

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: September 5, 2017

Auditor Information			
Auditor name: Thomas Eisenschmidt			
Address: 26 Waterford Lane Auburn, NY 13021			
Email: tome8689@me.com			
Telephone number: 315-255-2688			
Date of facility visit: July 26-28, 2017			
Facility Information			
Facility name: Larry Gist Unit			
Facility physical address: 3295 FM 3514 Beaumont, TX 77705			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 409-727-8400			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Charles Siringi			
Number of staff assigned to the facility in the last 12 months: 298			
Designed facility capacity: 2276			
Current population of facility: 2066			
Facility security levels/inmate custody levels: J1-J5, G1-G2, and Transient			
Age range of the population: 18-71 (range)			
Name of PREA Compliance Manager: Mesha Dumes		Title: Unit Safe Prisons PREA Manager	
Email address: Mesha.Dumes@tdcj.texas.gov		Telephone number: 409-727-8400 ext 2333	
Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: <i>(if applicable)</i> State of Texas			
Physical address: 861-B I-45 North, Huntsville, Texas 77320			
Mailing address: <i>(if different from above)</i> P.O. Box 99, Huntsville Texas, 77342			
Telephone number: 936-295-6371			
Agency Chief Executive Officer			
Name: Bryan Collier		Title: Executive Director	
Email address: Bryan.Collier@tdcj.texas.gov		Telephone number: 936-437-2101	
Agency-Wide PREA Coordinator			
Name: Lorie Davis		Title: Director, Correctional Institutions Division	
Email address: Lorie.Davis@tdcj.texas.gov		Telephone number: 936-437-2170	

AUDIT FINDINGS

NARRATIVE

Auditor Thomas Eisenschmidt conducted the PREA audit of the Larry Gist Unit on July 26-28, 2017. The auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency 5 weeks prior to the audit. The auditor reviewed this documentation prior to his arrival and also had the opportunity to visit the Texas Department of Criminal Justice (TDCJ) and State PREA Ombudsman Office websites.

This was the initial PREA audit for Gist Unit, which is one of the 106 plus facilities within the Texas Department of Criminal Justice. The entrance briefing for the PREA audit was held on July 26, 2017 with Senior Warden Charles Siringi, Assistant Warden Jessie Ortega, Major Reginald Chambers, Officer Mesha Dumes, Unit Safe Prison PREA Manager, Sgt. Jason Barthell, Unit Safe Prisons PREA Alternate, and Vicke Mossbarger, Region III Safe Prisons PREA Manager in attendance. The auditor gave a brief overview of the audit process and once it was completed the tour portion of the review began.

The auditor formally interviewed 58 offenders during the site visit. A list of random offenders from each of the housing units (36), offender disclosing prior victimization (11), offenders identifying as gay, bisexual (10) and Segregated Housing Unit offenders (1) were also interviewed.

Once the offender interviews were completed the specialized staff interviews were conducted. They included the following staff: Health Care Administrator, Mental Health Administrator, Human Resources, Mid-Level Supervisor, Upper Level Supervisor, Intake/Orientation Staff, Staff who perform the Risk of Victimization Assessment, Segregation Supervisor, Retaliation Monitors, Victim Support Person, Incident Review Team Member, Unit Safe Prison PREA Manager, Facility Investigator, Office Of Inspector General Investigator and the Warden. The auditor also reviewed the interviews of the Director's Representative, Safe Prisons PREA Coordinator, and the Contract Administrator prior to the audit. These interviews were conducted in September 2016, by Barbara King, certified PREA auditor.

The Gist Unit had five (5) PREA allegations made in the last twelve months all alleging sexual abuse. Two (2) of the sexual abuse allegations were made against other offenders and three (3) allegations were made against staff members. Two of the three accusations against staff were found unsubstantiated and one is still pending with the Office of Inspector General. The two allegations made against other offenders were unsubstantiated. There were no sexual harassment allegations made at the Unit within the last 12 months.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.state.tx.us/publications/index.html#PREA>). The site gives an overview of their Safe Prisons PREA Policy and provides additional information by clicking on the topic hyperlink.

The Gist Unit utilizes Baptist Hospital, a hospital in the community (Beaumont), should it be necessary for an offender to receive a forensic exam. There is a SAFE/SANE Nurse available at this hospital if needed. During the last 12 months no offender needed to be sent there for a forensic exam as none were required.

During the site visit the auditor reviewed training records (2014, 2015, and 2016) and verified, that except for individuals on long term absence, all staff received mandated PREA training as required by policy. Staff on extended leave will receive the required training upon return. The auditor also reviewed records for the one time additional training required for each Investigator, Medical and Mental Health full and part time staff, and the facility victim support staff.

At the conclusion of the site visit at the Gist Unit, the auditor met with Senior Warden Siringi, Assistant Warden Jessie Ortega, Major Reginald Chambers, Officer Mesha Dumes, Unit Safe Prison PREA Manager, Sgt. Jason Barthell, Unit Safe Prisons PREA Alternate, Sergeant Albert Marquez, Officer Stacy Lammers and Vicke Mossbarger, Region III Safe Prisons PREA Manager. The auditor let those in attendance know that he could not give them a specific outcome but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to insure compliance to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

The physical address for the Gist Unit is 3295 FM 3214, Beaumont, Texas 77706. The Unit is owned and operated by the Texas Department of Criminal Justice and co-occupies 770 acres of property with two other TDCJ units. The unit consists of 15 buildings arranged in a rectangle with a wide concrete sidewalk running down the middle of the compound. Inmate housing is dormitory style with each unit consisting of four pods with day rooms, showers, toilets and basins. If the compound were viewed from the air the buildings would resemble a "U". The administration building is located at the open end of the "U" and consists of the entrance lobby, Warden's and administrative offices, visitation area and main control room. There is one single cell housing unit which houses inmates in pre-hearing detention, solitary confinement and administrative segregation. All program and support functions are located in buildings on either one side of the compound or the other. Maintenance is housed in a separate building on the compound to the rear of the program buildings. A barn that is used to store grounds maintenance equipment and the arsenal for security and storage of weapons and chemical agents are the only two buildings located outside the compound fence. The armory is located inside the Administration Building with vehicle and plant maintenance.

Facility Demographics

Rated Capacity:	2,276
Actual Population:	2,103
Average Daily Population for the last 12 months:	2,150
Average Length of Stay:	1 year
Security/Custody Level:	J1-J5, G1, G2 and Transient
Age Range of Offenders:	18 to 69 years old
Gender:	Male
Full-Time Staff:	373
(73) Administrative/ Support, (48) Program, (250) Security, (2) Other	

SUMMARY OF AUDIT FINDINGS

On July 26-28, 2017 a site visit and PREA compliance audit was conducted at the Larry Gist Unit. The final report was provided on September 5, 2017. The results of the audit of the Unit are listed below:

Number of standards exceeded: 5

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The primary comprehensive sexual abuse and sexual harassment policy utilized at the Gist Unit is the Texas Department of Criminal Justice Safe Prisons PREA Plan, dated August 2014). This document outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment in each of its facilities.

In September of 2016 Barbara King, certified PREA auditor, interviewed Lorie Davis as the Agency Head designee. She is also the agency wide Safe Prisons PREA Coordinator. During her interview she described how the Director has committed the Agency to providing a safe environment for staff and inmates by insuring the PREA standards remain a top priority. She informed the auditor that any expansion or major facility modifications will continue to take into account the PREA Standards when considering design and installing video equipment.

As the Safe Prisons PREA Coordinator, Ms. Davis has six (6) regionally based Safe Prison/PREA Managers who report directly to her and to each of the regional directors where they are assigned. TDCJ has ninety-nine (99) Safe Prisons/PREA Managers designated as PREA Compliance Managers within each of their facilities. Interview with the PREA Coordinator confirmed she has sufficient time and authority to coordinate the Agency efforts to comply with the PREA Standards. Her position is found on the Agency organizational chart, reporting directly to the Director.

Mesha Dumes, Unit Safe Prison PREA Manager, is the PREA Compliance Manager at the Gist Unit. She is new to her position but confident with the TDCJ policies, the PREA standards and the PREA process. She was helpful to this auditor during the site visit. She detailed her PREA duties during her interview and also confirmed she has sufficient time to accomplish them. She has direct access to Warden Siringi and the Regional PREA Manager for any issues, questions or suggestions. During staff and inmate interviews both the offenders and the staff at the Gist Unit were knowledgeable of her position especially as the point of contact for any questions, concerns, reporting or information relating to PREA.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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Cody Ginsel, is the Director of Private Facility Contract Monitoring/Oversight Division for the Agency and the individual who supervises the employee contract monitor at each facility and oversee the fifteen private prisons within Texas Department of Criminal Justice. His interview was conducted by Barbara King, a certified auditor in September 2016. The facility contract monitor oversees all the operational practices, the contract practices, and the day to day operations of that particular facility. One of their primary responsibilities in monitoring is to make sure that the facility is PREA compliant. The agency has included in new contracts the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor's primary responsibility is overseeing that the vendor is compliant with PREA Standards as well as TDCJ Policies and Procedures. The contract monitor completes a compliance review checklist for documentation. If anything issue of immediate risk is identified, the contract monitor would take immediate action to resolve the situation. All other concerns would be documented and feedback provided to the vendor; the contract monitor would continue to monitor the concerns until compliance is met. All 12 private facilities under contract with TDCJ have completed their initial PREA Compliance Audit.

Standard 115.13 Supervision and monitoring

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

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The Gist Unit is required by policy (SOPM 8.06 Security Operations Program Manual) to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and video monitoring to protect offenders against abuse.

The Warden and the Safe Prison PREA Manager were well aware of the staffing plan at the Gist Unit. During separate interviews conducted with Warden Siringi and the Safe Prisons PREA Compliance Manager, the auditor was informed that they do in fact have a staffing plan and indicated the plan is reviewed annually. The auditor reviewed the staffing plan and documentation demonstrating that the plan was last reviewed in May 2016. He also was provided reviews done by the facility in 2014 and 2015 as well. The facility review is assessed with the Regional Director and the Agency Safe Prisons PREA Coordinator, Safe Prisons PREA Compliance Manager, Warden, Assistant Warden, and Central Office Security Operations staff and forwarded to the Director with any recommendations if warranted. Each of the annual reviews takes into account; generally accepted detention practices, the physical plant, offender population and prevalence of substantiated and unsubstantiated sexual abuse allegations along with the placement of video enhancements. Positions at the Gist Unit must be filled with any deviations reported to the Warden who in turn is required to notify the Regional Director.

There were deviations from this staffing plan during the last 12 months. The two major causes of these deviations were outside emergency hospital transport and constant direct observation (suicide watch). The facility provided documentaion to the auditor showing posts being closed, the reason for it and the notification to the Regional Director.

The Safe Prisons PREA Plan requires all supervisors and upper level management staff , including the Warden, to make unannounced rounds. The rounds must be documented on the daily shift reports and in the housing unit log books. During the interviews, with officers, offenders and mid-level supervisors, it was confirmed that unannounced rounds are done randomly throughout the facility by supervisors. A review of the written supporting documentation (roster and log entries) was also checked demonstrating compliance to the policy and standard requirements.

The supervisory staff indicated during their interviews that unannounced rounds are accomplished by staggering their round times and locations minimizing line staff ability to notifying other staff. TDCJ also has a policy that prohibits staff from notifying other staff about supervisor rounds. Staff that violate this directive face disciplinary sanctions.

Standard 115.14 Youthful inmates

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

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There are no youthful offenders ever housed at the Gist Unit, therefore the standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Administrative Directive (AD) 03.22 is the policy followed by staff at the Gist Unit when conducting searches of any offender. This policy is also part of the curriculum presented to custody staff at pre-service, in-service and turnout. It restricts cross gender strip searches or cavity searches except in exigent circumstances and requires that each be documented if ever performed.

During the random security staff interviews, staff were well aware of the policy and the requirements for these type searches if ever done. They indicated if it ever became needed the incident would be well documented including the reason for it and with appropriate approval. The Pre-Audit Questionnaire (PAQ) review and interview with Warden Siringi indicated that no cross gender strip searches or cavity searches were completed at the Unit during the last 12 months.

Interviews with staff and offenders, and the tour by the auditor demonstrated that offenders have privacy provided by curtains and movable partitions, which allows them to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks, or genitalia. The Gist Unit does have cameras inside the facility living areas. The auditor verified these cameras have no access to bathrooms or showers or in any way cause privacy concerns.

The auditor did review staff training records for 2014, 2015 and 2016. The documentation showed all staff at the Gist Unit received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, never for the purpose of determining genitalia status. This training was confirmed by the staff participating in the random interviews.

The auditor toured the facility spending a significant amount of time in all the living areas at the facility. Approximately 65% of the staff is female at the Unit. Female staff was observed verbally announcing their presence upon entering the male offender living areas. Offenders also confirmed the practice as well.

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

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

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

The Gist Unit follows Administrative Directives 04.25 (Language Assistance to Offenders) and AD-06.25 (Qualified Interpretive Services) which requires the facility take appropriate steps to ensure offenders, with disabilities (including offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. At the time of the site visit the facility had no blind, deaf or learning disabled inmates for the auditor to interview. For offenders with any hearing impairment, the PREA video presentation is provided in writing.

The Gist Unit utilizes a list of staff who may provide interpretive service including sign language if needed. During the site visit the auditor observed the intake process conducted on new arrivals to the institution. Each offender arriving at the facility receives a facility orientation pamphlet as he is assigned to the unit. This booklet, available in Spanish and English, is not only an overview of the agency/facility rules and general information but it details the Agency PREA policy as well. The pamphlet details how to report, to whom to report, and informs the offender he can not be punished for reporting sexual abuse/ harassment.

Standard 115.17 Hiring and promotion decisions

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

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

No hiring clearances are done at the Gist Unit. All hiring clearances for any Texas Department of Criminal Justice facility is accomplished through their Central Office (Human Resources Headquarters) in Huntsville. The Human Resources Department follows guidelines issued in policies PD-75 (Applicants with Pending Criminal Charges or Prior Criminal Convictions), PD-73 (Selection Criteria for Correctional Officer Applicants), PD-71 (Selection Systems Procedures), PD-27 (Employment Status Pending Resolution of Criminal Charges or Protective Orders) and the Safe Prison PREA Plan. These policies require a criminal background check be conducted on everyone (employee, contractor, volunteer) who enters any Texas facility regardless if he/she has contact with any offender or not.

A State Identification Number (SID) is created for each employee/contractor fingerprint working at the Gist Unit. The system checks daily to ensure all SIDs are entered in the system and provides warrant checks every six months on each employee, generated the month of their birth date and six months after every year. The system also provides an automatic electronic notification to the agency when any criminal charges are brought against an employee or contractor. In addition, the Safe Prisons PREA Plan and Standards of Employee Conduct mandates employees disclose, to the facility/agency, any sexual misconduct allegation made against them.

The current specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor: (1) That engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) Anyone 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, is prohibited entrance into any TDCJ facility.

Standard 115.18 Upgrades to facilities and technologies

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

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There has been no substantial expansion since August 20, 2012 at the Gist Unit. The facility has updated its video monitoring equipment. There are currently one hundred thirty six (136) cameras at the institution. Cameras located in the living areas do not present any privacy or cross gender-viewing issues.

Adding additional electronic equipment requires staff at the Unit follow Security Operations Program Manual (SOPM), 7.02 (Security Surveillance Systems). This policy outlines what each facility must follow when relocating or adding any new video equipment. At a minimum the facility must include the Safe Prison PREA Manager when determining locations as well as a review of prior incident locations.

Warden Siringi confirmed that as in the past, the Safe Prison PREA Manager would have a prominent role in the location process for video equipment.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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The Safe Prisons PREA Plan mandates Investigators from the facility (administrative) as well as Investigators from the Office of the Inspector General (criminal) adhere to investigative and evidence protocols 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. Pursuant to Texas Government Code 493.019, the OIG has the legal authority to conduct criminal investigations within TDCJ facilities.

Investigative training for each of the facility investigators includes a course based on the National Institute of Corrections (NIC), "PREA: Investigating Sexual Abuse in Confinement Settings" training. Certified TDCJ staff provides it and the subject matter of this course includes protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations" according to the curriculum. The training is documented in each of the training records of the investigators and the interview conducted with one of facility investigators detailed his training including the requirement that he follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

The auditor had the opportunity to interview Investigator Richard Amburn from the OIG. He detailed the sexual abuse investigative training for confined spaces he received. He confirmed to the auditor that his training included protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations", interviewing victims, and use of Garrity and Miranda warnings. A copy of his training curriculum was also provided to the auditor.

Victims of sexual assault requiring a forensic examination while assigned to the Gist Unit, are taken to Baptist Hospital in Beaumont. Section 323.004 of Senate Bill 1191 requires any forensic exam conducted in the State of Texas must be conducted by a Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) whenever possible. If a SAFE or SANE nurse is not available, a qualified medical practitioner must perform the examination. The Gist Unit did not send any offenders out for forensic examinations in the last 36 months.

The Gist Unit has tried to engage services from a community rape crisis center without success. They provided the auditor with solicitation letters requesting victim advocate services for their offenders. The Unit has trained Offender Victim Staff Representatives who do provide support to victims of sexual abuse when needed. The auditor interviewed one of these staff advocates and verified the training she and the other trained staff advocates receive. She told the auditor the one time training included detailed the forensic exam among other things. The auditor was informed that this staff advocate could and would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

The handling of administrative and criminal sexual abuse/harassment investigations is specified in the Safe Prisons PREA Plan and in OIG policy 4.06. These policies require an administrative and/or criminal investigation be completed on every allegation and details each agency's responsibilities are when handling allegations of sexual abuse and sexual harassment in any TDCJ operated facility.

As previously noted, the Office of the Inspector General (OIG), a separate division of TDCJ, is legally responsible to conduct all criminal investigations occurring within a TDCJ facility. Administrative investigations are conducted at the Gist Unit by facility-trained staff. Interviews conducted with both the OIG Investigator and a facility Investigator confirmed that investigations are initiated and completed on all allegations of sexual abuse or sexual harassment. Administrative investigations are conducted on each allegation regardless if the OIG conducts a criminal investigation or not.

The Gist Unit had five (5) PREA allegations made in the last twelve months all alleging sexual abuse. Two (2) of the sexual abuse allegations were made against other offenders and three (3) allegations were made against staff members. Two of the three accusations against staff were found unsubstantiated and one is still pending with the Office of Inspector General. The two allegations made against other offenders were unsubstantiated. There were no sexual harassment allegations.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.state.tx.us/publications/index.html#PREA>). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

Standard 115.31 Employee training

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

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

Training of all staff, especially PREA related, is given great importance in policy and practice within the TDCJ Agency. The Safe Prisons PREA Plan is their primary PREA training curriculum to keep all staff and inmates informed and safe within each of their institutions. The PREA training is mandated for everyone (employee, contractor and volunteer) no exceptions.

The auditor reviewed the pre-service and in-service curriculum that staff receives. Subject matter includes: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Random staff interviews conducted with uniform and non-uniformed staff, confirmed this training and they detailed how they would respond to any allegations. Everyone at the Gist Unit is trained as a first responder. Non-security first responders, during their interviews confirmed that they would immediately secure the alleged victim and then contact security staff.

All staff receive PREA in-service training annually (1.5 classroom hours). In addition uniform staff receive an another two (2) hours a month at turn out.

The auditor reviewed training records for 2014, 2015 and 2016. The Gist Unit provided the mandated PREA in-service training to all staff working. Only those who were out for long term absence missed the training, but are required to receive the training upon return to duty.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

Any contractor or volunteer, providing any service to the Gist Unit, must receive the Safe Prisons PREA training prior to be allowed entry. Those who were at the facility prior to 2013 were required to attend this training during the 2013 training cycle. All those contractors and volunteers currently at the Gist Unit signed documents indicating each has received and understood the agency zero tolerance policy, prohibited behaviors, how and to whom to report any incidents and consequences for any policy violations. Interviews conducted on site with four (4) contractors/volunteers confirmed each had received the training and signed documents indicating their understanding of the TDCJ policy.

The auditor reviewed the training curriculum and training records for a sampling of these individuals for years 2014, 2015 and 2016.

Standard 115.33 Inmate education

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

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As noted in standard 115.31 training is stressed as a primary means of keeping offenders and staff safe. Warden Siringi indicated to the auditor that the proper training of offenders is paramount to eliminating sexual abuse and sexual harassment within his facility.

The Gist Unit is a State Jail and receives inmates directly from the outside agencies. The offender training begins as they enter the facility. Large posters greet every offender on arrival informing him the facility has a zero tolerance policy for sexual abuse, how and to whom to report sexual abuse or sexual harassment if they become aware of or experience it. The offender is then given a copy of the Offender Orientation Manual (which he signs for) with information again explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing. In this document it also indicates that should the offender have any questions about anything related to PREA, to contact the Unit Safe Prisons PREA Manager. The offender is then required to watch the PREA video usually on this same day but no longer that 24 hours after he arrives. This video again details the TDCJ policy on zero tolerance, how and whom to report any allegation to, without fear of retaliation.

The Safe Prisons PREA Plan requires the facility to provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, as well as to offenders who have limited reading skills. Signs and the informational booklets were available in English and Spanish. The facility has a list of staff at the facilities within the region and throughout the State available as offender interpreters. Should the facility have a need where there is not an interpreter or they need someone to sign then they may obtain these services from a vender.

The random interviews conducted with offenders confirmed that PREA information was provided to them both verbally and in writing. The auditor also interviewed a member of the intake staff who confirmed that inmates who are deaf receive the PREA film narrative in writing. He was also aware of the facility memorandum listing staff and the languages that each was proficient in.

The auditor also confirmed that offenders assigned to the Gist Unit prior to the 2013 implementation of PREA education information provided at intake, were brought to a common area in each housing area where they received the required PREA training and viewed the PREA video.

Standard 115.34 Specialized training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

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

"Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations". This is the requirement pursuant to the Safe Prison/PREA Plan requiring all facility investigators receive specialized training in order for he/she to conduct any administrative sexual abuse allegations or sexual harassment investigation.

The provided training records and course curriculum were reviewed for both the OIG Investigator and the Gist Unit Investigators. The auditor also discussed the training the OIG Investigator and the facility Investigator received during their interviews. Both detailed the topics that were covered during the trainings. The covered topics included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor reviewed training records for the Gist Unit Investigators demonstrating successful completion of the course.

Standard 115.35 Specialized training: Medical and mental health care

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

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

The University of Texas Medical Branch (UTMB), a contract provider, delivers all Medical and Mental Health services to offenders at the Gist Unit. These contract employees are required by the Safe Prison PREA Plan and Executive Directive PD-29 to complete the zero tolerance PREA training all employees receive. In addition, Correctional Managed Health Care policy C 25-1, requires that all full time and part time medical and mental health practitioners receive additional training covering topics: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; (4) How and whom to report all allegations or suspicions of sexual abuse and sexual harassment.

The auditor conducted interviews with medical and mental health practitioners during the site visit. Each indicated that this additional training was required of each of them and that they had received it. This one time training is not documented at the facility but the auditor was able to verify all medical and mental staff assigned to the Gist Unit has received it

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As noted earlier the Gist Unit receives offenders directly from the county jails and offenders from other state facilities (institutional offenders). Regardless of their status each receives a risk screening for sexual victimization or sexual abusiveness toward other offenders by the trained Unit Safe Prisons PREA Manager. If the offender arrives on a weekend or after normal business hours he waits no longer than 72 hours from the date of his arrival. The auditor had the opportunity to observe the intake process and risk assessment during the site visit.

As previously noted each offender upon arrival at the Unit receives an orientation pamphlet with PREA information in it. Most will see the PREA informational video during the intake process but if they do not, the Unit Safe Prisons PREA Manager insures it is viewed the next morning. During this arrival process the Safe Prisons PREA Manager interviews each offender individually in a private area where the offender is questioned about his knowledge regarding PREA. The Unit Safe Prison PREA Manager informs him about how and whom, to report sexual abuse or sexual harassment if necessary. He is also informed if he needs any victim support services to contact the Unit Safe Prisons PREA Office. At the conclusion of this information exchange the risk assessment is conducted.

The assessment begins by asking the offender: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the offender has previously been incarcerated; (4) whether the offender's criminal history is exclusively nonviolent; (5) whether the offender has prior convictions for sex offenses against an adult or child; (6) whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the offender has previously experienced sexual victimization; (8) for his own own perception of his vulnerability; (9) and conducts an assessment of the physical build of the offender. The Unit Safe Prisons PREA Manager also assesses if the offender is perceived to be gender nonconforming. Any offender who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on behalf of the offender.

Upon completing this part of the assessment, the offender is seen by medical staff and then brought before the Unit Classification Committee. Prior to his appearance before this committee, the committee is provided with the offender's completed risk assessment form, which they review along with his prior institutional record, pre-sentence investigation information and any other information they have available. At his appearance before the Unit Classification Committee he is reassessed for his risk of victimization or abusiveness and questioned about his vulnerability.

The auditor conducted interviews with the screening staff and the Chief of Unit Classification. Both confirmed the Safe Prisons PREA policy is followed to ensure an offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

Interviews with a random sampling of offenders confirmed they received a risk assessment upon arrival and a second assessment within the first thirty (30) days. A few of those interviewed could not remember receiving the initial or second assessment. The auditor reviewed their records and confirmed they were in fact completed. These interviews also confirmed offenders are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment.

Standard 115.42 Use of screening information

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

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

The Unit Classification Committee at the Gist Unit, is responsible for assigning housing, bed, work, education, and program to all offenders with the goal of keeping offenders at high risk of being sexually victimized safe from those at high risk of being sexually abusive. This requirement is outlined in Administrative Directive 04.17 (Offender Housing Criteria Procedures) and Administrative Directive 04.18 (Offender Job Assignments and Job Descriptions).

The auditor had the opportunity to interview the Chief of Unit Classification. She indicated she receives and reviews the risk assessment screening form along with any pertinent documents or records of the offender prior to his appearance before committee. During his review she performs a second risk assessment soliciting any safety concerns before determining the offenders housing, bed, work, education or program assignments. She indicated the committee's primary goal was keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

There are no dedicated housing units based on sexual identity at the Gist Unit. Interviews with offenders identifying as gay or bisexual (10 in total) indicated they were never placed on any housing unit except those designated for general population offenders. There were no

transgender offenders assigned to the Gist Unit at the time of the site visit.

Standard 115.43 Protective custody

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

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

The Safe Prison PREA Plan requires that no offenders who may be at high risk for sexual victimization be placed in protective custody unless an assessment of all available alternatives explored and there is no other available means to protect him. This policy further states that if this assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing for no longer than 24 hours.

Warden Siringi and the Segregation Supervisor both indicated during their interviews that for the last three years restricted housing had not been utilized for the placement of any offender who was at risk of victimization. They further indicated that if it did become necessary to utilize restricted housing for this purpose the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be documented on the Administrative Segregation Hearing Record Form.

Standard 115.51 Inmate reporting

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

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

As previously noted, all offenders arriving at the Gist Unit are exposed to information about how and whom to report allegations of sexual abuse and sexual harassment. Signage throughout the Gist Unit informs them to contact to the Major, the Office of Inspector General (OIG), or the PREA Ombudsman to report any allegation of sexual abuse or sexual harassment. The PREA pamphlet each offender is given upon arrival, the video each offender is required to watch, and the offender orientation packet informs them of the multiple internal ways they can privately report any PREA allegation. They are told allegations can be made verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). The General Information Guide for Families of Offenders booklet is available at the entrance of the unit and in the facility visiting room informing the family or friends how they can report sexual abuse/sexual harassment on behalf of the offender.

The PREA Ombudsman is an independent office reporting directly to the chairman of the TBCJ and is external to the reporting process of the TDCJ Executive Director. The PREA Ombudsman receives and immediately forwards offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Reports to the PREA Ombudsman are done confidentially and in accordance with policy ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries". The random interviews conducted with the offenders at the Unit revealed that they were well aware of the reporting venues available to them if needed.

Standard 115.52 Exhaustion of administrative remedies

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

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

Offenders and family members of offenders at the Gist Unit are allowed to file sexual abuse and sexual harassment grievances. Board Policy 3.77 (Offender Grievances) indicates that there are no time limits imposed on when the offender/family member may submit a grievance regarding an allegation of sexual abuse. The policy further states any offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to any staff member who is the subject of the complaint.

The policy further requires that when a grievance alleging sexual abuse is filed, the Grievance Investigator must notify the Warden, the Unit Safe Prisons PREA Manager and OIG. The Grievance Office has 5 days to respond back to the offender with the findings. At the same time the grievance office is investigating the grievance, a criminal and/or administrative PREA investigation is also initiated. Depending on the circumstances of the allegation the offender may be dealing with the facility Investigator, the Investigator from the OIG, or both.

Standard 115.53 Inmate access to outside confidential support services

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

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

Offenders at the Gist Unit do have access to victim advocates for emotional support service related to sexual abuse as outlined in the Safe Prisons PREA Plan and this standard. The Standard and the Plan also requires the facility enable reasonable communication between the offenders and these organizations and agencies. The Gist Unit provided the auditor with solicitation letters demonstrating they had tried to solicit services from the local outside victim advocates to provide emotional support services related to sexual abuse for their offenders.

The Gist Unit provides their offenders the names and addresses for all Statewide and National Victim Advocates upon request. Offenders are informed that communication with these groups may be monitored unless it is sent directly through the PREA Ombudsman.

Most random offender interviews indicated they were aware of the outside support services because the information is found in the orientation packets provided to all offenders. Some of the random offenders indicated they were not aware of these support services because they were not interested in any services.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

As noted earlier, "General Information Guides for Families of Offenders" booklets are available at the entrance of the Gist Unit and in the facility visiting room. During the tour of the visiting area the auditor observed posters (provided in Spanish and English) listing phone numbers, mailing addresses and email addresses where anyone can report an allegation of sexual abuse and/or sexual harassment on behalf of an offender.

The TDCJ agency web page also has a PREA section on the site allowing anyone to make a sexual abuse allegation on behalf of any offender through that link.

Offenders disclosed to the auditor during their interviews that they could have family or friends make a sexual abuse/harassment reports on their behalf.

Standard 115.61 Staff and agency reporting duties

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

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

The Safe Prisons PREA manual requires all staff members to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on the unit or alleged to have occurred on another unit, as well as retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This is also emphasized in the pre-service and in-service training each of them receives as well. Uniform staff also receives additional training covering reporting obligations during their daily turnout training.

The auditor interviewed random uniformed staff, non-uniformed staff, contractors and medical/mental health practitioners. All acknowledged their reporting requirements so an investigation can be initiated. They also informed the auditor that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or official.

Standard 115.62 Agency protection duties

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

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

During interviews with the random staff and Senior Warden Siringi, each was asked what action would they take once they became aware an offender was at substantial risk of sexual abuse. Each of the security staff indicated the safety of the offender at risk would be their

priority. They informed the auditor they would find and secure the offender and immediately notify their supervisor so that proper procedures could be followed.

Senior Warden Siringi informed the auditor he would be guided by the Safe Prisons PREA Plan and manual. The offender might be placed in transient housing during a pending Offender Protection Investigation (OPI) review. Offenders are typically placed in "transient status" in segregation for up to 72 hours pending the investigation completion. It may be extended for up to another 72 hours if needed for completion of the investigation but typically done within 72 hours. He further stated that restricted housing would be his last option to safeguard a potential victim. He would transfer the inmate before that happened unless protection was warranted immediately.

Standard 115.63 Reporting to other confinement facilities

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

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

The Safe Prisons PREA Plan mandates that, upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours. The Gist Unit has had no sexual abuse allegations reported to staff upon arrival during the audit period. When the Safe Prison PREA Plan Manager and Warden were questioned, they indicated they would immediately notify the facility where the allegation was made the same day so an investigation could be initiated.

The Gist Unit has had no instances where they were notified by another facility about an allegation of sexual abuse occurring while at another facility within the last 12 months.

Standard 115.64 Staff first responder duties

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

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

First responder training, for sexual abuse/harassment allegations, is provided to everyone (staff, volunteers and contractors) at the Gist Unit. The uniform staff first responder training is more in depth outlining their responsibilities. The auditor questioned both uniform staff and non-uniform staff about their duties as first responders.

The uniform staff indicated they would separate the alleged victim and abuser, preserve and protect any crime scene, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser.

The non-custody staff informed the auditor that after securing the alleged victim, they would immediately contact a security person to take charge of the situation.

Standard 115.65 Coordinated response

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

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

The Safe Prisons PREA Plan, Attachment G, is a checklist filled out on every allegation of sexual abuse, ensuring each of the facility disciplines is notified and has provided their appropriate response to allegations of sexual abuse. This Attachment G (Sexual Abuse Checklist) is the written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Interviews with medical staff, mental health staff, investigators and multiple supervisors confirmed they were knowledgeable of Attachment G and their responsibilities during a response.

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

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

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

Texas is a right to work state and does not have collective bargaining agreements. This standard is not applicable.

Standard 115.67 Agency protection against retaliation

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

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

Any offender or staff member that reports sexual abuse or sexual harassment or cooperates with any sexual abuse or sexual harassment investigations are not to be subjected to retaliation by other offenders or staff. This is mandated in the Safe Prisons PREA Plan.

The Safe Prisons PREA Manager monitors retaliation against offenders and the Major monitors for retaliation against staff at the Gist Unit. During each of their interviews they indicated retaliation monitoring is periodic and continues for at least 90 days and longer if required. The Safe Prisons PREA Manager reviews offender work assignments, disciplinary reports and evaluations and also meets with offenders to discuss any concerns he might have. The Major indicated he monitors staff retaliation by looking at the employee's work assignments, time off approvals, and evaluations. The auditor did review the four cases that were completed within the last 12 months that required monitoring and found retaliation monitoring performed in accordance with agency policy.

Standard 115.68 Post-allegation protective custody

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

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

The Gist Unit is prohibited, by the Safe Prisons PREA Plan, from utilizing restricted housing for the protection of offenders who alleged to have suffered sexual abuse unless no alternative is available. This same policy further states that if it ever became necessary for an offender to be placed in segregation for this purpose, the facility must provide him with programs, privileges, education and work to the extent possible. When this cannot be accomplished the Unit must document any denial of these items if they are not provided.

In most cases, offenders are placed in transient status in special housing for up to 72 hours pending investigation completion; it may be extended for another 72 hours if required to complete the investigation. An Offender Protective Investigation (OPI) is started immediately upon staff becoming aware of the allegation. The Warden and the Special Housing Unit Supervisor confirmed that restricted housing has not been used for the placement of any victim of sexual abuse except as described above in OPI/transient status and would not be used to house victim offenders for protection after an alleged sexual assault.

Standard 115.71 Criminal and administrative agency investigations

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

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

Criminal and administrative investigations must be conducted on every allegation of sexual abuse and sexual harassment alleged to have occurred at the Gist Unit. The Safe Prisons PREA Plan and policy OIG-4.05 (Offender Sexual Assault Investigations) outline how these investigations are to proceed. These policies require criminal and administrative investigations be conducted by trained investigators. Every allegation of sexual abuse is immediately reported to the Office of Inspector General Investigator to determine if a crime has been committed. Regardless of whether the OIG conducts a criminal investigation or not, trained investigators at the facility conduct an administrative investigation as well. The auditor reviewed the training records of both the facility investigators and the attendance of training by the OIG Investigators. As noted in Standard 115.34 each has received the specialized training required. During the interview with one of the facility Investigators, the auditor was informed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff member. Both the criminal and facility Investigators indicated they do not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.

The auditor reviewed case files for the last twelve months. Investigator interviews (Facility and OIG) indicated that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator.

The departure of the alleged abuser or victim from the employment or control of the Unit does not provide a basis for terminating any investigation according to the OIG and the Facility Investigators.

The Gist Unit had five (5) PREA allegations made in the last twelve months all alleging sexual abuse. Two (2) of the sexual abuse allegations were made against other offenders and three (3) allegations were made against staff members. Two of the three accusations against staff were found unsubstantiated and one is still pending with the Office of Inspector General. The two allegations made against other offenders were unsubstantiated. There were no sexual harassment allegations. The retention time for investigation reports involving any sexual abuse/assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the Texas Department of Criminal Justice, plus five years. The Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently, electronically which exceeds the standard requirement.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

During the interview with the facility investigator he indicated that by policy the facility imposes no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

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

Offenders at the Gist Unit who make an allegation that they have suffered sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Safe Prisons PREA Plan and Safe Prison Plan Operations Manual 5.05 require this. This determination of the investigative outcome is delivered to the offender at a classification hearing (UCC) and made part of his institutional record.

These policies further specify that following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged. There were no cases involving this type of conduct requiring this notification within the last 12 months.

Standard 115.76 Disciplinary sanctions for staff

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

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

Sexual misconduct with offenders, harassing and retaliating against any offender or staff for participating in an official investigation is a level 1 violation where dismissal is recommended. These violations along with other misconduct are outlined in Executive Directive PD-22 (General Rules of Conduct and Disciplinary Action Guidelines for Employees) and Executive Directive PD-29 (Sexual Misconduct with Offenders). Termination is required for staff found to have perpetrated sexual abuse on any offender. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose less severe disciplinary action.

No staff at the Gist Unit has been terminated or disciplined for any violation of the agency zero tolerance sexual abuse policy during the last twelve months.

Standard 115.77 Corrective action for contractors and volunteers

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

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

The auditor conducted four (4) contractor/volunteer interviews at the Gist Unit during the site visit. Each of them indicated they were informed during their training of the agency zero tolerance policy and the consequences for any violation and their training was confirmed after review of their individual training records. Executive Directive PD-29 and the Safe Prisons PREA Plan require that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. This practice was confirmed during Senior Warden Siringi's interview.

No volunteer or contractor has been terminated or disciplined for any violation of the agency zero tolerance sexual abuse policy during the last twelve months at the Gist Unit.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Disciplinary sanctions for offenders guilty of sexual abuse and sexual harassment are outlined in the Safe Prisons PREA Plan. All offenders are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse. The sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed. As previously noted there were no substantiated cases of sexual abuse in the last twelve months so there were no disciplinary sanctions imposed.

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

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

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

Officer Mesha Dumes, the Unit Safe Prison PREA Manager is the primary risk assessment staff member at the Gist Unit responsible for performing the risk assessment for victimization and abusiveness on each incoming offender. She indicated to the auditor during her interview that anytime an offender discloses to her or anytime it is noted somewhere in the offender's record that he has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment. The Safe Prisons PREA Plan stipulates the same procedure for each of the TDCJ facilities. The auditor interviewed eleven (11) offenders who had disclosed prior victimization and each indicated that they were offered intervention services with mental health.

She also stated if the risk assessment or other information made available denotes that the offender had previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff offers a follow-up meeting with a mental health practitioner within 14 days of the intake screening as well.

The Safe Prison PREA Plan mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Officer Dumes, Unit Safe Prison PREA Manager and the medical practitioner interviews indicated all information is shared only on a need to know basis.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As previously noted United Texas Medical Branch (UTMB) provide medical and mental health services to the offenders at the Gist Unit. Their policy, Correctional Managed Health Care Policy G-57.1 Sexual Assault/ Sexual Abuse require every victim of sexual abuse receives 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. This practice was confirmed during the interviews conducted with the medical practitioners and reviews conducted on mental health records.

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

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

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

Medical and mental health evaluations and treatment must be provided to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This requirement is clearly stated in Correctional Managed Health Care Manual policy G-57.1 and the Safe Prisons PREA Plan.

This evaluation and treatment includes, 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. The policy further requires treatment services are provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Medical and Mental Health Administrator interviews confirmed the policy requirements and practice at the Gist Unit. As previously noted the interviews with offenders indicating victimization indicated they were offered medical and mental health referrals.

Standard 115.86 Sexual abuse incident reviews

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

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

An incident review must be conducted on every allegation of sexual abuse alleged to have occurred in any TDCJ facility unless it was determined unfounded. The process is outlined in the Safe Prisons PREA Plan. The review team at Gist Unit is the same composition as the rest of the TDCJ facilities consisting of the Senior Warden, Assistant Warden, Major, Captain, Unit Safe Prisons/PREA Manager, and as needed input from line supervisors, investigators, medical, and mental health practitioners. The team review includes: (1) A review of the circumstances of the incident; (2) The name(s) of the person(s) involved; (3) Events leading up to and following the incident; (4) A consideration of whether the actions taken were consistent with agency policies and procedures; (5) Consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; (6) 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 was motivated or otherwise caused by other group dynamics at the facility; (7) An examination of the

area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (8) An assessment of the adequacy of staffing levels in that area during different shifts; (9) An assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; (10) Recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments.

The Safe Prisons PREA Plan requires the facility to implement all recommendations of the review team that result from the review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on two (2) cases determined unsubstantiated. The one cases was still pending and not formally reviewed. The administrative incident review team reports were included in the investigation files for review.

The Warden, PREA Manager and Incident Review Team Member interviews indicated that incident consider staffing, offender movement, area blind spots, review of the incident area, building schedules, training records of the involved staff, and whether camera enhancements could supplement supervision in the area were taken into account.

Standard 115.87 Data collection

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

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

The Safe Prisons PREA Plan and the Safe Prisons PREA Operations Manual require that the Gist Unit must collect data for every incident of sexual abuse alleged to have occurred in the facility using a standardized instrument (Survey of Sexual Violence (SSV) 2012 and the set of definitions found in the Safe Prisons PREA Plan. The policy also requires the incident-based sexual abuse data be aggregated annually. The incident-based data collected must include the information required by the Department of Justice in the standardized form Survey of Sexual Violence (SSV) 2012. The policy requires that all available incident-based documents including: reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV.

The Agency and the PREA Ombudsman aggregate this incident based sexual abuse data that is produced annually by each facility. The 2015 Safe Prisons /PREA Annual Report is available for review on the agency's website. The auditor reviewed the 2014 SSV, 2015 SSV and annual report as part of the audit process.

Standard 115.88 Data review for corrective action

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

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

The Safe Prisons PREA Plan requires the Agency review data collected from each facility in order to assess and improve the effectiveness of their sexual abuse prevention, detection, and response policies, procedures, and training. It also requires they identify problematic areas, taking corrective action and prepare an annual report of findings and corrective actions for each unit. The responsibilities fall on the PREA Ombudsman and the Safe Prisons PREA Management Office.

Responsibilities include: collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each TDCJ facility; preparing monthly and semiannual activity reports for distribution to the Texas Board of Criminal (TBCJ) Justice

Chairman, TBCJ members, and TBCJ Executive Management; ensuring the TBCJ Chairman and TDCJ Executive Management are informed of any problematic and/or systemic trends.

The 2015 report was reviewed as part of the audit process. Interviews with the Unit Safe Prisons PREA Manager and Warden and review of the facility's monthly reports demonstrate the data collection process and corrective actions reviews are performed by the Gist Unit.

Standard 115.89 Data storage, publication, and destruction

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

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

The Safe Prisons/PREA Plan requires TDCJ maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews including incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. This aggregate data is available to the public through the agency's website and included in the PREA Ombudsman annual report. The 2015 Safe Prisons/PREA Annual Report is available on the website for review. Before publishing the annual report, all personal identifiers are removed.

The State of Texas Record Retention Schedule indicates records involving offender investigation case files and criminal investigations are permanently maintained electronically.

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.

Thomas Eisenschmidt
Auditor Signature

September 5, 2017
Date