

**PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS**

Date of report: March 20, 2017

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| Auditor Information | | | |
| Auditor name: Marilyn McAuley | | | |
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| Telephone number: 208-794-1901 | | | |
| Date of facility visit: February 8, 2017 | | | |
| Facility Information | | | |
| Facility name: Ernestine Glossbrenner Substance Abuse Felony Punishment Facility | | | |
| Facility physical address: 5100 South FM 1329, San Diego, TX 78384 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: Click here to enter text. | | | |
| 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: Kimberly Woodall | | | |
| Number of staff assigned to the facility in the last 12 months: 138 | | | |
| Designed facility capacity: 612 | | | |
| Current population of facility: 594 | | | |
| Facility security levels/inmate custody levels: Minimum | | | |
| Age range of the population: 18-69 | | | |
| Name of PREA Compliance Manager: Melissa Bernal | | Title: Unit Safe Prison PREA Manager | |
| Email address: Melissa.Bernal@tdcj.texas.gov | | Telephone number: 361-279-2705 | |
| Agency Information | | | |
| Name of agency: Texas Department of Criminal Justice | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| 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: Lori Davis | | Title: Director, Correctional Institutions Division | |
| Email address: Lori.Davis@tdcj.texas.gov | | Telephone number: 936-437-2170 | |

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit for the Ernestine Glossbrenner Substances Abuse Felony Punishment Facility (hereafter referred to as the Glossbrenner Unit) from initial notification through this auditor's Summary Report Adult Prisons and Jails/PREA Final Report began January 2017 with the notice that the Texas Department of Criminal Justice (TDCJ) through the American Correctional Association (ACA) had scheduled a PREA Audit with a tour date of February 8-10, 2017, of the Glossbrenner Unit in the city of San Diego, Texas and county of Duval Texas. PREA Certified Auditor Marilyn (Lynn) McAuley (lead) was notified by ACA e-mail of her appointment and schedule.

The audit process started with a contact from the TDCJ Office of Administrative Review and Risk Management, Huntsville, Texas. The Manager for the TDCJ, Review and Standards, mailed a USB thumb drive to the auditor. The thumb drive contained three essential parts: part one - master folder; part two - supporting documents; part three - Glossbrenner Pre Audit Questionnaire (PAQ). Part one, the Master Folder includes a separate file for each of the PREA standards containing all relevant policies and procedures that go with the standard. All documents are named according to the corresponding Pre-Audit Questionnaire number and the document name. This part also includes: Agency Head designee interview; PREA Coordinator interview; Agency Contract Administrator interview; and a complete copy of the TDCJ Safe Prison PREA Plan for easy reference to the PREA standards. Part two - supporting documents includes: list of sexual abuse allegations - report to EAC; medical staff PREA training; investigation documentations; investigation checklist; list of alleged sexual abuse; staffing plan review - minutes; staffing plan; staffing rosters; youthful offenders SOF; cross gender search log - SOF; Spanish interpreters list; list of unit new hires with background check; offender victim representatives; volunteer training acknowledgement; offender PREA video training; disclosed sexual victimization list; alleged sexual abuse grievances; facility characteristics - layout; latest American Correctional Association (ACA) notice of accreditation report for February 3-5, 2014; list of transgender offenders; statement on no cameras; and unit population report on the 10th, 20th and 30th each month for the last 12 months. Part three is the Glossbrenner 25 page pre-audit questionnaire.

The 43 standards folders (one for each standard) found in the Master Folder contained substantiated compliance documentation for each of the standards addressing: interviews, screening appraisals of the incoming offenders, and treatment of offenders with intersex conditions, gender identity disorder, gender dysphoria, and staff personnel discipline forms. The ACA Standards Compliance Reaccreditation Report provided valuable information on facility description, condition of confinement, medical, mental health and programs that could be confirmed with observation, review of documentation and interviews. The plant layout provided valuable information prior to the actual facility visit and gave the auditor information necessary to complete pre-audit work. The Pre-audit Questionnaire which was a stand-alone folder provided required data necessary for the auditor to make a decision on compliance of the standards, and information for the auditor to use in completing the PREA Compliance Audit Instrument. The PAQ provided comprehensive, specific material that could be verified by the auditor on site with review of documentation including files, interviews with staff and offenders and observations during the tour of the facility.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire, sent by TDJ; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. These instruments were used for guidance during the tour, interviews with random and specialized staff and random and specific classes of offenders and recommendations for review of documentations.

Following the protocols of making contacts, and checking on the posting of notices (posting was initiated through the American Correctional Association and the facility, Glossbrenner Unit) the auditor, on her own, began review of the Pre-Audit Questionnaire and the material sent prior to the audit visit. Each item on the thumb drive was reviewed. Of particular interest to the auditors was the detailed information in the Pre-Audit Questionnaire completed by the Manager for the TDCJ, Review and Standards, in January 2017. Also, in this preliminary review, special interest was taken in the compliance documentation provided for each standard. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and other Documents in advance to identify additional information that might be required and could be collected prior and during the audit visit.

On the first day of the audit, the Auditor proceeded to the Administration Building where a brief meeting was held with: the auditor; Senior Warden; PREA Regional Manager; Unit Safe Prisons PREA Compliance Manager (hereafter referred to as PREA Compliance Manager); and facility Executive Staff. During the brief meeting the PREA Auditor was given hard copy of significant information requested in advance of the site visit. Included in this information was the offender count list for Wednesday, February 8, 2017 for random selection of offenders to be interviewed during the audit. Also provided were; list of employees, population reports, Glossbrenner Unit information packet with facility data important to the audit, interoffice memorandums and various reports confirming Glossbrenner Unit staffing, facility diagram, agency and facility missions and organizational charts. The weekly audit schedule for the Glossbrenner Unit included PREA and ACA Reaccreditation audits at the facility.

The auditor sent a daily audit activity schedule to the Warden for the 3 days of the audit prior to arriving at the facility. This schedule was

discussed during the initial briefing and revised based on the needs of individuals involved in the audit process. The first audit briefing discussed tour protocols and points of interest for the following two days and was prior to beginning the facility tour. The interview process started with the Warden and facility PREA Compliance Manager Interviews. At this time, a review of the offender population, offender count on the first day of the audit was 594 offenders. The random offenders to interview at Glossbrenner Unit were selected from each housing unit for interview by the auditor. Random selection of offenders resulted in 27 offenders (4.5% of 594 Glossbrenner offenders) interviewed. Offenders selected to be interviewed including: one limited English proficient offender with an interpreter; two offenders who had reported sexual abuse; and two transgender offenders. Interviews with security, non-security and specialized staff included male and female staff with years of service ranging from less than 1 year to over 25 years. Staff that may have contact with offenders at the Glossbrenner Unit was 138 with 31 (22.5%) staff interviewed.

Security staff were interviewed from both day and evening/night shifts and included: Major; Captain; Lieutenants; Sergeants; Correctional Officers; reception officer; intermediate/higher-level staff (unannounced rounds); and staff who perform offender screening. Non-security staff included: transitional staff; program staff; administrative staff; medical staff; mental health staff; human resource manager; SAFE/SANE staff; volunteer; contractor; investigative staff; incident review team member; retaliation monitor; and first responder.

Sampling techniques for interviews with staff, offenders, and files included random selection of staff and offenders from: list of all offenders by housing unit; list of all employees broken down by security and non-security staff; list of employees hired during the last 12 months; list of volunteers and contractors; investigators assigned to facility; specialty staff; available SANE/SAFE staff; intake staff; medical and mental health staff; and list of offenders who: are disabled/limited English proficient; transgender/intersex/gay/bisexual; who reported a sexual abuse; and who disclosed sexual victimization during risk screening. Files selected for review were based on requirements of the standards. The facility provided the auditors offices to hold staff and offender interviews. Facility staff provided excellent service making sure the individuals selected were available for the auditors to interview them. The auditors used the PREA Audit Instrument for: random sample of offenders; special class of offenders; random sample of staff (security and non-security); specialized staff; Warden; and PREA Compliance Manager. While the recommended questions were asked for staff and offenders the auditors also added questions that would help in deciding compliance of the various standards.

The Glossbrenner Unit is a well-managed operation with obvious complete cooperation between management, security, medical, mental health and other staff in developing, implementing and monitoring on a daily basis the requirements of the 43 PREA standards. Review of documentation, observations during the tour, interviews with staff and offenders and comparing the information with the total requirements of the PREA audit was enhanced by the extreme cooperation of all staff at the Glossbrenner Unit in providing additional information as requested. Staff is completely knowledgeable of the PREA standards and enforces the standards to ensure the safety of offenders and staff at the facility. In conclusion the auditors based the decision of compliance for the standards on: data gathering; review of documentation; observations during tour of facility; sampling techniques for interviews with staff, offenders, and files; interviews; and comparing policies and practice to the requirements of the standards addressing all parts of each of the 43 standards. Observations during the tour, informal interviews with staff and offenders, and review of documents confirm that the Glossbrenner Unit staff considers PREA a number one priority and have developed, implemented and are monitoring all of the 43 standard to ensure compliance with the standards requirements.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Ernestine Glossbrenner Substance Abuse Felony Punishment Facility is owned and operated by the Texas Department of Criminal Justice. The Texas Department of Criminal Justice's mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime. The Glossbrenner Unit is located at on 5 acres of land four miles south of the city of San Diego, Texas. The physical address is 5100 South FM 1329, San Diego, Texas, 78384. The facility began receiving offenders in January 18, 1995 and is designed to house 612 offenders in dormitory style housing (with an additional three cells for treatment separation). The unit is designated a Substance Abuse Felony Punishment Facility for minimum custody all-male offenders. With a combined staff of approximately 140 employees the unit fills both security and non-security roles of a two-fold mission; Security and Treatment. Staff employed in the last 12 months that has contact with offenders at the Glossbrenner Unit is 13. Background record checks were completed on the new staff.

As a Modified Therapeutic Community, the Glossbrenner Unit's treatment goal is to create a positive peer culture and facilitate overall lifestyle changes. This is accomplished by TDCJ contract with Gateway Corrections Foundation since 1995 providing treatment and TDCJ contract with the Windham School District offering education concerning the offender's primary problem of substance abuse, while also addressing additional issues unique to an offender's life experience. Gateway Corrections Division's mission is; to provide contract correctional services that meet the needs of incarcerated persons in a manner that equips and prepares them to successfully re-enter society with an increased opportunity for healthy, pro-social living, and a decreased likelihood of recidivism. Gateway is the State's exclusive substance abuse treatment vendor in correctional facilities.

The Glossbrenner Unit is an all-male facility with a rated capacity of 612 beds with actual population on the date of the audit of 594 offenders. During the last twelve month 1,299 offenders were admitted to the Glossbrenner Unit and received training on 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 upon arrival at the facility. Additionally, these offenders were assessed during intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders within 24 hours of their arrival to the facility. The average length of stay or time under supervision for offenders is 92 days. This is an adult facility with the age range of population 18-69 years. The facility has three main buildings laid out in a "U", with a court yard inside the "U" crisscrossed with sidewalks, basketball courts and grass planted in the areas not covered by sidewalks or the courts. The "A" building houses Records and Intake and administrative offices, (Warden, Major, Human Resources, Business, Mail, Visiting and Central Control). The "B" building is a multi-purpose building housing the kitchen, school, chapel, library, laundry, staff dining room, medical, confinement and commissary. The "C" building is all offender housing consisting of three housing units, each containing three dorms. There are no video cameras at the Glossbrenner Unit. There has been no expansion, renovations or changes at Glossbrenner Unit since August 20, 2012.

The Glossbrenner Unit tour began on the first day of the audit and included the auditor, Warden, PREA Regional Manager, PREA Compliance Manager and Security Staff. The Warden and staff provided the auditor with access to all areas of the Glossbrenner Unit so she was able to observe according to the PREA Compliance Audit Tool – Instructions for PREA Audit Tour in order to verify compliance with the standards. The Glossbrenner Unit has 10 buildings on 5 acres. The tour of the facility included observation in all of the buildings including the 9 open bay/dorm housing units. Interviews with specialized staff, random sample of staff and offenders were conducted on all three days of the audit. During the three days of the site visit the auditor and PREA Compliance Manager reviewed the 43 PREA Standard files using the Pre-Audit Questionnaire and PREA Audit Tool to assess final compliant review.

During the audit, documentation reviewed confirmed 100% of staff in the Glossbrenner Unit had received the original PREA training prior to the last 12 months and 100% of staff was retrained during the last 12 months. Staff is very proud of their jobs, knowledgeable about their duties especially to the PREA Standards and confirms they have received and understand the required original PREA training and new PREA updated training. Review of files confirms that staff has signed forms confirming they have received and understood the original and new PREA training as required by the standards. The auditor attended the "turn-out" when the shift changes and observed important training including PREA given to security during the 30 minutes prior to the staff reporting to their posts. This method of updating security staff regarding PREA and other important areas of corrections is impressive.

The Agency has zero tolerance for sexual abuse and sexual harassment. Sexual abuse and sexual harassment violate Department rules and threaten security. All reports of sexual abuse, sexual harassment, and retaliation against an offender or staff member for reporting or taking part in an investigation of possible sexual abuse or harassment is thoroughly investigated and if there is evidence that a crime was committed, it will be prosecuted to the fullest extent permitted by law. Today, TDCJ is proud to be a leader in the national efforts to improve correctional practices under the Prison Rape Elimination Act of 2003 (PREA). The Glossbrenner Unit is a well-managed prison housing minimum classification of offenders. Administration has designed, developed, implemented and now are monitoring a comprehensive PREA practice to prevent, detect and respond to sexual abuse and sexual harassment that meets or exceeds all of the required PREA standards.

SUMMARY OF AUDIT FINDINGS

Comparing policies and practice with data received and reviewed, observations, and interviews to the standard requirements began with the pre-audit activity, continued during the site visit and was completed during the post audit summary report stage. There were 6 standards that substantially exceed requirement of the standard: 115.11 Zero tolerance of sexual abuse and sexual harassment: PREA Coordinator; 115.31 Employee training; 115.33 Inmate education; 115.34 Specialized training: Investigations; 115.41 Screening for risk of victimization and abusiveness; and 115.64 Staff first responder duties. Standards that are non-applicable include: 115.14 Youthful inmates and 115.66 Preservation of ability to protect inmates from contact with abusers. The other 33 standards are compliant.

An explanation of the findings related to each standard showing policies, practice, observations and interviews are provided in this report under each standard. The Texas Department of Criminal Justice is a leader in national efforts to improve correctional practices under the Prison Rape Elimination Act of 2003 (PREA). Evidence supports PREA is a priority for the Department and there is exceptionally strong leadership at the Glossbrenner Unit enforcing the Department's PREA policies that were developed using best practices in corrections.

Number of standards exceeded: 6

Number of standards met: 35

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 auditor reviewed: ED-03.03 P:1; PREA Plan P: ii, 2, 7-10, 12-14, 30-31; Agency Organizational Chart; and confirm policies are in place and enforced to ensure the agency has written policies mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in prohibited behaviors. Also, the PREA Plan includes the agency strategies and response to reduce and prevent sexual abuse and sexual harassment of offenders. Interviews with the PREA Coordinator, Regional PREA Managers and facility PREA Compliance Manager confirm they have been trained on PREA compliance and know PREA means Safe and Secure Prisons. The agency has a zero tolerance toward all forms of sexual abuse and sexual harassment. During the tour of the facility the auditor observed posters in English and Spanish regarding TDCJ zero tolerance toward all forms of sexual abuse and sexual harassment strategically placed throughout the facility.

The TDCJ Executive Director appointment of the Director, Correctional Institutions Division (CID) as the state-wide PREA Coordinator (TDCJ organizational Chart) confirms the Executive Director has designated an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA. Interview with the PREA Coordinator, observation during the audit and review of TDCJ Organizational Chart confirms her status.

The Ernestine Glossbrenner Unit is one of many facilities under the direction of TDCJ. The agency has six (6) regionally based Safe Prison/PREA managers who are dual supervised by the TDCJ Safe Prisons/PREA Coordinator and the regional director. There is also ninety-nine (99) Safe Prisons/PREA Managers designated as PREA Compliance Managers within the agency operated facilities; five (5) handle co-facilitated facilities. Interview with the PREA Coordinator and review of the PREA Coordinator duties confirms the agency operates more than one facility, and has required each facility to designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. There is an open channel of communication between the PREA Coordinator as she communicates directly with the warden or staff on the facility,

The agency's commitment to PREA is shown in the organizational structure developed. There is a PREA Coordinator responsible for the agency-wide PREA with Regional PREA Compliance Managers responsible for PREA in a number of facilities. The facility Warden designates a PREA Compliance Manager specifically for the unit. Interviews with the PREA Coordinator, the Regional PREA Compliance Manager confirm that the PREA Compliance Manager has been designated at Glossbrenner Unit and she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. The Glossbrenner PREA Compliance Manager is an Officer with direct access to the Warden. The PREA Coordinator interacts with the Regional PREA Managers through monthly meetings, memos, and policy reviews.

Review of documentation, observation of zero tolerance posters during tours of facility and interviews with staff and offenders, as described, confirms TDCJ is compliant with Standard 115.11. The agency's zero tolerance for sexual abuse and sexual harassment is a top priority. The Glossbrenner Unit staff is committed to operating in compliance with PREA with investigative trained staff on the unit and continues to report all allegations of any form of sexual misconduct to the Office of Inspector General (OIG) a separate division of TDCJ for review, investigation and follow up. The facility has invested the necessary resources and time to educate the inmate population about their rights under PREA and to train security and civilian staff, contract staff, and volunteers concerning their obligation to identify and report knowledge or suspicion of inappropriate activity related to PREA. The agency's strong support for developing, implementing and monitoring the PREA Standards is evident with the policies developed and enforced. The agency's priority commitment to PREA is evident with three levels of staff beginning with the agency-wide PREA Coordinator, Regional PREA Compliance Managers with multiple facilities and facility PREA Compliance Manager. In conclusion, the auditor finds the facility substantially exceeded the requirement for Standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.

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)

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.

Review of: Solicitation; Offer and Awards; and Modifications of Contract (MOC); for TDCJ contracts confirms that contracts for the confinement of its offenders with private agencies or other entities, including other government agencies, include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.

Review of TDCJ Modification of Contract – Description of Modification C 4.25 PREA – Contract will comply with PREA Standards and TDCJ Department designated Contract Monitor will monitor each contract for compliance with all PREA Standards confirm any new contract or contract renewal provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Interview with the Agency Contract Administrator confirms that the TDCJ has a contract monitor on site for each of the 15 contract facilities who oversee all the operational practices, the contract practice and the day to day operations of the particular facility. One of their primary responsibilities in monitoring is to make sure that the facility is PREA compliant. The contract monitor completes a compliance review checklist of documentation. All 15 contract facilities have undergone their initial PREA audits.

Based on review of documentation and interview with the Agency Contract Administrator the Agency is compliant with Standard 115.12.

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)

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.

Review of: AD-11.52 P: 2-3; SOPM-07.02 P: 1; SOPM-08.01P: 1-2; SOPM-08.06 P: 1; Idled Position or Position Deviation Form Attachment A P: 5; confirm Glossbrenner Unit management has developed, documented, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Glossbrenner Unit has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or offenders may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors. Interviews with the Warden, PREA Coordinator and PREA Compliance Manager found the Glossbrenner Unit has staffing plans providing adequate staffing levels to protect offenders against sexual abuse even when they do not have video surveillance to monitor inmate movement throughout the complex. The staffing plan is: reviewed annually; documented and available. According to the PREA Compliance Manager the staffing positions are allocated from the staffing plan established by TDCJ. The Staffing Plan is: within generally accepted guidelines and practices; considers all 11 areas in this paragraph; determined by the facility

physical layout and its daily operational needs and is reviewed annually. The facility provided an example of the Glossbrenner Unit Facility Post Closure Report showing circumstances: when the staffing plan was not complied with; the facility documents and justifies all deviations from the plan as reviewed; and reasons staffing plan not met. Deviations from the Staffing Plan are documented in reports and include: hospital duty; constant and direct observation, off unit transports and hospital security.

The auditor reviewed: AD-11.52 P:2 and Attachment-A Position Deviation Form; SOPM-08.06 P: 1; and the Facility Annual Staffing Audit Review RE: Consultation with PREA Coordinator confirming the agency, whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by 115.11, the agency assess, determine, and document whether adjustments are needed to: 1) The staffing plan established pursuant to the first paragraph of this section; 2) The facility's deployment of video monitoring systems and other monitoring technologies; and 3) The resources the facility has available to commit to ensure adherence to the staffing plan. The current average daily staffing level is based on 612 offenders in Glossbrenner Unit with the actual average daily number of offenders since August 20, 2012 being 578 offenders. This staffing level is within generally accepted guidelines and practices. Interview with the PREA Coordinator confirmed she is consulted regarding assessments of and adjustments to the staffing plan for Glossbrenner Unit on an annual basis.

Review of TDCJ: PO-07.002 P: 2; PO-07.003 P: 1; PO-07.005 P: 3; and Prison Plan P: 9; confirm Glossbrenner Unit has implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice has been implemented for night shifts as well as day shifts. The facility has a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The auditor reviewed data in log book entries showing executive team and security supervisor announced/unannounced rounds on day and evening/night shifts; examples of weekly administrative activity report; day and evening shifts, and examples of security supervisor report. Interviews with the PREA Coordinator, Warden, intermediate-level and higher-level supervisors confirm unannounced rounds are being done on both shifts on a regular basis. Observation while visiting the housing units and reviewing the log books confirm unannounced rounds are being done per Standard 115.13.

Review of documentation showing development, review and recommendations for improvement of the staffing plan; observation and review of logs during tour of the facility; interviews with staff during tours; and interviews with random selection of staff and offenders; the Glossbrenner Unit is found compliant with Standard 115.13 Supervision and Monitoring.

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)

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.

A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. Glossbrenner Unit does not house any youthful offenders. Therefore, this part of the standard is non-applicable.

In areas outside of housing units, agencies shall either; 1) maintain sight and sound separation between youthful offenders and adult offenders, or 2) provide direct staff supervision when youthful offenders and adult offenders have sight, sound, or physical contact. Glossbrenner Unit does not have any youthful offenders so this part of the Standard is non-applicable.

Agencies shall make its best efforts to avoid placing youthful offenders in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful offenders daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful offenders shall also have access to other programs and work opportunities to the extent possible. Glossbrenner Unit does not have any youthful offenders so this Standard is non-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.

Review of AD-03.22 P: 2-3 and Post Orders P: 1 confirms the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Interview with random selection of staff and offenders found the facility does not allow cross-gender viewing and searches except in exigent circumstances or when performed by medical practitioners per agency policy. There were zero cross-gender searches or cross-gender visual body cavity searches at the Glossbrenner Unit during the last twelve months. During the tour of housing units the auditor interviewed security staff who confirmed they do not conduct cross-gender strip searches or cross-gender visual body cavity searches.

As of August 20, 2015 for a facility whose rated capacity with 50 or more offenders or August 20, 2017 for a facility whose rated capacity does not exceed 50 offenders, the facility shall not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Facilities shall not restrict female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. This is an all-male prison so this part of the standard is non-applicable.

Review of AD-03.22 P: 2-3 confirms that policies are in place to ensure the facility documents all cross-gender strip searches and cross-gender visual body cavity searches and documents all cross-gender pat-down searches of female inmates. Interviews with the Warden and PREA Compliance Manager confirm while policies are in place there were zero such searches during the last twelve month. This Unit is an all-male facility so the reference to cross-gender pat-down searches of female inmates is non-applicable.

Review of PREA Plan P: 9 and PO-07.105 P: 2 confirm the facility has implemented policies and procedures that enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. Interviews with random selection of staff and random selection of offenders from each housing unit and observation during tour of housing area confirm that offenders are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the Standard. Interviews with staff and offenders confirm staff of the opposite gender announces their presence when entering an inmate housing unit. Observation during the tour of the housing units confirms staff of the opposite gender announces their presence when entering an inmate housing unit.

Review of AD-03.22 P: 1-2 and PREA Plan P: 16; confirm policies are in place to ensure the facility not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with a random selection of staff including: Major; Captain; Lieutenants; Sergeants; and Correctional Officers confirm they have been trained not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The facility did not have such a search occurring in the past 12 months.

Review of CID-CTSD Curricula P: 11-13 confirm policies are in place to ensure training security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Interview with staff confirm they have been trained how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner. Review of documentation was provided showing that Glossbrenner 104 security staff (100%) has signed a document showing they have received and understands the cross-gender pat-down searches and searches of transgender and intersex offenders. Interviews with random selection of staff confirmed they have received this training in training academy, with initial PREA training and receive in-service PREA training annually.

In conclusion, based on documentation provided and reviewed; observations of showers, toilet areas and dressing areas and interviews with staff and offenders including transgender offenders the Glossbrenner Unit is compliant with Standard 115.15 Limits to Cross-Gender

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.

Review of: AD-04.25 P: 2-4, 8-9; AD-06.05 P:1-2; CMHCG-51.1 P: 1-2; CMHCG-61.5 P: 1-2; Intake Procedure 1.10; PREA Plan P: 32; confirm the agency has policies in place and enforced to ensure the agency takes appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency ensures that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

Interviews with the CID Director and offenders with disabilities and who are limited English proficient confirm: information is delivered in different formats, written, video, English, Spanish, etc.; policies are in place to provide assistance to any offender identified as having a Special Needs in accordance with Correctional Managed Health Care policy, i.e. American Sign Language Interpreter Services; language assistance is provided to monolingual Spanish offenders; and alert systems are on facilities that house blind and deaf offenders use a system of lights and bells to alert gender supervision changes in the housing area. Interviews with a limited English speaking inmate confirmed the facility provides information about sexual abuse and sexual harassment that he is able to understand and he is aware additional assistance is available to him.

Review of: CMHCG-51.1 P: 1-2; CMHCG-51.5 P: 1-2; SM-05.50 P: 4; Interpreter Service E-37.5 P:1; and PREA Plan P: 32 confirm the agency has taken reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interviews with offenders that were limited English proficient confirm the agency has procured interpretation services for individuals with limited English proficiency that is available over-the-phone interpretation services and in-person (consecutive) interpretation services. There was no request for interpretation services at the Glossbrenner Unit during the last 12 months.

Review of: AD-04.25 P: 2-4; 8-9; Intake Procedure 6.05 P: 1; and SM-05.50 P: 4 confirm the agency does not rely, per policy, on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or the investigation of the inmate's allegations. Interviews with staff confirm that inmate interpreters for sexual abuse and sexual harassment are not allowed and facility approved interpreters are available for offenders if necessary. In the past 12 months there were no instances where inmate interpreters, readers, or other types of inmate assistants were used.

In conclusion, based on review of policies and procedures; observation of posters placed strategically in the facility and interviews with random sample of staff and offenders the Glossbrenner Unit has taken more than appropriate steps to ensure that offenders with disabilities and limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment and is compliant with Standard 115.16 Offenders with Disabilities and Offenders who are limited English Proficient.

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.

Review of: ED.PD-71 P: 2, 28-29; ED.PD-73 P: 1, 3-4; ED.PD-75 P: 1-4, 9-10; PREA Plan P: 38-40; TDCJ Employment Application and Supplement for Agency Application; and TDCJ's hiring policies; confirm policies are in place and enforced to ensure the agency not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2) 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; or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in the first paragraph (2) of this section. The interview with the Human Recourse Manager found prior to appointment the facility performs criminal record background checks and considered pertinent civil or administrative adjudication for every candidate selected for an employment, contractor or potential promotional appointment is conducted as described in the this paragraph. Prior incidents of sexual harassment are considered when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. TDCJ's hiring policies and interviews with staff confirm the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.

Review of ED. PD-75 P: 1-4 and interview with Human Resource Manager confirm before hiring new employees and contractors who may have contact with offenders, the agency: 1) Performs a criminal background records check; and 2) Consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months 13 people who have contact with offenders were hired and one contractor had criminal background record checks.

Review of ED.PD-27 P: 1-3 and ED.PD-75 P: 4, 10 and interview with the Human Resource Manager confirm policies are in place to ensure the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees. Review of policies and interviews with staff confirm all agency employees are subject to an annual criminal offense check during the employee's birth month, and six months after, to ensure there are no outstanding warrants of arrest. (Reference, PD-27, Employment Status Pending Resolution or Criminal Charges or Protective Orders, page 5, section B.). Interview with the Human Resource Manager and staff and review of policies, procedures, forms, employee files confirm applicants and employees complete a Personal History and Interview Record Form answering personnel history questions about sexual abuse and sexual harassment and policies are in place to ensure material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Review of policies and procedure, PREA Plan P: 40, and interview with the Human Resource Manager confirms unless prohibited by law, the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

In conclusion, based on review of the documentation provided; observation when visiting the Human Resource area and reviewing employee files; and interviews with Human Resource staff found all elements of this standard in place. The auditor reviewed the list of new employees hired in the last year and reviewed a random selection of files and confirm compliance with the Standard 115.17 Hiring and Promotion Decisions.

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)

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.

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse. The Glossbrenner Unit has not made a substantial expansion to existing facilities since August 20, 2012. However, Agency's SOPM 07.02 P: 1-2 is in place to cover the requirements of this standard.

Review of SOPM-01.14 P: 1 and SOPM-07.02 P: 1-2 confirm policies are in place to ensure when installing or updating a video monitoring system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse. Glossbrenner Unit does not have any cameras in the facility.

The Glossbrenner Unit has not designed, acquired or are planning any substantial expansion or modification of Glossbrenner Unit and has not installed or updated a video monitoring system since August 20, 2012. However, policies and procedures are in place and interviews with staff confirm the policies would be followed. Standard 115.18 Upgrades to Facilities and Technology is compliant at the Glossbrenner Unit.

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)

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.

Review of: AD-16.03 P: 1-3; CMHCG-04.05 P: 1-6; CMHCG-57.01 P: 1-2, OIG-04.05 P: 1-6; SPPOM-05.01 P: 1, 2, 4; PREA Plan P: 25-26; confirm policies are in place and enforced to enable TDCJ the responsibility for investigating allegations of sexual abuse and the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Interviews with medical/mental health staff and investigators and review of specific evidence collection and preservation documentation found TDCJ does not conduct on-site forensic medical examinations. When evidentiary or medical appropriate, a victim of sexual abuse is transported to an outside hospital and is provided treatment and services as required by the laws, regulations, standards and policies established by and administered includes but is not limited to, minimum standards and the uniform evidence protocol adopted by the medical facility. The evidence protocol includes sufficient technical detail to aid responders in obtaining useable physical evidence.

Review of policies and procedures and interviews with medical and investigative staff confirm policies are in place to ensure the protocol is developmentally appropriate for youth where applicable, and, as appropriate, is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violent Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The Glossbrenner Unit is a male adult facility for offenders 18 years and older. Therefore, the part of the standard for youth is non-applicable.

Review of: CMHCG-05.01 P: 1-4; CMHCG-57.9 P: 1-2; OIG-04.05 P: 3; PREA Plan P: 13; policies and procedures and interviews with medical staff and the SANE/SAFE Coordinator for the local Hospital confirm there are policies are in place and enforced to ensure the agency offers all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or PREA Audit Report

Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioner. The agency documents its efforts to provide SAFEs or SANEs. Interviews with the PREA Compliance Managers found they have contract hospitals in the area to provide SANE/SAFE forensic medical examinations with the service available 24/7. Should a SANE/SAFE not be available the inmate would be seen by medical staff in the emergency room. Interview with facility medical staff confirm the service is available without financial cost to the inmate. There were no forensic medical exams on an inmate from Glossbrenner Unit conducted during the past 12 months.

Review of Solicitation Letter confirm TDCJ has policies in place and enforced to ensure the agency attempts to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agency documents efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(c), to victims of sexual assault of all ages. The agency may utilizes a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. Interview with the PREA Compliance Manager confirms a victim advocate from a rape crisis center would be made available to the victim. Review of: SPPOM-02.02 P: 1-2; PREA Plan P: 26; Sexual Annual Victim Representation List of Rape Advocacy Centers; and interviews with Glossbrenner PREA Compliance Manager, facility medical staff and SANE/SAFE Coordinator from the local hospital confirm a rape crisis center staff is made available to provide victim advocate services. The Unit also uses a TDCJ Offender Victim Representative in making a victim advocate available to the victim.

Review of: CID-OVR Training; PREA Plan P: 12; Solicitation Letter; SPPOM-02.02 P:1-2; and interview with the Offender Victim Representation confirm that policies are in place and enforced to ensure as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. Interviews with medical staff, PREA Compliance Manager and SANE/SAFE Coordinator from the local hospital confirm that policies are in place to ensure victim advocate services are available.

In conclusion, based on documentation reviewed and interviews with medical, mental health staff and hospital staff TDCJ is responsible for administrative and criminal investigations, forensic medical examinations are conducted in a hospital and are available to victims at no cost with victim advocate services available to inmate victims of sexual abuse. The Glossbrenner Unit is compliant with Standard 115.21 Evidence Protocol and Forensic Medical Examinations.

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.

Review of: AD-02.15P: 1, 3-5 and Attachment B; AD-16.20 P: 1, 3-4; OIG-04.05 P: 1; PREA Plan P: 26; SPPOM-05.01 P: 1; SPPOM-05.05 P: 1; confirm policies are in place and enforced to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Interview with the CID Director found there are multiple policies that cover both administrative and criminal investigations for sexual abuse or sexual harassment. All administrative investigations are reported to, and then conducted by TDCJ. The Office of the Inspector General (OIG) which is a separate division of TDCJ is responsible for criminal investigations. The OIG also assists in conducting staff-on-offender sexual abuse administrative investigations as well. During the last 12 month there were 2 allegations of sexual abuse at Glossbrenner with 2 unsubstantiated and all investigations completed. All allegations were handled according to Agency policies and procedures and PREA Standards.

Reviews of: AD-02.15 P: 1, 3-5 and Attachment B; AD-16.20 P: 3, 4, 6; ED.PD-29 P: 1, 4, 5; BP-01.07 P: 1, 2, 4; OIG-04.05 P: 1, 3, 5; SPPOM-05.01 P: 2; and interviews with investigative staff confirm policies are in place and enforced to ensure allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the PREA Audit Report

allegation does not involve potentially criminal behavior. The agency publishes such policy on its website. The agency documents all such referrals. Review of the TDCJ's website found: the PREA Policy; History of Combating Sexual Abuse; Report Sexual Abuse; all having valuable additional information available by clicking on the area desired. The interviews with the PREA Coordinator and investigative staff found administrative investigations are conducted by staff trained in PREA investigations. The reports are given to a supervisor who completes the documentation requirements contained within the Safe Prisons/PREA Manual and EAC requirements. Notifications are made to the appropriate officials, such as the facility warden, the OIG, medical and mental health staff, and the unit PREA compliance manager. Depending on the nature of the incident, forensic medical exams are conducted, victim representatives are offered, statements gathered, interviews conducted, review of available monitoring equipment, and other elements to satisfy a sound correctional investigation into the allegations are completed. Summaries of investigations are reviewed through established incident review processes. All policies governing such investigations and conducted are complied with.

Review of policies and procedures confirm that TDCJ is responsible for conducting administrative and OIG is responsible for criminal investigations of sexual abuse or sexual harassment in prisons or jails and has in place a policy governing the conduct of such investigations. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The TDCJ is responsible for conducting criminal investigations. This part of the standard is non-applicable. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in Texas Department of Criminal Justice facilities. Therefore, this part of the standard is non-applicable.

In conclusion, based on the interview with the CID Director and investigators for the Glossbrenner Unit they confirmed the policies are in place to ensure all allegations of sexual abuse, sexual threats and retaliation concerning an incident of sexual abuse or sexual harassment is thoroughly investigated. Other interviews with random staff and specialty staff confirm that all allegations of sexual abuse, sexual harassment and retaliation are immediately documented and investigated. Review of documents including files, observations during tour, and interviews with staff and offenders, the facility is compliant with Standard 115.22 Policies to Ensure Referrals of Allegations for Investigations.

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.

Review of: AD-12.20 P: 1, 8; PREA Curriculum CID Pre-Service Training and In-Service Training; P: 1-22; PREA Plan P: 37-38; SPPOM-06.01 P: 1-2; confirm TDCJ has policies in place and enforced to ensure training all employees who may have contact with offenders on: 1) Its zero-tolerance policy for sexual abuse and sexual harassment P:3; 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures P:3,4; 3) Offenders 'rights to be free from sexual abuse and sexual harassment P:4; 4) The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment P:7; 5) The dynamics of sexual abuse and sexual harassment in confinement P:4; 6) The common reactions of sexual abuse and sexual harassment victims P:7-8; 7) How to detect and respond to signs of threatened and actual sexual abuse P:7; 8) How to avoid inappropriate relationships with offenders P:5; 9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders P:9; and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities P:7. Interviews with random sample of staff, specialty staff and executive staff, and review of employee signed training rosters confirm that the PREA training has been given to: each new employee; all current staff within one year of the effective date of PREA and PREA training is included in the annual in-service training. The training records show that all employees signed they have received and understood their responsibilities under PREA. Security staff arrives at the facility one half hour prior to their shift start at which time they receive instructions and valuable training including PREA updates and refresher information on the standards.

Review of the PREA Plan P: 32-33 and TDCJ Gender Specific Training Plan and interviews with staff confirm policies are in place and PREA Audit Report

enforced to ensure that TDCJ training is tailored to the gender of the offenders at the employee's facility. Employees receive additional training if the employee is reassigned from a facility that houses only female offenders, or vice versa. Familiarization training policy review confirm all Department employee who have been newly transferred from one facility to another receive familiarization on compliance with PREA and the Department's Sexual Abuse Prevention and Response Procedures. Such familiarization training is tailored to the gender of the inmate at the facility. The Glossbrenner Unit is an all-male facility and by facility policy staff is trained tailored to male offenders. Staff interviews confirm they have received training tailored to male offenders.

Interviews with PREA Compliance Manager and staff confirm all current 125 employees (100%) were trained within one year of the effective date of the PREA standards, and the agency provided each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. Interviews with the PREA Compliance Managers, random staff, specialty staff and executive staff, and review of employee signed training rosters confirm that the PREA training has been given to: each new employee; all current staff within one year of the effective date of PREA Standards and PREA training is included in the annual in-service training.

Review of ED-12.10 P: 1-8 and PD-97 P: 1,4-6, Attachment A and interviews with staff including review of signed documents by staff receiving training confirm policies are in place and enforced to ensure documents, through employee signature or electronic verification, that employees understand the training they have received. Interviews with staff and review of employee files confirm staff signatures for receipt of PREA training are on file.

In conclusion, based on the excellent PREA employee training curriculum developed including training tailored to the gender of the offenders at the employee's facility, and tracking program in place to confirm all employees who have contact with offenders have received and understand their responsibilities under PREA and interviews with specialty, contractors, security and non-security staff and observations and questions answered during tour the Glossbrenner Unit substantially exceeds the requirements of Standard 115.31 Employee Training.

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.

Review of: AD-02.46 P: 1; AD-07.35 P: 1-2; A Letter of Orientation for Special Volunteers; A Handbook for Volunteers; PD-29 P: 6; PREA Plan P: 34-35; Volunteer Training Facilitators Guide; Volunteer and Contractor Curriculum P: 21-24; confirm policies are in place and enforced to ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Interviews with the PREA Compliance Manager and volunteers and contractors who have contact with offenders confirm they have received PREA training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures and have documented the training they have received.

Review of PREA Plan P: 34-35 and Volunteer and Contractors Facilitators Guide Plan and interviews with the PREA Compliance Manager and volunteers and contractors confirm policies are in place to ensure the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Interviews with PREA Compliance Manager and volunteers and contractors who have contact with offenders found they have been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment as well as informed about how to report such incidents. Interview with the individual who supervises volunteers confirmed volunteers receive training based on the level of contact they have with offenders with all volunteers trained in the agency's zero tolerance policy.

Review of AD-07.35 P: 12 and Acknowledgement of training/orientation Appendix F confirms the facility maintains documentation confirming that volunteers and contractors understand the training they have received. Sample PREA Volunteer and Contractors Training PREA Audit Report

Forms signed by the volunteers and contractors were reviewed showing they had received and understood their responsibilities from the PREA training. There were 100 % of 24,514 State-wide Agency volunteers and 100% of 9 facility contractors who have contact with offenders who were trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Documentation reviewed; interviews with PREA Compliance Manager, volunteers and contractors; reviewing volunteer signed rosters; and observations during tour with response to questions; confirm the Glossbrenner Unit is compliant with Standard 115.32 Volunteer and Contractor Training.

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)

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.

Review of: Offender Orientation Handbook, March 2016; SPPOM-06.02 P: 1-2; PREA Plan P: 32; UCP-5.00 P: 1-2 and Unit Orientation; confirm policies are in place and enforced to ensure during the intake process offenders receive information 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. Interview with staff receiving the offenders confirm offenders are provided with information about the Department's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment immediately when they arrive at the facility during intake. Interviews with random sample of offenders confirm they receive the valuable PREA information verbally and in writing. The auditor observed arrival of new offenders to the facility and saw the PREA packets given to the offenders. There were 1,299 offenders at Glossbrenner Unit admitted during the past 12 months who were given PREA information at intake.

Review of policies identified in the first paragraph confirm policy is in place and enforced to ensure within 30 days of intake, the agency provides comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the interview with admitting staff the staff advised they meet every inmate privately on the day of their arrival to the facility and addresses their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This process was confirmed with interviews of random sample of offenders. Review of policies confirms policies are in place to ensure current offenders who received such education are educated within one week of their arrival at the facility regarding PREA standards, and receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility. According to interviews with the PREA Compliance Manager and staff all offenders in the facility have been educated in PREA and their offenders transferred in from another facility receive the PREA information upon arriving at the facility with formal PREA during orientation which is given within 7 day from arriving at the facility. Interviews with transfer-in offenders confirm they receive PREA information at intake and PREA education, within a week of arrival, at their orientation.

Review of: AD-04.25 P: 1; AD-06.25 P: 1; CMHCG-51.1 P: 2; List of staff who speak languages other than English or Spanish; Offender SAA Video, Letters, Script; SPPOM-02.03 P: 1; confirm the agency has policies in place that require they provide inmate education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to offenders who have limited reading skills. Copies of New and Updated PREA Materials and PREA: Inmate Orientation Film Implementation was reviewed and confirms PREA material is available in a variety of languages with interpretation services provided in accordance with the Department's Language Access Policy. In the event that an inmate has difficulty understanding the written material due to a disability or limited reading skills then appropriate staff provides assistance. The auditor reviewed the films and found them to be excellent content and of professional quality. The films are shown to all offenders during the reception, classification and facility inmate orientation process. Interview with the PREA Compliance Manager confirms the Reasonable Accommodations PREA Information ensures reasonable accommodations for offenders with Sensorial Disabilities provides equal access to all information provided to general population.

Review of PREA Plan P: 32 and SPPOM-06.02 P: 1-2, attachment Q and interviews with random sample of offenders confirmed they had PREA Audit Report

received PREA written information and participated in PREA educational sessions and documented in writing their receipt and understanding of the material the day they receive the training. The intake supervising staff also confirmed offenders sign a form when receiving material and training. Review of inmate signed documentation confirms the agency policy requires maintaining documentation of inmate participation in these education sessions. Review of PREA Plan P: 32, Prison Rape Brochures and Offender SAA Video Script confirm in addition to providing such education, the agency ensures that key information is continuously and readily available or visible to offenders through posters, inmate handbooks, or other written formats. Observations during the tour of the facility found PREA posters, telling offenders of their right to be free of sexual abuse and how to report incidents of sexual abuse, are strategically placed throughout the facility. Each inmate receives an Inmate Orientation Handbook and The Prevention of Sexual Abuse in Prison.

In conclusion, based on all offenders arriving at the facility receiving PREA information on day of arrival; offenders receiving complete PREA education training within 7 days of arrival at the facility; professional written PREA materials developed; PREA films available and offenders signing acknowledgement forms documenting training received the auditor finds the Glossbrenner Unit substantially exceeds requirement of Standard 115.33 Inmate Education.

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.

Review of: BP-01.07 P: 1-3; CID Specialized Investigation-Conducting a Thorough Investigation; OIG-02.15 P:1, 3-4; OIG-4.05 P: 1,3,5; OIG curriculum LP-2029/LP-3201;PD-97 P: 5-6,Attachment A; confirm policies are in place and enforced that ensure that in addition to the general training provided to all employees pursuant to 115.31, TDCJ ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Interview with investigative staff found they received training specific to conducting sexual abuse investigations in confinement settings beginning with a specialized investigations training and then on-the-job-training with a seasoned investigator. Additionally they have completed the course "Investigating Sexual Abuse in a Confinement Setting" a course on interview, interrogation, and evidence collection.

Review of: AD-16.03 P: 1-2; CID Specialized Investigations; CMHC-25.1 P: 1; and interviews with investigators confirm policies are in place and enforced to ensure specialized training includes 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. Interviews with investigative staff found the specialized training for investigators included: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and Criteria and evidence required to substantiate a case for administrative or prosecution referral. Review of training logs and interviews with investigators confirmed specialized investigators training received and documented.

Review of: OIG.OPM-02.15 P: 1; NIC PREA Training Test Results; PD-97 P: 5-6, Attachment A; confirm TDCJ has policies in place and maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Training reports are on record and reviewed by the auditor confirming the 9 regional investigators for the Glossbrenner Unit currently employed by TDCJ have completed the required specialized training for investigators.

Any State entity or Department of Justice component that investigates sexual abuse in confinement setting shall provide such training to its agents and investigators who conduct such investigations. There is no Department of Justice component and this part of the standard is non-applicable.

In conclusion, based on review of policies, procedures and training records, and interviews with investigators, investigators have received special training in conducting investigations in confinement settings, received specialized training and signed forms documenting they have received the training resulting in substantially exceeds compliance for Standard 115.34 Specialized Training: Investigations

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.

Review of: AD-16.03 P: 1; CMHCG-19.1 P: 1; CMHCG-25.1 P: 1; CMHCG-57.1 P: 1; and Medical and Mental Health Training Post-Test; confirm TDCJ ensures that all full-and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: 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; and 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff confirm that full-and-part medical and mental health care practitioners have received training as described in 1-3 in the this paragraph. Medical and mental health care practitioners who work regularly at the Glossbrenner Unit include 9 contractors with 100% receiving the required training.

Medical services are provided by the University of Texas Medical Branch (UTMB) under a contract with the Texas Department of Criminal Justice. If medical staff conducts forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The TDCJ policy does not train medical staff to conduct forensic medical exams as this policy directs medical staff to send inmate victims to an outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE). Interviews with medical staff confirm they do not perform forensic medical exams as the inmate is taken to a medical facility that has SAFE and SANE service 24/7.

Review of policies and interviews with medical staff confirm TDCJ policies are in place and enforced to ensure medical and mental health care practitioners receive the training mandated for employees in Standard 115.31 or for contractors and volunteers under Standard 115.32, depending upon the practitioner's status at the agency. The University of Texas Medical Branch (UTMB) staff/practitioners who regularly work at Glossbrenner Unit have received the specialized training. Interviews with medical and mental health contract staff confirm they receive PREA training mandated for employees under Standard 115.31. Review of training records indicate that all medical and mental health staff signs forms showing they received and understand the PREA training.

In conclusion, based on review of policies, procedures, training records; offender files; interviews with medical and mental health staff and observations during the tour of the medical and mental health area of the Glossbrenner Unit meets the requirements of and is compliant with Standard 115.35 Specialized Training: Medical and Mental Health Care.

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.

Review of: CMHC-E-35.1 P: 1; PREA Plan P: 16; SPPOM-03.01 P: 1; Attachment E; confirms the policies are in place and enforced that

ensures all offenders are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. Interviews with staff that performs screening for risk of victimization and abusiveness confirm that they screen offenders upon admission to the facility and transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other offenders per TDCJ policies. Interviews of random sample of offenders confirm they received the screening as described.

Review of SPPOM-03.01 P: Page 1, Attachment E and PREA Plan P: 16 confirm policies are in place and enforced ensuring intake screening ordinarily take place within 72 hours of arrival at the facility. In fact, policies require that the intake screening takes place within 24 hours of arrival at the facility. Interview with the staff who performs the screening at the facility confirm the screening is by TDCJ policy that the initial assessment must include a preliminary review by Security, Health Services and Classification staff within 24 hours of an offender's arrival at the facility. The sending facility senior correction counselor advises the receiving facility and each in-transit facility, via electronic mail to the shift supervisor, of any such history. Upon each transfer, any offender so identified will be screened by a security supervisor within 24 hours of arrival at the facility for any indication of current sexual vulnerability or sexually aggressive behavior. Information from the screening process, the initial assessment, quarterly reviews, and offender disciplinary history, will be reviewed and considered for purposes of classification, housing assignments and programming, etc. During the last 12 months 1,286 offenders at the Glossbrenner Unit entering the facility were screened for risk of sexual victimization or risk of sexually abusing other offenders within 24 hours of their entry into the facility.

Review of: IPM-CL-69 P: 3; Offender Intake Processing Psychological Screening; SPPOM-03.01 P: Attachment E; confirms that assessments are being conducted using an objective screening instrument. Interviews with the PREA Coordinator, PREA Compliance Manager and classification staff and review of the Intake Screening Form confirm the screening instrument meets the requirement of using an objective screening instrument.

Review of SPPOM-03.01 P: 4-5 and PREA Plan P: 16-17 confirms that the objective screening instrument used during intake screening considers, at a minimum, the following criteria to assess offenders for risk of sexual victimization: 1) Whether the offender has a mental, physical, or developmental disability; 2) The age of the offender; 3) The physical build of the offender; 4) Whether the offender has previously been incarcerated; 5) Whether the offender's criminal history is exclusively nonviolent; 6) Whether the offender has prior convictions for sex offenses against an adult or child; 7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8) Whether the offender has previously experienced sexual victimization; 9) The offender's own perception of vulnerability; and 10) Whether the offender is detained solely for civil immigration purposes. (d) All item prescribed by the PREA standard are included in the facility's risk screening instrument. Interview with the staff performing the screening process confirmed that the initial risk screening considers: consideration of any offender disabilities; offender age; physical build; previous incarceration; criminal history exclusively nonviolent; offender criminal history; perceived sexual orientation; previous sexual victimization; offender perception of vulnerability and whether detention is related to civil immigration.

Review of: CMHC-E-35.1 P: 2; Intake Procedures-5.06 P: 1; and PREA Plan P: 17; confirms policies and forms are in place to ensure the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. Interview with the staff performing the screening process confirmed that the initial risk screening includes assessments including: prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the agency, to assess the offender for risk of being sexually abusive. Review of the PREA Intake Screening Form and interview with staff responsible for risk screening confirm all of the screening areas identified by this standard and the staff performing the screening appears on this form.

Review of PREA Plan P: 7, 17 and forms and interview with screening staff confirms TDCJ policies are in place to ensure within a set time period, not to exceed 30 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. There were 1,299 offenders at Glossbrenner Unit that received additional 30 day screening. The additional screenings were per policy and standard requirements. Interview with the staff performing the screening process confirmed that the facility reassess the offender's risk of victimization or abusiveness within 30 days per TDCJ policy. Interviews with random sample of offenders confirm the reassessment process occurs as required.

Review of: Prison Plan P: 17; SPPOM-03.01 Assessment Screening Form; and interview with screening staff confirms policy is in place and enforced 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 random sample of offenders confirm offender's risk level is reassessed per TDCJ policy and this standard.

Review of SPPOM-03.01 P: 2 and Assessment Screening confirms policy is in place and enforced to ensure offenders are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the offender has a mental, physical, or developmental disability; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability.

Interview with the staff performing the screening process confirm that offenders are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. Interview with specialty staff and PREA Compliance Manager also confirm offenders are not disciplined for these four areas of this section.

Review of: CMHC-A-09.1 P: 1; CMHC-H-61.1 P: 1; PREA Plan P: 19; SPPOM-03.01 P: 2; confirm TDCJ has policies in place to ensure the department implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. According to interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for screening offenders confirm the agency outlines who should have access to an offender's risk assessment within the facility in order to protect sensitive information from exploitation and those including only those with a "need to know" allowed having access. Apart from reporting to designated supervisors or officials, staff does not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in Agency policy, to make treatment, investigation, and other security and management decisions.

The TDCJ policy requires the initial screening take place within 24 hours of offender arrival at the facility and the standard requires the intake screening take place within 72 hours of arrival at the facility. In conclusion, based on review of policies and forms; interviews with PREA Coordinator, PREA Compliance Manager and the staff responsible for screening; and observations when visiting the screening process for offenders the Glossbrenner Unit substantially exceeds the requirements of Standard 115.41 Screening for Risk of Victimization and Abusiveness.

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.

Review of: AD-04.17 P: 1; AD-04.18 P: 1; IPM-4.01 P: 1; PREA Plan P: 18; SPPOM-03.01 Assessment Screening P: 1; SPPOM-03.02 P: 1-2; UCP-4.00 P: 2; confirms TDCJ has a policy in place showing how use of information from the risk screening required by 115.41 is limited to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. According to interviews with the staff responsible for screening and the PREA Compliance Manager the agency information from the risk screening during intake is reviewed and assessed with the PREA Compliance Manager, security and medical/mental health staff. Information is used to inform housing, bed, work, education and program assignments.

Review of: AD-04, 17 P: 1; AD-04.18 P: 1; CMHC-E-35.1P: 1-2; PREA Plan P: 18; SPPOM-03.01 P: 1; SPPOM-03.02 P: 1-2; UCP-4.00 P: 2; confirm TDCJ policies are in place to ensure the agency makes individualized determinations about how to ensure the safety of each offender. Interviews with staff responsible for screening offenders report that per TDCJ policy and this standard information from the risk screening document is used by the committee to make individual determinations regarding how to ensure the safety of each offender.

Review of CMHC-G-51.11 P: 1-2 confirms the policy is in place to ensure in deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems. According to the interview with PREA Compliance Manager, transgender or intersex offenders go through PREA risk assessment with the information gained from the intake interview to decide the basis for determining the offender's initial housing assignment. This housing assignment may be changed after the offender is further evaluated by the appropriate staff.

Review of PREA Plan P: 19 and SPPOM 3.02 P: 1-2 confirm TDCJ policies ensure placement and programming assignments for each transgender or intersex offender is reassessed at least twice each year to review any threats to safety experienced by the offender. According to interviews with PREA Compliance Manager and staff responsible for screening offenders, placement and programming assignments for each transgender or intersex offender is reassessed to review any threat to safety semi-annually with classification and offender rehabilitation coordinator and staff responsible for screening offenders.

Review of PREA Plan P: 19 and SPPOM-3.02 P: 2 confirm a transgender or intersex offender's own view with respect to his or her own safety shall be given serious consideration. According to interviews with the PREA Compliance Manager, transgender offender and staff responsible for screening offenders, transgender and intersex offenders' views of his safety are given serious consideration in placement and programming assignments.

Review of PREA Plan P: 19 confirm a policy is in place and enforced to ensure transgender and intersex offenders are given the opportunity to shower separately from other offenders. According to PREA Compliance Manager and transgender offender transgender and intersex offenders receive a pass to take single showers or take showers at a dedicated time at the Glossbrenner Unit. According to interviews with medical/mental health staff, PREA Compliance Manager and staff responsible for screening offenders, transgender are given the opportunity to shower separately from other offenders.

Review of PREA Plan P: 19 confirm policies are in place and enforced to ensure the agency shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders. Interview with the Warden and PREA Compliance Manager confirms the Agency does not have any dedicated facilities, units, or wings solely for lesbian, gay, bisexual, transgender, or intersex offenders.

In conclusion, based on; review of policies and procedures; interviews with the PREA Coordinator, transgender offender and PREA Compliance Manager the Glossbrenner Unit is compliant with Standard 115.42 Use of Screening Information.

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.

Review of: AD Seg Plan P: 1-2, 4; I-169 Administrative Segregation Form I-203 Placement on Restriction Form; PREA Plan P: 18; SPPOM-05.05 P:5; SPPOM-Offender Protection Investigation Form P: 5; confirm the agency has a policy in place and enforced to ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility holds the offender in involuntary segregated housing for less than 24 hours while completing the assessment. The facility does not have segregated housing. There are three single bunk, single cells located in treatment separation building used for administrative and/or disciplinary confinement. According to interview with the Warden, agency policy prohibits placing offenders at high risk for sexual victimization or has alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers (last resort). During the last 12 months no offenders at risk of sexual victimization were held in involuntary segregated housing.

Review of Administration Segregation P: 15-16, 19 and PREA Plan P: 18 confirm the agency has a policy to ensure offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: 1) The opportunities that have been limited; 2) The duration of the limitation; and 3) The reasons for such limitations. According to interview with staff that would supervise offenders in segregated housing for protection from sexual abuse or after having alleged sexual abuse they would have access to: programs; privileges; and education. The auditor observed and confirmed no offenders were in protective custody for protection from sexual abuse during the tour of the housing units. The Glossbrenner Unit did not place an offender in involuntary or voluntary protective custody due to being high risk for sexual victimization during the last 12 months. Since no offenders were placed in protective custody due to being high risk for sexual victimization the auditor was not able to interview an offender.

Review of Guidelines for Administrative Segregation Committee Members and PREA Plan P: 18 confirms the agency has a policy ensuring the facility assigns such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be

arranged, and such an assignment shall not ordinarily exceed a period of 30 days. While the policy is in place, offenders were not placed in involuntary segregation during the last 12 months. According to interviews with the Warden and staff supervising offenders in segregated housing, offenders at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and is used as a last resort and for a time of less than 30 days. Since no offenders were assigned to segregate housing for high risk for sexual victimization up to 30 days the auditor was not able to interview an offender.

Review of PREA Plan P: 18 and I-69A Administrative Segregation Form confirm the agency has a policy ensuring if an involuntary segregated housing assignment is made pursuant to the first paragraph of this section, the facility shall clearly document: 1) The basis for the facility's concern for the offender's safety; and 2) The reason why no alternative means of separation can be arranged. According to interviews with the Warden, PREA Compliance Manager and staff supervising offenders in segregated housing policies are in place to identify and document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged. However, since zero offenders at risk of sexual victimization were held in involuntary segregated housing in the past 12 months there were no offender files to review.

Review of: Ad Seg Plan P: 11; I-204 Guideline for ASC Members P:2; PREA Plan P: 19; confirm the agency has a policy ensuring every 30 days, the facility affords such offender a review to determine whether there is a continuing need for separation from the general population. According to interviews with the Warden, PREA Compliance Manager and staff supervising offenders in segregated housing policies are in place to ensure review of the offender every 30 days to determine whether there is a continuing need for separation from the general population. However, since zero offenders at risk of sexual victimization were held in involuntary segregated housing in the past 12 months there were no offenders to interview.

During the last 12 months the Glossbrenner Unit has not placed an offender in involuntary or voluntary Protective Custody solely due to being a high risk for sexual victimization. In conclusion, based on review of policies and procedures and interviews with the Warden, PREA Compliance Manager and staff supervising offenders in segregated housing; observations during tour of housing units the Glossbrenner Unit is compliant with Standard 115.43 Protective Custody.

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.

Review of: BP-03.91 P: 3, 8; Immigration Statement of Fact; PREA Plan P: 20; SPPOM-Attachment A; SPPOM-Attachment AS; TBCJ PREA Brochure; confirms the agency has policies in place and enforced ensuring multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. According to interviews with random sample of staff and offenders, an offender may report an incident of sexual abuse, sexual threats or any act of retaliation verbally or in writing, anonymously and from third parties. Verbal reports are promptly documented. Interviews with random sample of offenders confirm that they are very aware of the many ways they can report sexual abuse and how to do so privately. Observations and answers to questions during the tour showed complete offender knowledge of PREA and reporting opportunities available to them.

Review of: AD-14.09 P: 1,8-9; BP-03.91 P: 8; ED-02.10 P: 1; PREA Plan P: 23; confirm the agency has policies in place that ensures the agency provides at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Offenders are not detained solely for civil immigration purposes. According to interviews with PREA Compliance Manager and random sample of offenders and review of documentation advising offenders can contact the State PREA Ombudsman Office or the Texas Board of Criminal Justice (TBCJ) to privately report sexual abuse and sexual harassment to agency officials. Offenders can send sealed and uninspected letters to special and media correspondents. Special correspondents include: member of Texas Board of Criminal Justice; TDCJ Executive Director; Deputy Executive Director; any Division Director; Deputy Director;

PREA Ombudsman; or Warden. Observations during facility tour found posters strategically posted throughout the facility and responses to questions during tour of the Complex confirm staff and offenders understand how to report abuse or harassment to a public or private entity or office that is not part of the agency. Review of the Statement of Fact confirms TDCJ does not detain offenders solely for civil immigration purposes.

Review of: SPPOM-05.05 P: 1, Attachments A and J; General Information Guide for Families of Offenders Brochure; TDCJ PREA Plan P: 21; confirm the agency has policies directing staff to accept reports made verbally, in writing, anonymously, and from third parties and they are required to promptly document verbal reports. According to interviews with random sample of staff when an offender alleges sexual abuse or sexual harassment he can do so verbally, in writing, anonymously, and from third parties. Verbal reports are documented immediately. Interviews with random sample of offenders confirm they have received, read and understand the pamphlet on PREA and are aware of these opportunities to report sexual abuse or sexual harassment.

Review of PREA Plan P: 23 advising staff contact the PREA Ombudsman and the Office of the Inspector General confirm TDCJ has policies in place and enforced to ensure and provide a method for staff to privately report sexual abuse and sexual harassment of offenders. According to interviews with random samples of staff, employees may privately report any suspicion of sexual abuse or sexual harassment of an offender by contacting the State PREA Ombudsman Office or the Texas Board of Criminal Justice (TBCJ) directly. Staff is informed of this reporting procedure by policy including sexual abuse prevention and response training.

In conclusion, based on: review of development, implementation and monitoring of policies and procedures; interviews with random sample of staff and offenders; observations and answers to questions regarding offender reporting during tour of housing units; and the distribution of a new updated PREA pamphlet the auditor finds the Glossbrenner Unit is compliant with Standard 115.51 Offender Reporting.

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.

Review of: AD-03.82 Management of Offender Grievances P: 1, 3-6; BP-03.77 Offender Grievances P: 1; confirm policies are in place and enforced to ensure the agency has an administrative procedure for dealing with offender grievances regarding sexual abuse. Interview with: staff handling offender grievances; random selection of staff; offenders; and PREA Compliance Manager confirm administrative policies are in place for dealing with offender grievances regarding sexual abuse.

Review of: AD-03.82 P: 7; BP-03.77 P: 1; Offender Grievance Logs; and PREA Plan P: 21; confirm policies are in place and enforced to ensure: 1) The agency does not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse; 2) the agency applies otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse; 3) the agency does not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; 4) nothing in this section shall restrict the agency's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired. Interview with: staff handling offender grievances; random selection of staff; offenders; and PREA Compliance Manager report the policies are in place and enforced for items 1-4 in the above paragraph.

Review of: AD-03.82 P: 8; BP-03.77 P: 1; OGOM Section 1.01 P: 1; and PREA Plan P: 22; confirm policies are in place and enforced to ensure that: 1) an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and 2) such grievance is not referred to a staff member who is the subject of the complaint. Interview with: staff handling offender grievances; random selection of staff; offenders; and PREA Compliance Manager Report offenders can submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to such staff member.

Review of: PREA Plan P: 22; AD-03.82 P: 9; OGOM-4.00 P: 1; and Grievance Logs; confirm policies are in place and enforced to ensure: the agency issues a final agency decision the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance; 2) computation of the 90-day time period does not include time consumed by offenders in preparing any administrative PREA Audit Report

appeal; 3) the agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the offender in writing of any such extension and provide a date by which a decision will be made; 4) at any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level; Interview with: staff handling offender grievances; random selection of staff; offenders; and PREA Compliance Manager confirm: decision on merits of grievance or portion of a grievance are made within 90 days of the filing; in past 12 months there was zero grievance filed at Glossbrenner Unit; no grievances extensions were requested; no extensions requested so no notifications to offenders were required.

Review of: AD-03.82 P: 4; and OGOM Section 9 P: 1-2 Appendix U; confirm policies are in place and enforced to ensure: 1) Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist offenders in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders; 2) if a third party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process; 3) if the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision. Interview with: staff handling offender grievances; random selection of staff; offenders; and PREA Compliance Manager confirm: third parties assist offenders in filing request; such request may require a condition that victim agree to pursue subsequent steps and if offender declines the request it is documented. There were no grievances alleging sexual abuse filed by offenders in the past 12 months in which the offender declined third-party assistance.

Review of: AD-03.82 P:5; OGOM Sections 1.04 P: 2,7.00 P: 1; PREA Plan P: 22; confirm policies are in place and enforced to ensure: 1) the agency shall establish procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse; 2) after receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or a portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance; Interview with: staff handling offender grievances; random selection of staff; offenders; and PREA Compliance Manager reported policies are in place for: emergency grievance for offenders subject to a substantial risk of imminent sexual abuse; grievance is immediately forwarded to a level of review at which immediate corrective action is taken within 48 hours; issues a final agency decision within 5 calendar days.

Review of OGOM Section 1.01 P:4 an PREA Prison Plan P: 22 confirm policy is in place and enforced to ensure the agency may discipline an offender for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the offender filed the grievance in bad faith. Interview with: staff handling offender grievances; random selection of staff; offenders; and PREA Compliance Manager found policy is in place and there were no offenders disciplined for filing a grievance in bad faith during the last 12 months.

In conclusion, based on: development, implementation and monitoring of policies and procedures; interview with staff handling offender grievances; random selection of staff, offenders, and PREA Compliance Manager; and observations and answers to questions regarding offender grievances during tour of housing units; the auditor finds the Glossbrenner Unit is compliant with Standard 115.52 Exhaustion of administrative remedies.

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.

Review of: BP-03.91 P: 1, 9; PREA Plan P: 13; SPPOM-02.02 P: 1; Offender Orientation Handbook, English and Spanish P: 2-3, 26, 28-30; Texas List of Rape Advocacy Centers; confirm policies are in place and enforced to provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained

solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between offenders and these organizations and agencies in as confidential a manner as possible. According to interviews with random sample of offenders they are aware of and have access to victim advocates for emotional support services available outside the facility for dealing with sexual abuse, if needed. The offenders confirmed the facility gives those mailing addresses and telephone numbers for the outside services. The auditor was able to interview two offenders who reported a sexual abuse. There were 2 reports of sexual abuse or harassment during the last 12 months and the offenders reported they were offered victim advocacy services which they did not accept. Both cases were found unsubstantiated and the offenders were notified.

Review of BP-03.91 P: 1 confirms policies are in place and enforced to ensure the facility informs offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. According to interviews with random sample of offenders they are aware the facility informs them prior to giving them access to outside support services, the extent to which communications will be monitored and the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The auditor interviewed two offenders who reported a sexual abuse/harassment and confirmed they informed by the facility per policy and this standard.

Review of Safe Prison Plan and interviews with the PREA Compliance Manager and documentation of the agency's attempt to enter into MOU's confirm the agency maintains or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The agency maintains copies of agreements or documentation showing attempts to enter into such agreements. The auditor reviewed a MOU with a community service provider in effect until 8/31/19 to be used by a number of units in Texas.

In conclusion, based on: policies and procedures providing offenders with access to outside victim advocates for emotional support services; informing offenders, prior to giving them access, of the extent to which such communications will be monitored; and documented attempts to seek agreement with agencies to provide offenders with confidential emotional support services; the Glossbrenner Unit is compliant with Standard 115.53 Offender Access to Outside Confidential Support 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.

Review of: ED-02.03 P: 1-2,8-9; ED-02.10 P: 1,3; General Information for Families of Offenders Brochure P: 32-33; PREA Plan P: 23; SPPOM-04.02 P:1; confirm the agency has established a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an offender. According to interviews with the PREA Compliance Manager and Warden the agency has established a PREA Ombudsman (2008): to provide offenders, as well as the public an independent office to report sexual assault; respond to public inquiries related to allegation of sexual assault in TDCJ correctional facilities; and place the General Information Guide for Families of Offenders Brochure on the TDCJ website. During the last 12 months the Glossbrenner Unit has not had a third party PREA report.

In conclusion, based on: review of policies; interviews with staff and viewing the TDCJ website; the facility is compliance with Standard 115.54 – Third-party Reporting.

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.

Review of: AD-16.20 P: 1-3; CMHC- G-57.1 P: 2-3; PD-29 P: 3-4; PREA Plan P: 23; confirms policies are in place and enforced to ensure the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. According to interviews with random sample of staff the agency requires all staff, regardless of title, to report immediately any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff is required to immediately notify his or her immediate supervisor, Warden or Department Head. The employee is required to report the specific details, in writing, immediately after verbal notification.

Review of: CMHC-E-35.2 P: 1-2; CMHC-G-57.1 P: 2-3; CPOM-02,05 P: 1-2; PREA Plan P: 22-23; SPPOM-05.01 P: 4; confirms policies are in place and enforced to ensure apart from reporting to designated supervisors or officials, staff does not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. According to interviews with the facility PREA Manager and random sample of staff the agency requires all employees be aware of the sensitive nature of a situation where an offender reports sexual abuse or sexual threats and reports are confidential and information, including but not limited to the identity of the victim is only to be shared with essential employees involved in the reporting investigation, discipline and treatment process, or as otherwise required by law.

Review of CMHC-G-57.1 P: 1 and PREA Plan P: 23 confirms policy is in place and enforced to ensure unless otherwise precluded by Federal, State, or local law, medical mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services. According to interviews with the facility medical and mental health staff at the initiation of services to an offender they disclose the limitations of confidentiality and their duty to report. Staff reported they are required, and have reported, to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The auditor reviewed medical and mental health files for offenders and confirm documentation of incidents and activity.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The Glossbrenner Unit does not house any offenders under the age of 18. Therefore, this part of Standard 115.61 is non-applicable.

Review of PREA Plan P: 22-23 and SPPOM-05.01 P: 4 confirm policies are in place and enforced to ensure the facility reports all allegations of sexual abuse and sexual harassment, including third-party and an anonymous report, to the facility’s designated investigators. According to interviews with the Warden and PREA Compliance Manager all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to designated facility investigators. The auditor reviewed offender files with investigators and confirm all allegations are investigated.

In conclusion, based on review of policies and procedures; interviews with the facility Warden, PREA Compliance Manager, medical and mental health staff and random sample of staff the facility is compliant with Standard 115.61 Staff and Agency Reporting Duties.

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.

Review of: AD-02.15 P: 1,6; Administrative Review Investigations Attachments F and M; SPPOM-05.01 P: 1.3; SPPOM-05.03 P: 1; confirm policy is in place and enforced to ensure when the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender. According to interviews with: the CID Director; Warden; and random sample of staff, when learning that an offender is subject to a substantial risk of imminent sexual abuse each case is evaluated by the facility or Office of Inspector General based upon the nature of the report and the potential harm. Supervisory rounds are increased as appropriate; offender at risk or potential predator may be moved to another housing unit or transferred. If no other options are available temporarily protective custody until other steps can be taken may be considered. During the past 12 months there were no times the facility determined that an offender was subject to a substantial risk of imminent sexual abuse.

In conclusion, based on review of policies; interviews with CID Director, Warden and random sample of staff; and observations and answers to questions when touring the facility, Glossbrenner Unit is compliant with Standard 115.62 Agency Protection Duties.

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.

Review of: AD-16.20 P: 5; BP-01.07 P: 2; PREA Plan P: 24, 26; SPPOM-04.01 P: 1-3; Example Letter Format; confirm policy is in place and enforced to ensure where 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. According to interview with PREA Compliance Manager upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation notifies the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. The Glossbrenner Unit received zero notification during the last 12 months of an allegation of sexual abuse that occurred in another facility.

Review of: AD-16.20 P: 5,7; PREA Plan P: 24-26; SPPOP-04.01 P: 1-2; confirm policy is in place and enforced to ensure showing such notification provided as soon as possible, but no later than 72 hours after receiving the allegation. According to interviews with the Warden and PREA Compliance Manager upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred no later than 72 hours after receiving the allegation. Review of PREA Plan P: 24-26 confirm policy is in place and enforced to ensure that the facility document that it has provided such notification.

Review of: AD-16.20 P: 6; BP-02.09 P: 4; PREA Plan P: 24-26; SPPOM-04.02 P: 1; SPPOM-05.01 P: 1-2; SPPOM-05.05 P: 1; confirm the policies are in place and enforced to ensure the agency office that receives such notification ensures that the allegation is investigated in accordance with these standards. According to interview with CID Director the allegations received at one facility involving a different facility are forwarded to the Safe Prisons/PREA Managers Office (SPPMO), Warden of the facility where the abuse allegedly occurred, with a copy of the notification to the Office of Inspector General. Allegations from other agencies are typically received by the Office of Inspector General or the Safe Prisons/PREA Managers Office.

In conclusion, based on: review of policies; interviews with CID Director, Warden and Safe Prisons/PREA Manager and review of documentation; the Glossbrenner Unit is compliant with Standard 115.63 Reporting to other Confinement Facilities.

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.

Review of: AD-16.03 P: 1-3; OIG OPM-04.05 P: 4-5; SPPOM-05.01 P: 2-3; confirm policies are in place and enforced to ensure upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating. According to interviews with: Warden; PREA Compliance Manager; random selection of security and non-security staff; the agency has in a place and enforced to ensure a first responder policy for allegations of sexual abuse and first responders requiring staff to follow 1-4 in the this paragraph. In the past 12 months there were 2 allegations of sexual abuse and sexual harassment at Glossbrenner Unit. While 1st responder activity was not used for the two allegations during the last 12 months the random selection of staff interviewed confirmed they are trained and could respond as a 1st responder if necessary.

Review of AD-16.03 P: 1 and SPPOM-05.01 P: 2-3 confirm policies are in place and enforced to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. According to interviews with PREA Compliance Manager and random sample of staff, the agency has a first responder policy (security and non-security staff) for allegations of sexual abuse and first responders are required to follow 1-4 in the first paragraph In the past 12 months there were two allegations at Glossbrenner Unit. Of these allegations the number times security or non-security staff member was able to perform first responder action was zero. Interviews with random sample of staff and review of the curriculum for first responder training provided for staff confirmed the agency and facility consider this standard a priority and are prepared, by policy to respond per the requirements of this standard.

The agency and the facility have further emphasized first responder duties by distributing cards and handouts on sexual assault/harassment to include steps to take if a sexual assault/harassment occurs. Each employee carries a card that has the PREA Compliance Means Safe and Secure Prisons with First Responder instructions. In conclusion, based on: review of policies; interviews with PREA Compliance Manager; random sample of staff; and observations and questions answered during tour of facility; the Glossbrenner Unit substantially exceeds requirements of Standard 115.64 Staff First Responder Duties.

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.

Review of: PREA Plan P: 26; Glossbrenner Sexual Abuse Response and Investigation Coordinated Response Plan P: 1-5; and SPPOM-05.01 P: 1-2 confirm policies are in place and enforced to ensure the facility develops a 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. According to interviews with: Warden; PREA Compliance Manager; random selection of staff; the facility has established and set forth clear facility-specific guidelines to coordinate actions taken in response to incidents of offender sexual abuse among facility leadership, staff first responders, investigators, and facility medical and mental health practitioners. The facility plan dictates responding to an allegation of sexual abuse requires a coordinated effort between security staff, the Office of the inspector General, medical and mental health services and victim advocates or victim offender representatives. This plan is per TDCJ Safe Prison/PREA Operation Manual.

In conclusion, based on review of the Glossbrenner Unit specific Coordinated Response Plan to an Incident of Offender Sexual Abuse; interviews with the facility Warden and the PREA Compliance Manager; and observations and questions answered when touring the facility the auditor finds the Glossbrenner Unit meets the requirements of Standard 115.65 Coordinated 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.

According to Standard 115.66 Preservation of ability to protect offenders from contact with abusers the agency or any other governmental entity responsible for collective bargaining on the agency's behalf enters into or renew any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.

The TDCJ is not responsible for collective bargaining on the agency’s behalf. Texas is a “right to work state” and does not have collective bargaining that would interfere with the preservation of the agency’s ability to protect offenders from contact with abusers. Therefore, this standard is non-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.

Review of: PD-13 P: 1, 4-5; PD-22 P: 41-42, 51, 53, Addendum P: 5; PD-29 P: 1-3; PD-31 P: 1; PREA Plan P: 23-24; SPPOM-05.08 P: 1; confirm policies are in place and enforced to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff, and shall designate which staff members or departments are charged with monitoring retaliation. According to interview with: Warden; facility retaliation monitors; and random sample of staff; the agency Retaliation Policy is in place and enforced and the facility has three staff responsible for retaliation: Major,

Captain and PREA Compliance Manager at the facility have been designated the retaliation monitors reporting directly to the Warden in PREA retaliation issues.

Review of PREA Plan P: 24 and SPPOM-02.04 P: 1, 3 confirm policies are in place and enforced to ensure the agency employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

According to interviews with the CID Director, Warden, staff member charged with monitoring retaliation offenders and random staff offenders are protected from retaliation from sexual abuse or sexual harassment allegations based on decisions on protective measures made on a case-by-case basis. Both the facility administration and the Office of Inspector General consider whether the present housing placement is appropriate and, if no, consider whether a move to another housing unit or a transfer to another facility is appropriate. With respect to access to emotional support services, information on a list of services is provided. Interview with PREA Compliance Manager, as the retaliation monitor, advises multiple protection measures are considered: housing changes; transfers for offender victims or abusers; removal of alleged staff or offender abusers from contact with victims; and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Review of: PD-31 P: 1; PREA Plan P: 24; SPPOM-02.04 P: 1,3; SPPOM-05,08 P: 1,2; confirm policies are in place and enforced to enable the facility monitors the conduct or treatment of offenders or staff who report sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff for at least 90 days following a report of sexual abuse if the initial monitoring indicates a continuing need. Interviews with Warden and Unit Safe Prisons PREA Manager confirm the facility for at least 90 days following a report of sexual abuse or sexual harassment monitors the conduct and treatment of: an offender or employee who reported an incident; and an offender who was reported to have suffered sexual abuse or sexual harassment. Monitoring will be for all areas in this paragraph and will continue beyond 90 days if needed. The number of times an incident of retaliation occurred in the past 12 months was zero.

Review of SPPOM-05.08 P: 4 and Attachments N.O and N.S and PREA Plan P: 24 confirm policies are in place and enforced to insure in the case of offenders, such monitoring also include periodic status checks. Interviews with retaliation monitors and random sample of staff confirms in case of offenders monitoring includes periodic in-person status checks approximately every 30 days. In-person status checks are also encouraged for any staff who reported an incident of sexual abuse or sexual harassment.

Review of PREA Plan P: 24 confirms policy is in place and enforced to ensure if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. According to interview with the CID Director, all offenders and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other offenders or staff. Retaliation monitoring includes review of any offender disciplinary reports, housing or program changes, or any negative performance reviews or reassignments of staff. The Department's protocols for retaliation monitoring are initiated for any individual who cooperates with an investigation and expresses a fear of retaliation.

Review of SPPOM-05.08 P: 2 confirm a policy is in place ensuring the agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

In conclusion, based on: review of policies; interviews with the CID Director, Warden, retaliation monitors and random sample of staff; and observations and questions answered during tour; the Glossbrenner Unit is compliant with Standard 115.67 Agency Protection against Retaliation.

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.

Review of: AD-3.50 P: 1; AD-04.63 P: 2,4; Ad Seg Plan P: 2,4,11; PREA Plan P: 26; Guideline for ASCP P: 1; confirm policies are in place and enforced to ensure any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse is subject to the requirements of Standard 115.43.

Interviews with the Warden and staff who supervise offenders in segregated housing found the policies are in place to allow use of segregated housing to protect an offender. However, it is a last resort and if use it will be for less than 30 days. The number of offenders who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 month for either 24 hours or 30 days was zero. Since no offenders were held in segregated housing the auditor could not interview an offender.

In conclusion, the Glossbrenner Unit is compliant with this standard, based on: review of policies; interviews with Warden and staff who supervise offenders in segregated housing; observations and questions answered when visiting area where three cells are available for segregated housing. The Glossbrenner Unit is found compliant with Standard 115.68 Post-allegation Protective Custody.

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.

Review of: AD-02.15 P: 1,7-8; AD-16.03 P: 2-3; AD-16.20 P:2-3,7; BP-01.07 P: 1-2; CTSD Specialized Investigator Training; OIG-OPM-03.72 P: 1;OIG-OPM-04.05 P:1-6; OIG-OPM-05.10 P:1-6; OIG-OPM-05.15 P:1-6; PREA Plan P: 25; SPPOM-05.05 P: 6-7; SPPOM-05.11 P: 2; confirm: when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports; the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff; agency not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation; substantiated allegations of conduct that appears to be criminal are referred for prosecution; when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interview only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The investigators interviewed reported they investigate immediately and they judge the credibility determinations of an alleged victim, suspect, or witness are based on: the individual – how they present during interviews; past dealings with them; how the evidence obtained matches up with their version of events; the motives they may have to lie and other verbal and nonverbal cues. The investigators said they would not under any circumstances, require an offender who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation as it is against state law to ask a victim of sexual abuse to take a polygraph. Interviews with the investigators reported they refer cases for prosecution any time there appears to be evidence that an incident of sexual abuse occurred. There were no substantiated allegations of conduct that appeared to be criminal that was referred for prosecution since August 20, 2012.

Review of : AD-02.15 P: 1,7-8; AD-16.03 P: 2-3; AD-16.20 P:2-3,7; BP-01.07 P: 1-2; OIG-OPM-04.05 P:1-6; OIG-OPM-05.10 P:1-6; OIG-OPM-05.15 P:1-6; SPPOM-05.05 P: 6-7; SPPOM-05.11 P: 2; confirm where sexual abuse is alleged, the agency uses investigators: who have received special training in sexual abuse investigations pursuant to Standard 115.34; gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victim, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator; and departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. According to the investigators interviewed they: have received special training in sexual abuse investigations; criminal investigations are documented; and their reports contain a description of the allegation; description of victim; witness and perpetrator interviews; description of DNA; physical, documentary and other evidence; and the cases closing summary. The file contains copies of all the witness statements, documents, reports and other evidence.

Review of : PREA Plan; BP-01.07 P: 2, 6; ED.PD-29 P: 1, 2; OIG-04.05 P 1-6; confirm: policies are in place to ensure administrative investigations: 1) include an effort to determine whether staff actions or failures to act contributed to the abuse; and 2) are documented in PREA Audit Report

written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; ensure criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Interviews with the investigators confirmed the efforts they make during an administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse included, during the investigation they follow-up on any statements or documentary evidence that shows a staff member may have been on notice of the abuse and failed to act, took some action to facilitate the abuse, or otherwise violated Department policy in connection with the incident

Review of: AD-02.15 P: 7; ED.PD-29 P: 1, 2; OIG-04.05 P: 1-6; OIG.OPM-03.72; Records Retention Schedule P: 49, 60; confirm the agency retains all written reports referenced above for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation.. Interviews with investigators report they continue their investigations when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and, if there is sufficient evidence to prosecute, they present the case for possible prosecution. Also they continue the investigation when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

The TDCJ is responsible for all administrative investigations with OIG responsible for criminal investigations. There is no Department of Justice involvement. This part of the standard is non-applicable. Interviews with Warden and Safe Prison PREA Manager when outside agencies investigate sexual abuse; the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. The TDCJ investigates all sexual abuse allegations.

Review of policies and procedures; interviews with Warden, PREA Coordinator, PREA Compliance Manager and Investigative Staff; observations and questions answered during tour of facility the Glossbrenner Unit are compliant with the requirements for Standard 115.71 Criminal and Administrative Agency Investigations.

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.

Review of: PREA Plan P: 28; SPPOM,-05.05 P: 9-10; CTSD Special Investigation Training P: 6; confirm policies are in place and enforced to ensure the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigators responded to the standard of evidence they require to substantiate allegations of sexual abuse or sexual harassment is a preponderance of the evidence, that is, when the weight of the evidence indicates that the allegation is more likely to be true than not true.

In conclusion, the Glossbrenner Unit is compliant with this standard, based on: review of policies; interviews with investigators and staff. The facility is compliant with Standard 115.72 Evidentiary Standards for Administrative.

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.

Review of: PREA Plan P: 26, 30; SPPOM-05.05 Attachment M; SPPOM-05.11 P: 5-6, Attachment F; SPPOM-Attachment U; confirm policies are in place and enforced to ensure following an investigation into an offender's allegation that he or she suffered sexual abuse in an agency facility, the agency informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Interviews with Warden, investigative staff and offender who reported sexual abuse confirm agency procedures require that an offender who makes an allegation of sexual abuse are informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigations. The number of criminal and/administrative investigations of alleged offender sexual abuse that were completed by the agency/facility in the past 12 months were 2 at the Glossbrenner Unit, and all of the offenders received notification verbally with documentation in writing of the results of the investigation.

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the offender. The TDCJ and OIG are responsible for conducting administrative and criminal investigations. Therefore, this part of Standard 115.73 is non-applicable.

Review of: PREA Plan P: 27; SPPOM-Attachment U; SPPOM-05.05 P: Attachment M; SPPOM-05.11 P: 5-6, Attachment F; confirm policies are in place and enforced to ensure following an offender's allegation that a staff member has committed sexual abuse against the offender, the agency subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever: 1) The staff member is no longer posted within the offender's unit; 2) The staff member is no longer employed at the facility; 3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Interview with the staff and offenders confirms the agency informs the offender (unless the agency has determined that the allegation is unfounded) whenever the staff member: is no longer posted within the offender's unit; no longer employed by the facility; agency learns staff member indicted on a charge related to sexual abuse within the facility; or agency learns staff member has been convicted on a charge related to sexual abuse within the facility. Interviews with offenders confirm they were notified per the PREA Standard and agency policy.

Review of: PREA Plan P; 27; SPPOM-attachment U; SPPOM-05.10 P: 1; SPPOM-05-11 P: 1,6; confirm policies are in place to ensure following an offender's allegation that he has been sexually abused by another offender, the agency subsequently informs the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on charge related to sexual abuse within the facility. Interview with PREA Compliance Manager and offenders that reported sexual abuse confirmed that following an offender's allegation that he or she has been sexually abused by another offender, the agency informs the alleged victim whenever: agency learns alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns the alleged abuser has been convicted on charge related sexual abuse in the facility.

Review of: PREA Plan P: 27; SPPOM-05.05 Attachment J and M; SPPOM-05.11 P: 5-6; confirm policies are in place to ensure all such notifications or attempted notifications are documented. Interview with the Warden and PREA Compliance Manager confirm all notifications or attempted notification are documents showing the date and time of the notification in case chronology. If the offender refused to discuss the outcome, it is noted the date and time of the attempted notification and the fact that the offender refused. During the last 12 months 2 offenders were provided notifications that were documented per policy and the standard.

Review of PREA Plan P: 27 confirm policies are in place and enforced to ensure the agency's obligation to report under this standard shall terminate if the offender is released from the agency's custody. Interviews with facility Warden and PREA Compliance Manager confirmed that there is no obligation to report the case outcome to the reported victim offender after he or she is released from the Department's custody however doing so may be appropriate depending on the circumstances of the case.

In conclusion, the facility is compliant with this standard, based on: review of policy, procedures and forms; interviews with Warden and PREA Compliance Manager and observations and questions answered during tour of the facility. The Glossbrenner Unit is compliant with Standard 115.73 Reporting to Offenders.

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.

Review of: AD-16.20 P: PD-13 P: 1, 3-5; PD-22 P: 1, 41-42, 48. Addendum P:5; PD-29 Addendum P:5; confirms policies are in place and enforced to ensure staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Interviews with PREA Compliance Manager and Human Resource Manager confirm staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Glossbrenner Unit had zero employees terminated due to an incident of sexual harassment or sexual misconduct incident during the last 12 months.

Review of: PD-22 P: 25-26 confirms policies are in place and enforced to ensure termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Interviews with PREA Compliance Manager and Human Resource Manager confirm that termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse of an offender. The facility had zero employees terminated due to an incident of sexual harassment or sexual misconduct incident.

Review of: PD-29; PD-22 P: 19, 41-42, 48, 51, 53, 54; WBP-07.15 P: 1,4; WBP-07.44 P: 1,3,7,8; confirm policies are in place to ensure disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Interviews with PREA Compliance Manager and Human Resource Manager confirms disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months zero staff has been disciplined, short of termination for violation of agency sexual abuse or sexual harassment policies.

Review of: AD-16.20 P: 3-4, 7, 9; PD-29 P: 6; PD-29 Definitions; confirm policies are in place to ensure all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Interviews with PREA Compliance Manager and Human Resource Manager confirm terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Glossbrenner Unit in the last 12 months had zero staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

In conclusion, the Glossbrenner Unit is compliant with this standard, based on: review of policies, forms and files; interviews with PREA Compliance Manager and Human Resource Manager; and observations and questions answered during tour. The Glossbrenner Unit is compliant with Standard 115.76 Disciplinary Sanctions for Staff.

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.

Review of: CM-13.03 P: 4; PD-29 P: 5-6; PREA Plan P: 39; Volunteer Service Plan P: 11-13,23,23,25-26; Acknowledgement of Volunteer PREA Audit Report

Training Orientation; 2014 Volunteer Services Training; Video Script P: 21-24; PD-29 P:5-6; Safe Prisons PREA Plan P: 39; confirms policies are in place and enforced to ensure any contractor or volunteer, who engages in sexual abuse is prohibited from contact with offenders and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews with PREA Compliance Manager confirms an offender is incapable of consent to any sexual act with an employee where that employee performs duties in a state correctional facility in which the victim is confined at the time of the offense consisting of providing custody, medical or mental health services, counseling services, educational programs, vocational training, institutional parole services or direct supervision to offenders. The law also applies to any contract employee or volunteer who regularly provides services to offenders. Any contractor or volunteer, who engages in sexual abuse is prohibited from contact with offenders and is reported to law enforcement agencies, unless the activity was not criminal, and to relevant licensing bodies. In the past 12 months zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of offenders.

Review of: CM-13.03 P: 4; PD-29 P: 1-4-6; Safe Prisons PREA Plan P: 39; Volunteer Service Plan P; 11-13, 23; Acknowledgement of Volunteer Training Orientation; 2014 Volunteer Services Training; Video Script P:21-24; PD-29 P:5-6; Safe Prisons PREA Plan P: 39; confirm policies are in place and enforced to ensure the facility takes appropriate remedial measures, and considers whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Interviews with PREA Compliance Manager confirms the facility takes appropriate remedial measures, and considers whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Interview with the Warden, staff, contractors and volunteers confirm they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. They confirmed they have: attended PREA training; received written material; viewed video; understand the agency's zero tolerance policy; and signed forms saying they have received and understand the PREA training.

In conclusion, based on: review of policies, procedures and forms; interviews with Warden, PREA Compliance Manager, and volunteers and contractors; and observation and questions answered during tour; the Glossbrenner Unit is compliant with Standard 115.77 Corrective Action for Contractors and Volunteers.

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.

Review of: Disciplinary Rules and Procedures for Offenders P: 18-21, 25-26 and Attachment A; E-mail of New Offense 20.4; GR-106 P: 18-21,26,Attachment A-2; PREA Plan P: 30; GR-106 P:18-21, 25-26, Attachment A; confirm policies are in place and enforced to ensure offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process 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. Interviews with Warden and PREA Compliance Manager confirm even with no administrative findings during the last 12 months practice according to policy would result in having a consistent, fair and reasonable disciplinary process since it is the Department's most valuable tool to address offender misconduct, while ensuring the safety of all employees and offenders and the security of the facility. During the last 12 months there have been zero administrative findings of guilt for offender-on-offender sexual abuse that have occurred at the facility.

Review of TDCJ Disciplinary Rules for Offenders P: 25-26 and PREA Plan P: 30 confirm policies are in place and enforced to ensure sanctions are 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. Interviews with Warden and PREA Compliance Manager confirm that policies are in place and enforced to ensure the disciplinary sanctions offenders are subject to following an administrative or criminal finding that the offender engaged in offender-on-offender sexual abuse are progressive disciplinary system based on guidelines. The sanctions are to be proportionate to the nature and circumstances of the abuses committed, the offenders' disciplinary histories, and the sanctions imposed for similar offenses by other offenders with similar histories.

Review of: TDCJ Disciplinary Rules for Offenders P: 14, 25-26; CMHC E-35.1 P:1, 2; PREA Plan P: 30; confirm policies are in place and enforced to ensure the disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Interviews with the Warden and PREA Compliance Manager confirm mental disability and mental illness are considered when determining sanctions.

Review of: CMHC E-35.1 P: 1-2; PREA Plan P: 30; SOTP-01.01 P: 1; confirm policies are in place to ensure if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. Interviews with PREA Compliance Manager and medical and mental health staff confirm the facility offers therapy, counseling and other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and offers these services to the offending offender. The facility does not require an offender's participation as a condition of access to programming or other benefits.

Review of PREA Plan P: 31 confirm policies are in place to ensure the agency disciplines an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. An interview with PREA Compliance Manager confirms an offender may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Review of: Disciplinary Rules and Procedures for Offenders Attachment C; GR-106 P: 18-21, 26 Attachment A-2; PREA Plan P: 31; confirm the policies are in place and enforced to ensure for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with Warden and PREA Compliance Manager confirm no reprisals of any kind are taken against an offender or employee for good faith reporting of sexual abuse or sexual threats.

Review of: GR-106 P:18-21 Attachment B-2-1; Safe Prison PREA Plan:31; TDCJ Disciplinary Rules for Offenders P:25-26; confirm policies are in place to ensure that the agency may, in its discretion, prohibit all sexual activity between offenders and may discipline offenders for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Interviews with Warden and PREA Compliance Manager confirm the agency: prohibits all sexual activity between offenders; disciplines offenders for such activity; and the agency deem such activity to constitute sexual abuse only if it determines that the activity is coerced.

In conclusion, compliance is based on: review of policies, procedures and forms; interviews with the Warden, Medical and Mental Health staff. The Glossbrenner Unit is compliant with Standard 115.78 Disciplinary Sanctions for Offenders.

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.

Review of: CMHC-32.2 P: 1; CMHC E-35.1 P:1; CMHC E-35.2 P:1; CMHC G-57.1 P:1-2; PREA Plan P:17; SPPOM-03.01 Attachment E; confirm that policies are in place and enforced to ensure if the screening pursuant to 115.41 indicates that a prison/jail offender has experienced prior sexual victimization, whether it occurred in an instructional setting or in the community, staff ensures that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Interview with the staff who is responsible for risk screening confirms that if a screening indicates that an offender previously perpetrated sexual abuse, the facility offer a follow-up meeting with a mental health practitioner. There was no offender who disclosed sexual victimization at risk screening in the facility for the auditor to interview. The auditor interviewed medical and mental health staff who confirmed that the follow-up meeting is offered within 7 days.

Review of: CMHC E-35.2; CMHC G-57.1 Sexual Assault/Sexual Abuse P: 1-2; Mental Health Evaluation P: 1; confirm that policies are in place and enforced to ensure if the screening pursuant to 115.41 indicates that a prison offender has previously perpetrated sexual abuse, PREA Audit Report

whether it occurred in an institutional setting or in the community, staff ensures that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Interview with the staff who is responsible for risk screening confirms if a screening indicates that an offender previously perpetrated sexual abuse they are offered a follow-up meeting with a medical health practitioner to be held immediately. In the past 12 months, there were zero offenders who indicated they had previously perpetrated sexual abuse. As indicated during the screening, if the offender had indicated previously perpetrated sexual abuse they would be offered a follow up with a mental health practitioner. Mental health staff maintain secondary materials (e.g. form, log) documenting compliance with the requirements of this standard. The auditor reviewed offender files in the medical and mental health departments and found follow-up meetings in the past were held, documented, logged and completed per agency policy.

Review of: CMHC A-09.01 P:1; CMHC A-61.1 P:1-3; SPPOM-05.05 P:2-3; confirm that policies are in place to ensure any 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 inform treatment plans and security and management decisions, including housing, bed, work, education, program assignments, or as otherwise required by Federal, State, or local law. Interviews with staff responsible for risk screening, medical and mental health staff and PREA Compliance Manager confirm information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Review of: CMHC-02.05 P: 1; CMHC G-57.1 P: 1-2; CMHC H-61.1 P: 4; CMHC I-70.1 P: 1; CPOM-02.05 P: 1; confirm policies are in place and enforced to ensure medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Interview with PREA Compliance Manager, medical and mental health staff confirm medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. The auditor reviewed offender files in medical and mental health that had copies of the signed consent forms.

In conclusion, based on: review of policies, procedures, forms and offender files; interviews with PREA Compliance Manager and medical and mental health staff; and observations and questions answered during tour of intake/screening and medical and mental health department, the Glossbrenner Unit is compliant with 115.81 Medical and Mental Health Screenings: History of Sexual Abuse.

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.

Review of: CMHC A-01.1 P:1; CMHC G-57.1 P:1; SPPOM-05.01 P:1-2; confirm that policies are in place and enforced to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Interviews with medical and mental health staff, offender who reported a sexual abuse and PREA Compliance Manager confirm victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. During the last 12 months there were no offenders that were victims of sexual abuse. The auditor reviewed offender files in medical and mental health and found documentation of all meetings would be per policy if they had occurred.

Review of: CMHC G-57.1 P: 2; I-214 Referral for Medical and Mental Health Services; SPPOM-05.01 P: 4; confirm policies are in place and enforced to ensure if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to 115.62 and immediately notify the appropriate medical and mental health practitioners. Interviews with security staff and non-security staff first responders found during the past 12 months there were

no allegations requiring first responder activity. Security staff and non-security staff are all prepared to act as a first responder if required. Interviews with security and non-security staff found they carry a card with instructions on being a first responder and are very prepared to act as a first responder if required.

Review of CMHC G-57.1 Sexual Assault/Sexual Abuse P: 2; confirms policies are in place and enforced to ensure offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interviews with medical and mental health staff confirm that offender victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. This is an all-male facility and services offered would be for a male population. The auditor reviewed files in the medical and mental health departments and found the services would be offered, documented and per agency policy.

Review of: CMHC G-57.1 P:2; confirm policies are in place to ensure treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with PREA Compliance Manager, staff, offenders and medical and mental health staff confirm that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on: review of policies, procedures, forms and files; interviews with Unit Safe Prison PREA Compliance Manager, security and non-security staff and medical and mental health staff; and observations and questions answered during tour; the Glossbrenner Unit compliant with Standard 115.82 Access to Emergency Medical and Mental Health Services.

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.

Review of: CMHC-E32.1 P: 1,3; CMHC-E44.1 P: 1; CMHC-G57.1 P: Attachment B; CMHC G-57.01 P:1-2; PREA Plan P:14; SPPOM-05.01 P1-2, 4; SPPOM-05.05 Attachment J P:1; confirm policies are in place and enforced to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Interviews with PREA Compliance Manager, medical and mental health staff confirm the facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This is an all-male facility and services offered would be for male population. Review of files indicates that the evaluation and treatment is offered and documented per policy.

Review of: CMHC G- 57.1 P: 1; CMHC E-32.1 P: 1,3; CMHC E-44 P:1; confirm policies are in place and enforced that ensure: the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and , when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care; offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests; if pregnancy results from the conduct described in paragraph of this section, such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.; and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate.

Glossbrenner Unit is an all-male facility and services offered would be for male population. Interviews with Warden, PREA Compliance Manager, medical and mental health staff confirm evaluation and treatment of offenders who have victimized includes treatment services including: follow-up services; treatment plans; treatment groups; and when necessary referrals for continued care after leaving the facility.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The medical and mental health services offered at the facility are consistent with community level of care. Offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Interviews with Warden, PREA Compliance Manager, medical and mental health staff confirm offenders that were victims of sexual abuse while incarcerated were offered treatment. The treatments offered were as per policy and documented.

Review of: CMHC-E-32 P: 1, 3; CMHC-E-44.1 P: 1; CMHC-G- 57.1 P:2; confirm policies are in place and enforced to ensure all prisons attempt to conduct a mental health evaluation of all know offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interviews with PREA Compliance Manager, medical and mental health staff confirm mental health staff conducts a mental health evaluation of all known offender-on offender abusers and offer treatment if appropriate. This mental health evaluation is conducted within 60 days of learning of such abuse history.

In conclusion, compliance is based on: review of policies, procedures, forms and files; interviews with PREA Compliance Manager, medical and mental health staff; and observations and questions answered during tour. The Glossbrenner Unit is compliant with Standard 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.

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.

Review of: AD-02.15 P: 7-9; Administrative Review/Investigation; Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment P: 1-2; PREA Plan P: 31; SPPOM-08.01 P: 1; confirm policies are in place and enforced to ensure the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Interviews with the Warden and PREA Compliance Manager confirm the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, there were 2 administrative allegations of sexual abuse that were completed at the facility and were unsubstantiated.

Review of: AD-02.15 P: 7, 8-9; Administrative Review/Investigation; Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment P: 1-2; PREA Plan P: 31; SPPOM-08.01 P: 1; confirm policies are in place and enforced to ensure such review ordinarily occur within 30 days of the conclusion of the investigation. Interviews with Warden, PREA Compliance Manager and members of the Incident Review Team confirm the facility ordinarily conducts a sexual abuse incident review within 30 days, excluding “unfounded” incidents. In the past 12 months there have been two administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.

Review of: AD-02.15 P: 7, 8-9; Administrative Review/Investigation; Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment P: 1-2; PREA Plan P:31; SPPOM-08.01 P: 1; confirm policy is in place and enforced that ensures the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioner. Interviews with Warden, PREA Compliance Manager and members of the Incident Review Team and review of minutes of meetings confirms the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Review of: AD-02.15 P: 7, 8-9; Administrative Review/Investigation; Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment P: 1-2; PREA Plan P:31; SPPOM-08.01 P: 1; confirm policies are in place and enforced to ensure the review team: 1) considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3) examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may

enable abuse; 4) assess the adequacy of staffing levels in that area during different shifts; 5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6) prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. Interviews with Warden, PREA Compliance Manager and members of the Incident Review Team and review of reports confirms the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to this paragraph 1-6 of this section and any recommendations for improvement, and submits such report to the facility Warden and PREA Compliance Managers.

Review of: AD-02.15 P: 7, 8-9; Administrative Review/Investigation; Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment P: 1-2; PREA Plan P:31; SPPOM-08.01 P: 1; confirm policies are in place and enforced to ensure the facility implements the recommendations for improvement, or document its reasons for not doing so. Interviews with Warden, Incident Review Team Members and PREA Compliance Manager confirm that the facility implements the recommendations for improvement or documents its reasons for not doing so. The review is intended to identify any gaps in policy, practice, or protocol, and recommend improvements when appropriate. The review examines whether policies were followed and whether they need to be changed; whether physical plant and staffing are appropriate to minimize the risk of sexual abuse; whether gang and other group dynamics were a factor in the reported incident, as well as other factors. A form has been developed to capture the review and any recommendations of the review team and includes documentation as to reasons for not enforcing the recommendations.

Based on: review of policies, procedures, forms and files; interviews with Warden, Incident Review Team Members and PREA Compliance Manager; and observations and questions answered during tours; the Glossbrenner Unit is compliant with Standard 115.86 Sexual Abuse Incident Reviews.

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.

Review of: AD-10.01 P: 1-2; AD-02.15 P:1-12; BP-02.09 P: 1,3-6; OIG-OPM-04.05 P:5-6; PREA Plan P: 2-5,35; SPPOM-01.01-1A1; Survey of Sexual Violence, 2012; confirm policies are in place and enforced to ensure the agency: collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; and includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Interview with the PREA Compliance Manager and review of the TDCJ Annual Report On Sexual Victimization 2009-2014 (6 reports) Annual Reports confirm the agency collects accurate uniform data using a standardized instrument and set of definitions and the agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident review. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau. As a result of comprehensive data collection and review, the TDCJ maintains separate incident based data from all available incident-based documents,

Review of: AD-02.15 P: 1-12; BP-02.09 P: 1, 3-6; OIG-OPM-04.05 P: 5-6; PREA Plan P: 2-5, 35; SPPOM-01.01-1A1; Survey of Sexual Violence, 2012; confirm policies are in place and enforced to ensure the agency aggregates the incident-based sexual abuse data at least annually. Interviews with the CID Director, PREA Coordinator and PREA Compliance Manager confirm the agency aggregates the incident-based sexual abuse data at least annually. All confidential information is securely retained by TDCJ.

Part of this Standard requires the agency obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. The contract facilities with TDCJ have PREA requirements as part of their contract and the data is collected as per TDCJ and Standard requirements.

Review of: AD-02.15 P:1; PREA Plan P: 35; Survey of Sexual Violence 2014 -Department Of Justice Report; confirm policies are in place
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and enforced to ensure upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30. Interviews with the PREA Coordinator and PREA Compliance Manager confirm the agency provided data from the previous calendar year, as requested, to the Department of Justice.

In conclusion, based on: review of policies, procedures, forms and files; interviews with the Warden and PREA Compliance Manager; and observations and questions answered during tour; the Glossbrenner Unit is compliant with Standard 115.87 Data Collection and Review.

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.

Review of: BP-02.09 P:1,3-4; PREA Plan P: 36; TBCJ PREA Ombudsman Annual Report P:1-2; TDCJ Annual PREA Program Appendices P: 34; Texas Government Code 501 P: 52-55; confirm policies are in place to ensure the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: 1) Identifying problem areas; 2) Taking corrective action on an ongoing basis; and 3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Interview with the CID Director, PREA Coordinator and PREA Compliance Manager find the agency reviews data collected and aggregated pursuant to 115.87. The PREA Ombudsman, Safe PREA Office, and the Office of the Inspector General collaborate to compile an Annual Report. The data collected through the Emergency action center reporting process and independent reports submitted directly to the OIG is sent monthly/annually as well. The data is reviewed by agency leadership and Safe Prisons/PREA Manager office. Data is used to: determine appropriate interventions; enhancements to staff and offender training; assessment of appropriate housing for victims/predators; policy updates; and revisions to enhance operational aspects designed to provide safer prisons. Annual staffing plan reviews, assessment of current use of monitoring/surveillance equipment, and facility infrastructure modifications as well as leading indicators in data that may assist TDCJ in making determinations. The data is used to ensure that appropriate action is taken at every level of the organization. Interviews with Warden and PREA Compliance Manager confirms the agency reviews data collected and aggregated pursuant to Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Review of: TDCJ Annual PREA Program 2015; TBCJ PREA Ombudsman Annual Report P:1-2; PREA Plan P: 34; confirm policies are in place to ensure such report include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. Interviews with CID Director, PREA Coordinator and PREA Compliance Manager confirms the annual report includes a comparison of the current year's data and corrective actions with those from prior years and the annual report provides an assessment of the agency's progress in addressing sexual abuse. The PREA Coordinator reported the information is assessed. Interventions such as training of staff, upgrades to offender training, assessment of appropriate housing for predators, policy updates and revisions to enhance operational aspects designed to provide safer environments. Assessment of current use of monitoring/surveillance equipment and facility infrastructure modifications are conducted. The auditors reviewed the annual reports for six years, 2009-2014.

Review of: TDCJ Safe Prison FY 2015; TBCJ PREA Annual Ombudsman Annual Report P:1-2; Government Code 501 P: 52-55; PREA Plan P: 36; confirm policies are in place to ensure the agency's report is approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. Interviews with the CID Director and PREA Compliance Manager confirm the TDCJ agency head approves the agency's report and the agency makes its annual report readily available to the public at least annually through its website. The auditor visited the website and found the information as promised.

Review of PREA Plan P: 36 confirms policies are in place to ensure the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Interview with the CID Director found TDCJ does not include personal identifiers in the annual reports and therefore it does not

contain information that warrants redaction.

In conclusion, based on: review of policies, procedures, forms and files; interviews with the CID Director, PREA Coordinator and PREA Compliance Managers; and observations and questions answered during interviews; find the Glossbrenner Unit compliant with Standard 115.88 Data Review for Corrective Action.

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.

Review of PREA Plan P: 36 confirm policy is in place and enforced to ensure that data collected pursuant to 115.87 are securely retained. Interview with the CID Director confirms the Safe Prison/PREA Office maintains a stand-alone access database system that only allows office staff access to enter and query data. The manager is the only authorized agent to delete information. Mainframe data reported through the Emergency Action center is stored on a server. Employees must have a user account to access the EAC system. There is a 2nd level of security where specific access is granted only to certain individuals based on their security profile. Access to this system is approved only through the EAC administrator. Interview with PREA Compliance Manager confirms the agency policy requires that aggregated sexual abuse data from facilities under its direct control are made readily available to the public annually through its website. Interview with CID Director finds the TDCJ Annual PREA report is posted on the agency website.

Review of: ED-02.29 P: 1; PREA Plan P: 35-36; TDCJ Records Retention Schedule 2014; confirm policy is in place and enforced to ensure before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Interview with the CID Director found TDCJ does not include personal identifiers in the annual reports and therefore it does not contain information that warrants redaction.

Review of PREA Plan P: 36 confirm policy is in place and enforced to ensure the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise. Interview with the CID Director confirms Records Retention schedule is followed for all Safe Prison/PREA documents. The average range is Death/Discharge plus 10 years. Offender Classification files is 30 years. Some OIG files are permanent records.

In conclusion, the Unit is compliant with this standard, based on: review of policies, procedures, forms and files; interviews with the CID Director and PREA Compliance Manager; and observations and questions answered during tour; find the Glossbrenner Unit compliant with Standard 115.89 Data Storage, Publication, and Destruction.

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.

Marilyn McAuley _____

Auditor Signature

March 20, 2017 _____

Date