on the severity and disciplinary action will be commensurate with violation.

Safe Prisons/PREA Plan directs all terminations for violations of TDCJ sexual abuse or sexual harassment policies, or resignations in lieu of termination, be reported to the OIG, unless the activity was clearly not criminal, and to any relevant licensing bodies. Auditor's review of case files finds: 1 unsubstantiated case of staff/offender where the employee was disciplined and is no longer employed at TDCJ; 1 unsubstantiated case of staff/offender where the employee was moved to another facility; and 1 substantiated case where the employee was terminated and arrested. Other employees were disciplined for other actions or inactions related to findings discovered from the Incident Reviews. Discipline was commensurate with the violations.

Based on policy review, incident review, interviews with OIG investigators, Warden, and Safe Prisons/PREA staff, Gib Lewis Unit meets requirements of this standard.

#### Standard 115.77: Corrective action for contractors and volunteers

#### 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*)

*Safe Prisons/PREA Plan* establishes any contractor or volunteer who engages in sexual abuse are prohibited from contact with offenders and shall be reported to applicable law enforcement agencies, where applicable and the unit will take appropriate remedial measures and consider whether to prohibit further contact with offenders, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies.

WBP-07.15 (rev.1) establishes zero tolerance policy for sexual misconduct with offenders for Windham School District (WSD). Supervisors and other individuals who receive notification of alleged sexual misconduct or abuse are required to immediately report to: 1) Warden or department head; 2) Unit OIG investigator; 3) Records Management Office, OIG – Investigations Division Headquarters, Huntsville; 4) WSP Human Resources Division; or 5) PREA ombudsman. WBP-07.44 (rev.2) provides WSP employees who commit a rule violation shall be subject to disciplinary action; termination is standard for misconduct that jeopardizes security of facilities or safety of personnel. Retaliation and failure to report acts of discrimination or harassment are general rules of conduct violations for which an WSD employee may be terminated for cause.

*Volunteer Services Plan* prohibits sexual misconduct with offenders and prohibits volunteers from establishing or continuing in personal relationships with offenders, including engaging in, or attempting to engage in, any form of consensual sexual misconduct with offenders, including forcing or attempting to force offenders to participate in non-consensual sexual misconduct. Volunteers who violate the policy shall not be allowed to continue to perform services for the agency and may be subject to criminal prosecution.

Gib Lewis Unit has had no qualifying incidents the past 12 months. Based on policy review and interviews with Warden and Safe Prisons/PREA Manager Gib Lewis Unit meets requirements of this standard.

## Standard 115.78: Disciplinary sanctions for inmates

### 115.78 (a)

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

**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

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

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

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

**Auditor Overall Compliance Determination**

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

*Safe Prisons/PREA Plan* directs offenders will be subject to disciplinary sanctions by formal disciplinary process following an administrative finding that the offender engaged in sexual abuse, sexual harassment, or a criminal finding of guilt for sexual abuse toward another offender. Sanctions will be appropriate to the nature of the abuse committed, offender's disciplinary history, and sanction imposed for comparable offenses by other offenders with same histories. The offender's mental disabilities or mental illness shall be considered in the assessing of sanctions. *Disciplinary Rules and Procedures for Offenders* establishes special considerations requirement for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or psychiatric patients. Interview with Warden and Disciplinary Hearing staff confirmed that the disciplinary sanction would be adjusted according to the severity of the infraction. 115.78(a)(b)(c)

An offender determined to have perpetrated abuse will be subject to consideration of participation in interventions to address and correct underlying motivations. *Safe Prisons/PREA Plan* establishes if the unit offers this therapy, counseling, or other interventions, consideration shall be made to determine if participation should be a requirement for access to programming or other benefits. SOTP-01.01 establishes Sex Offender Rehabilitation Programs which are available at designated facilities. As per interview with Warden Haynes, should the Unit Classification Committee or Qualified Mental Health Professional determine that the offender can benefit from these interventions and it is not offered at the current facility, a referral for transfer to a more appropriate facility where these benefits are available may be initiated. 115.78(d)(e)

*Safe Prisons/PREA Plan* establishes that an offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact; and that sexual misconduct between offenders is prohibited; and that a report made in good faith shall not constitute falsely reporting and incident or lying even if the investigation reveals no evidence to substantiate. Allegations made in bad faith will be addressed through the disciplinary process. 115.78(e)(f)(g)

Sexual misconduct between offenders is prohibited and shall result in disciplinary sanction, unless the contact is determined to be consensual. Consensual sex acts between inmates is prohibited and will be addressed through the disciplinary process as per the *CID Disciplinary Rules and Procedures for Inmates*. 115.78(g)

Auditor's review of case files revealed there were no substantiated incidents of offender on offender sexual abuse finding Gib Lewis Unit has had no qualifying incidents in the past 12 months. Based on policy review, case file review, and interviews with Warden and SPPM Gib Lewis Unit meets requirements of this standard.

## MEDICAL AND MENTAL CARE

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

#### 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*)

*Safe Prisons/PREA Plan* establishes that offenders who disclose prior sexual victimization, or when there is indication of previous perpetration of sexual abuse during the screening process will be referred to a mental health practitioner within 14 days of the intake screening. This includes incidents that occurred in an institutional setting or in the community. Auditor's review of the Safe Prisons/PREA Interview forms confirmed referrals are made when indicated by the results of the screening. The Safe Prison/PREA Manager completes a referral and notifies mental health. Completed screening documents were reviewed by Auditor and reconciled with referrals to mental health and were found to follow the stated policies and to be documented accordingly. Three (3) offenders were interviewed who were noted to have reported prior victimization during screening and they all indicated they

were seen shortly after arriving to the facility. Offender records were reviewed by Auditor and found these follow-up visits were documented to have occurred within 14 days. One (1) of the randomly selected offenders interviewed by this Auditor prompted a referral to mental health. Auditor observed the stated protocols were followed, and subsequent documentation was provided to the auditor of the encounter with QMHP within required period. CMHC policy E-35.1 establishes a Qualified Mental Health Professional (QMHP) completes the mental health appraisal process on all incoming offenders upon admission within 14 days to an intake facility. E-35.2 establishes offenders with potential mental health needs will receive a comprehensive mental health evaluation completed by a QMHP within 14 days of the referral, request, and/or identification date. 115.81(a)(b)(c)

Prior to the mental health evaluation beginning, the offender is informed of the limits of confidentiality and asked to consent to the interview. Documentation of the informed consent is made in the health record. In addition to the policy review and review of referral documentation. Health care H-61.1 establishes the confidentiality and release of protected health information. Exceptions to the privilege of confidentiality exists in the following circumstances: 1) written authorization granted by the offender; 2) when state or federal laws permit or require release without patient authorization; 3) when a valid subpoena or court order is issued requiring release. I-70.1 creates policy to ensure the offender's right to informed consent and requires obtaining informed consent for any surgical or invasive procedure and for mental health assessment or treatment. 115.81(d)(e)

The above procedures were confirmed through interviews with Health Services Administrator David and Mental Health Director Fuller. Based on document review, observation of process, interviews with offenders, interviews with Classification Committee members, Unit Safe Prisons/PREA Manager, Warden, and healthcare administrators, Gib Lewis Unit meets requirements of this standard.

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

### **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*)

Health care policy A-01.1 ensures offenders have access to care. Procedures include providing information to offenders on how to access health services and the grievance system, offsite specialty clinics, interpreter services for non-English speaking offenders, certified interpreter services for deaf offenders, hospital and emergency services and shall be developed to ensure there are no unreasonable barriers to an offender’s access to health services. *Safe Prisons/PREA Plan* provides for medical and mental health services consistent with community level of care. *Safe Prisons/PREA Plan* establishes that if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, correctional staff first responders shall take preliminary steps to protect the victim and to notify the appropriate on-call medical and mental health practitioners. Auditor’s interviews with two (2) first responders and other random and informal security staff confirmed this practice is well implemented. 115.82(a)(b)

G-57.1 establishes guidelines for management of offenders with sexual assault/abuse and requires immediate evaluation and examination and referral for required services, regardless of the elapsed time between the assault and examination. The offender will be taken to the nearest hospital emergency department that has medical staff qualified to perform a forensic medical exam, when required. Prophylactic treatment of certain venereal diseases will be offered to victim at the facility where offender is housed, and education and testing will be scheduled for HIV and Hepatitis B exposure. When indicated, prophylactic medications will be offered. *Safe Prisons/PREA Plan* provides for medical and mental health services consistent with community level of care. SPPOM 05.01 requires the security supervisor to notify medical and mental health personnel of a sexual abuse allegation to initiate medical assessment of the offender. If medical staff is not on duty, offender will be transported to a local medical facility in coordination with on-call medical personnel. The offender victim is not charged for services related to a sexual abuse/assault incident. Auditor’s interview with Health Services Administrator David confirmed these procedures are implemented. 115.82(c)(d)

The above procedures were confirmed through interviews with Health Services Administrator David and Mental Health Director Fuller. Based on document review, observation of process, interviews with offenders, interviews with Classification Committee members, Unit Safe Prisons/PREA Manager, Warden, and healthcare administrators, Gib Lewis Unit meets requirements of this standard. Auditor’s review of policies, interviews with medical practitioners, Warden, first responders, and other security staff, Gib Lewis Unit meets requirements of this standard.

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

**115.83 (a)**

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

#### 115.83 (b)

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

#### 115.83 (c)

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

#### 115.83 (d)

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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



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

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

Safe Prison/PREA Plan directs ongoing medical and mental health care for offenders as appropriate and to include follow-up services, treatment plans, referrals for continued care following their transfer to, or placement in other units or their release from custody. E-44.1 and E32.1 provides guidelines to ensure continuity of healthcare for all offenders. Policy establishes offender victims shall be provided medical and mental health services consistent with the community level of care. Mental health evaluation of all known offender-on-offender abusers will be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate. Interviews with healthcare staff indicate services are at least consistent with community levels of service. 115.83(a)(b)(c)(h)

G-57.1 establishes guidelines for management of offender with sexual assault/abuse and requires immediate evaluation and examination and referral for required medical and mental health services, regardless of the elapsed time between the assault and examination. Both the victim and abuser will be referred. Prophylactic treatment of certain venereal diseases will be offered to victim at the facility where offender is housed, and education and testing will be scheduled for HIV and Hepatitis B exposure. When indicated, prophylactic medications will be offered. The offender victim is not charged for services related to a sexual abuse/assault incident. These services are offered through the CID nurse immediately and then with regularly scheduled follow-up treatments, as indicated. If the incident occurs within 96 hours of reporting, the offender will be seen by mental health professional after the sexual assault medical exam is completed; if after 96 hours, the offender will be seen within 10 business days. Mental health staff interviewed confirmed offenders are generally seen the day the incident is reported. Interviews with medical and mental health staff, offenders, and file reviews confirmed processes are in place at Gib Lewis Unit. 115.83(f)(g)

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 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*)

An administrative review is required to be completed for all sexual abuse and staff sexual harassment incidents, unless determined unfounded, in accordance with *Safe Prisons/PREA Plan*, AD-02.15 (rev.12), SPPOM 08.01. The warden obtains input from security supervisors, investigators, and medical or mental health practitioners when completing the review and is required to submit the Administrative Incident Review to the Regional Director within 10 working days following notification of the incident. Recommendations from the review will be implemented or document reasons for not doing so. The review includes: 1) circumstances of the incident; 2) events leading up to and following the incident; 3) consideration of whether actions taken were consistent with TDCJ policies and procedures; 4) whether alternative means of managing the situation were available; 5) identification of actions that could be taken to avoid future incidents of a similar nature and identification of training needs; 6) determination of whether Incident Command System levels or response levels were used during the incident; 7) whether employee action or inaction was a factor in the incident; 8) any corrective action taken. The Administrative Review Form includes consideration as to whether the incident was motivated by race or ethnicity; gender identity; LGBTI status; gang affiliation; or other group dynamics at facility. An examination of the area

where the incident occurred to assess any physical barriers that enable abuse will be conducted and as assessment of the adequacy of staffing levels during different shifts is made. Consideration is given as to whether monitoring technology should be deployed or augmented to supplement supervision by staff. A written report is prepared of these findings with recommendations for improvements, where indicated.

Case file reviews provide evidence that Gib Lewis Unit conducts an extensive and well-documented incident review process that includes the Unit Safe Prison/PREA Manager, Unit Classification Committee members, medical, mental health, and line staff. Incident Review Team Reports reviewed by the Auditor indicate the team meets monthly and consists of the Unit Safe Prison/PREA Manager, Warden or Designee, Chief of Classification, Risk Manager, Disciplinary Coordinator, Security Threat Group, security staff, mailroom supervisor, and other staff deemed necessary by the warden. The warden reviews recommendations and prepares a report which is submitted to Unit's assigned regional director and State Safe Prisons/PREA Manager for review. Auditor's review of 23 case files found incident reviews meeting the requirements of this standard were conducted on the 1 substantiated and 13 unsubstantiated sexual abuse incidents. Five (5) administrative findings resulted from these reviews and with corrective action following. Documentation indicates all provisions of this standard are taken into consideration. Interviews with Wardens Haynes, Thompson, and Allen indicated substantial knowledge and involvement with sexual abuse and staff sexual harassment incident reviews. Interviews with Statewide PREA Coordinator Davis and Safe Prisons/PREA Manager Steinbecker confirm these Incident Reviews are forwarded through several levels of hierarchy for review and are used to make policy decisions for the agency. Based on policy review, incident review, interviews with PREA Coordinator, Wardens and Safe Prisons/PREA Manager, Gib Lewis Facility meets requirements of this standard.

## Standard 115.87: Data collection

### 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*)

Unit Safe Prison/PREA Manager completes the Monthly Safe Prisons/PREA Report (MSPPR) with assistance from the Unit Investigation Team (UIT) using the UIT Meeting Flow Sheet. The MSPPR provides documentation of Safe Prisons/PREA activity related to offender sexual abuse training; frequency of Offender Protection Investigations, and disciplinary violations involving offender aggression and allows for analysis of patterns and trends associated with incident locations and times, as well as groups involved in incidents. The USPPM compares the level of activity for the reporting month with the previous month's activity and provides an explanation of differences in activity levels on the MSPPR and discusses and documents appropriate action plans as determined by the UIT on the MSPPR. Auditor interviews with USPPM and Regional Safe Prisons staff confirmed the data collection and analysis procedures. Auditor reviewed copies of reports submitted by the facility.

The Safe Prisons/PREA Management Office (SPPOM 01.01) is the designated office for receipt of data, tracking, report preparation, providing technical assistance, reviewing subsequent data and reports and trends for the agency. Incident-based sexual abuse data is aggregated at least annually and includes information necessary to answer the DOJ SSV. BP-02.09 (rev.1) provides for the PREA ombudsman to collect statistics regarding allegations of sexual abuse from each correctional facility in accordance with the national PREA standards and to make available to the public and appropriate state agencies. This office produces and submits an annual report. Based on policy review, published documents, interviews with SPP management, TDCJ meets requirements of this standard.

### Standard 115.88: Data review for corrective action

#### 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*)

Lorie Davis, Correctional Institutions Division Director is the designated agency respondent for reviewing data to assess and improve the effectiveness of the agency's sexual abuse prevention, detection and response policies, practices, and training. In addition, she ensures the preparation of an annual report of findings and corrective actions. The comprehensive Safe Prisons/PREA Plan Annual Report is produced by the PREA Ombudsman and published to the TDCJ public website. The latest report was published July 2017 for Calendar Year 2016. Interview with Division Director Davis confirmed this process. Based on a review of the policy and annual reports on agency's public website, interview with Ms. Davis and interviews with Safe Prisons/PREA management staff, TDCJ meets the requirement of this standard.

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

#### 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*)

*Safe Prisons/PREA Plan* directs accurate and uniform data collection for each facility. Incident-based sexual abuse data is aggregated annually and is used to complete the SSV conducted by the Department of Justice annually. The PREA Ombudsman publishes a comprehensive TDCJ Safe Prisons/PREA Plan annual report which is posted to the public website. Auditor reviewed reports found on website and found them to meet requirements of this standard. No personal identifiers are contained in the published reports. Based on review of policy, review of reports published to public website, interviews with SPP management staff, TDCJ meets requirements of this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 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*)

The TDCJ did not complete a PREA audit of all the correctional facilities within the first cycle as required by the standard. The first cycle of PREA audits were conducted between August 2014 and September 2017. All TDCJ facilities, including private run facilities, have received a PREA audit since August 20, 2013. The agency is tracking with one-third of their facilities each year in the current second cycle. The final reports for each of these audits are published to the TDCJ public website. The auditor was provided full access to observe all areas of the facility and access to any staff member or inmate as requested. A private setting was provided for interviews and the facility was very accommodating with escorting inmates to and from the interview area in an organized and appropriate manner. Facility staff members were pleasant and forthcoming with information during formal and informal interviews and made themselves available timely. Audit notifications posted throughout the facility provided opportunity for inmates to send confidential letters to the auditor prior to the audit, although none were received. All documents and access to documents requested by auditor was made readily available for review. TDCJ/Gib Lewis Unit meets requirements of this standard.

### Standard 115.403: Audit contents and findings

#### 115.403 (f)

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

#### **Auditor Overall Compliance Determination**

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

A review of TDCJ website [https://www.tdcj.state.tx.us/divisions/arrm/rev\\_stan\\_prea.html](https://www.tdcj.state.tx.us/divisions/arrm/rev_stan_prea.html) confirms that the agency publishes PREA final reports making them available to the public. A total of 142 final reports are published as of the date of this report, with the last posting of Hobby-Marlin report dated May 7, 2018 indicating it is within the 90-day requirement. Based on auditor observation and interview with Safe Prisons/PREA management staff, TDCJ/Gib Lewis Unit meets requirements of this standard.



## 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.

*Sharon R. Shaver*

November 5, 2018

**Auditor Signature**

**Date**