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

☐ **Interim** ☒ **Final**

Date of Report March 28, 2020

Auditor Information

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Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	**City, State, Zip:** Cypress, TX 77429
Telephone: (713) 818-9098	**Date of Facility Visit:** February 5 - 7, 2020

Agency Information

Name of Agency: Texas Department of Criminal Justice		**Governing Authority or Parent Agency** *(If Applicable)*: State of Texas	
Physical Address: 861-B 1-45 North		**City, State, Zip:** Huntsville, TX 77320	
Mailing Address: P. O. Box 99		**City, State, Zip:** Huntsville, TX 77342	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency Website with PREA Information: https://www.tdcj.texas.gov/tbcj/prea.html			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Lynne Sharp	
Email: Lynne.Sharp@tdcj.texas.gov	**Telephone:** 936-437-5570
PREA Coordinator Reports to: Honorable Patrick O'Daniel, Chairman of the Texas Board of Criminal Justice	**Number of Compliance Managers who report to the PREA Coordinator** 6

Facility Information

Name of Facility: Ernestine Glossbrenner Unit			
Physical Address: 5100 South FM 1329		**City, State, Zip:** San Diego, TX 78384	
Mailing Address (if different from above): Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☒ Prison	☐ Jail	
Facility Website with PREA Information: https//www.tdcj.texas.gov/tbcj/prea.html			
Has the facility been accredited within the past 3 years? ☒ Yes ☐ No			

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

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
A Division Level Operational Review was conducted at the unit in July 2019. These reviews are conducted by each functional area proponent at least every three years.

Warden/Jail Administrator/Sheriff/Director

Name:	Benny Bundy		
Email:	Benny.Bundy@tdcj.texas.gov	**Telephone:**	361-279-2705

Facility PREA Compliance Manager

Name:	Michael Sarabia		
Email:	Michael.Sarabia@tdcj.texas.gov	**Telephone:**	361-279-2705

Facility Health Service Administrator ☐ N/A

Name:	Donna Smith		
Email:	dojsmith@UTMB.EDU	**Telephone:**	361-279-2705

Facility Characteristics	
Designated Facility Capacity:	612
Current Population of Facility:	527
Average daily population for the past 12 months:	520
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	19-74
Average length of stay or time under supervision:	6 months
Facility security levels/inmate custody levels:	Substance Abuse Offenders
Number of inmates admitted to facility during the past 12 months:	1100
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	1093
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	992
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. ☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A
Number of staff currently employed by the facility who may have contact with inmates:	122

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	23
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	Medical – 9; MTC - 23
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	34
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	4
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	4
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	3
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☐ Yes ☒ No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	Office of Inspector General (OIG) - 143
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: OIG - 143) ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	14
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: OIG does Adm Inv on staff) ☐ N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to the Glossbrenner Unit on December 23, 2019 via the PREA Ombudsman's Office. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on February 5 -7, 2020.

On December 31, 2019, this Auditor received a flash drive containing the Glossbrenner Unit's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The Auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit. On February 2, 2020, a tentative agenda for the PREA audit was sent to Warden Benny Bundy of the Glossbrenner Unit. This agenda outlined when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude.

ONSITE

The Auditor was greeted and given a history and the layout of the facility by Warden Benny Bundy and Unit PREA Manager Michael Sarabia as well as other Unit and Regional leadership. After the initial meeting, a detailed tour was provided to the Auditor.

Warden Bundy and the Unit PREA Manager lead the onsite tour. The tour began with the housing units. The Auditor viewed showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. In all living units, toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Unit PREA Manager provided the Auditor with staff rosters from all three shifts and provided a list of specialized staff The Auditor then randomly selected from each shift, as well as established times to interview specialize staff.

The Unit PREA Manager provided the auditor with housing unit rosters. In reviewing the housing rosters the auditor randomly selected five to six inmates from each unit for random inmate interviews and selected inmates for the targeted protocols. Based on the available inmate population, inmates were selected for the following targeted protocols: Inmates who Reported Sexual Abuse During the Risk Screening and Inmates who were Limited English Proficient. A total of 30 inmates to be interviewed. Glossbrenner Unit provided confidential locations in the training center for the Auditor to interview inmates.

Glossbrenner Unit provided appropriate accommodations for the Auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Regional and Unit PREA Manager and Warden were readily available to answer any questions and assist in any way. Staff at the Glossbrenner Unit was extremely helpful and polite throughout the entire process and escorted the Auditor throughout the facility.

Auditors interviewed a total of 30 inmates that had various lengths of stay. In addition, the Auditor interviewed a total of 27 staff to include the Warden, Medical Staff, Human Resources staff, Grievance Officer, Upper Level Supervisors, Intake Staff, Staff who Perform Risk Screening, Volunteers, Contract staff, staff who Monitor Retaliation, members of the Debrief Team, Investigators, as well as random staff from both shifts.

Prior to the exit interview, the Auditor reviewed onsite documentation. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this Auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On March 30, 2020, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the PREA Ombudsman Office.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Glossbrenner Unit SAFP Facility opened January 18, 1995. The Glossbrenner Facility is located approximately four miles south of San Diego, Texas. The facility is a 612 bed, minimum custody, all-male substance abuse treatment facility. The Glossbrenner SAFP Facility was names after a former local education and one of the most influential legislators of Texas, the Honorable Ernestine Glossbrenner.

The Glossbrenner Substance Abuse Facility is contract with MTC to provide substance abuse treatment programs. The facility operates under the Therapeutic Community Model that encourages open and honest communication with strong emphasis on self-help. The program insists on creating personal accountability by requiring all community members to give feedback, both positive and

negative, on their attitude and behaviors. MTC treatment program staff provide a cognitive and behavioral approach with essential components to include therapeutic work assignments, encounter groups, and daily participation activities.

The Glossbrenner Unit consists of four buildings. Inmate housing, which consists of four housing units, includes one single cell housing unit, and three open bay/dorm style housing units.

The current population at the Glossbrenner Unit is 527 adult male offenders. During the past 12 months 1,100 offenders have been admitted to this unit. Of this number, 992 admitted had a length of stay longer than thirty days. The age range of the current offender population is 19 - 74 with custody level being substance abuse offenders.

The Glossbrenner Unit has 122 employees who have contact with the offender population. This staff is responsible for the security of all buildings located at the Glossbrenner Unit. In addition to its 122 employees, the Glossbrenner Unit also has 34 volunteers and individual contractors who are currently authorized to enter the facility. There are 143 investigators across the State of Texas with the Office of Inspector General (OIG).

The Glossbrenner Unit is located within a secure perimeter. The facility has the official capacity to house 612 offenders.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 4
List of Standards Exceeded: 115.11, 115.17, 115.51, 115.64

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
  ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) The Glossbrenner Unit has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment.

The Texas Department of Criminal Justice Correctional Institutions Division, Safe Prisons/PREA Plan, dated February 2019 states, "The Texas Department of Criminal Justice (TDCJ) has a zero tolerance for all forms of sexual abuse and sexual harassment of offenders. The TDCJ shall take a proactive approach concerning the detection, prevention, response, and punishment of sexual abuse, including consensual sexual contact while in TDCJ custody. The TDCJ shall be vigilant in establishing a safe environment for staff and offenders at all secure correctional facilities and take immediate action to address the protective needs of offenders who have been victimized. Every attempt shall be made to prevent the sexual abuse and sexual harassment of offenders in accordance with agency policy. ED-03.03, "Safe Prisons/PREA Program," directs the TDCJ to develop and implement a plan to govern the operation of the Safe Prisons/PREA Program." (Page 1)

This same policy also includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment as well as outlines TDCJ's plan to prevent, detect and respond to sexual abuse and sexual harassment.

This policy is also translated into the foundation of TDCJ's training of staff. The Unit Safe Prisons/PREA Program Awareness Training states, "The USPPM shall ensure all unit staff is knowledgeable of the agency zero-tolerance policy regarding sexual abuse and sexual harassment; as well as methods of the prevention, detection, reporting, and response to allegations of sexual abuse, sexual harassment, extortion, and other acts of offender aggression." (Page 1)

The policy of zero-tolerance was also present in posters found throughout the facility.

b) An upper-level, agency-wide PREA Ombudsman, who is appointed by the Texas Board of Criminal Justice and reports directly to the TBCJ Chairman, is also designated as PREA Coordinator for the TDCJ.

TDCJ policy BP-02.09 (rev. 2), Prison Rape Elimination Act Ombudsman Policy Statement, dated October 31, 2019 states, "It's the policy of the Texas Board of Criminal Justice (TBCJ) that the Prison Rape Elimination Act (PREA) Ombudsman shall coordinate the Texas Department of Criminal Justice's (TDCJ) efforts to comply with the PREA standards in all of its correctional and community residential facilities. The PREA Ombudsman shall have sufficient time and authority to oversee the TDCJ's policies relating the elimination of offender sexual abuse and harassment at correctional and community residential facilities, and implementation of the PREA standards. In addition, the PREA Ombudsman shall oversee the reporting of offender sexual abuse and sexual harassment to the TDCJ and serve as the independent office to receive and immediately forward reports of offender sexual abuse and sexual harassment to TDCJ officials, allowing an offender to remain anonymous upon request. The PREA Ombudsman reports directly and only to the TBCJ and reports all pertinent items directly to the TBCJ chairman, as deemed appropriate and necessary. The TDCJ shall establish guidelines for reporting complaints or inquiries from elected officials, the public, and offenders pertaining to allegations of offender sexual abuse and sexual harassment and related TDCJ initiatives to the PREA Ombudsman." (Page 1)

Underneath the PREA Ombudsman are six (6) PREA Compliance Managers. Each PREA Compliance Manager is assigned to a specific region. The PREA Compliance Manager for this region was onsite for this portion of the Glossbrenner Unit audit.

The PREA Compliance Manager stated, “I have more than enough time as PREA is all I do. I cover sixteen (16) units in my region. My role is to aid the units when it comes to PREA compliance.”

The PREA Ombudsman/TDCJ PREA Coordinator is in the agency’s organizational chart and reports directly to the Texas Board of Criminal Justice.

c) In addition to the TDCJ PREA Ombudsman and Regional PREA Compliance Managers, each unit has a Unit Safe Prisons PREA Manager.

TDCJ policy requires the USPPM to assist the unit warden with monitoring of the Safe Prisons/PREA Program, as well as coordinate and maintain compliance with PREA standards at the unit level. The USPPM also ensures training, education and PREA awareness are provided for both staff and offenders. This includes ensuring PREA awareness posters are visible throughout the unit.

The Unit Safe Prisons PREA Manager is in the Glossbrenner Unit Organizational Chart and reports directly to the warden.

The Unit Safe Prisons PREA Manager stated, “While PREA is what I do, it would be nice to have someone here when I have to go to training or have days off. “I attend turnouts and speak with officers in addition to speaking with officers in each building. I also make sure I speak with medical MTC. I speak with contractors, vendors and offenders. I also replace posters when needed and make sure they are up to date. These are just some of my duties.”

It should also be noted inmates interviewed during the onsite portion of this audit reported Glossbrenner was a safe unit. Many stated, “they don’t play around with PREA here.”

Based on the review of policy and supporting documentation, the tour of the facility, interviews with staff and inmates, the Glossbrenner Unit exceeded this standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a, b) TDCJ has entered or renewed the following number of contracts for the confinement of inmates: 11 Secured Facilities; 8 Residential Reentry Centers; and 19 Transitional Treatment Centers.

These contracts required contractors to adopt and comply with the PREA Standards and require the contractor's employees to be trained in PREA as well as comply with the standards.

TDCJ Administrative Directive, AD-02.46 (rev. 4), Employees, of Private Businesses and Governmental Entities Contracting with the TDCJ, dated September 1, 2016 states, "The TDCJ requires employees of entities contracting with the TDCJ to comply with applicable TDCJ policies, procedures, regulations, and posted rules."

The Glossbrenner Unit does not contract for the confinement of inmates.

Based on the review of documentation and interviews with administrative staff, the Glossbrenner Unit meets this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Since the date of the Glossbrenner's Unit in 2017, the average daily population of inmates has been 520. The average daily population in which the staffing plan is predicated on is 612.

a) TDCJ Administrative Directive, AD-11.52 (rev. 6), Security Staffing, dated March 4, 2016 states, "The Texas Department of Criminal Justice (TDCJ) deploys adequate staff to provide safety and security to employees and offenders and to accomplish the mission of each unit…The CID Security Operations Department (Security Operations) is the office of record for approved staffing plans and turnout rosters for each state operated unit. Each unit turnout roster is formally attached to its staffing plan. Security Operations is the only department authorized to make changes to the staffing plan or shift turnout roster forms for state operated units…Security Operations must monitor levels of security staffing on all state operated units and conduct security staffing operational reviews for each state operated unit…Security Operations must determine unit staffing levels and plans based on unit design and mission, offender populations and custody level, and prevalence of substantiated and unsubstantiated incidents of sexual abuse, and established relief factors. Unit administration will use these plans as a guide in security staff deployment. Security Operations must provide shift and non-shift staffing plans and turnout rosters to the units. Shift turnout rosters must include all positions identified in the staffing plan. (Page 1 and 2)

The Safe Prisons/PREA Plan (February 2019) states, "The TDCJ shall ensure each unit develops, documents, and complies with a staffing plan that provides 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, units shall take into consideration TDCJ policies and procedures, and..." This plan identifies all eleven elements identified in this subsection of 115.13.

The Warden stated, "We have adequate staffing levels here at Glossbrenner. We also document information for the plan." He added video monitoring is not a part of the Glossbrenner Unit staffing plan.

The Safe Prisons Unit PREA Manager reports he is not involved in the creation of the staffing plan.

b) TDCJ's AD-11.52 (rev. 6) also states, "When security staffing levels permit, the shift supervisor must fill Priority 1 and 2 positions as indicated by the unit's staffing plan and shift turnout rosters. When filling these positions, consideration is given to correctional officer availability and overtime concerns. There is no established order in filling Priority 2 positions. In the event all Priority I positions cannot be filled, the shift supervisor will contact the duty warden who will contact the regional director for guidance to determine if correctional staff overtime and other operational considerations are warranted. If the regional director authorizes the unit to not fill a Priority I position, the shift supervisor must place the phrase "not filled" next to the position that was not filled. Further documentation must be noted on the reverse side of the shift turnout roster in accordance with SOPM 08.01…Security staff deviated to another position must be documented on the shift turnout roster…When occasions arise requiring the unit to deviate from the staffing plan, unit administration must document on the reverse side of the shift turnout roster the position deviation taken and the reason for the deviation." (Page 3 and 4)

This administrative directive defines a "Priority 1 Position" as a priority level assigned to a security position that has been identified on a shift turnout roster to meet the basic security and operational needs of the unit. A "Priority 2 Position" is a priority level assigned to a security position that the warden or designee may staff as needed to allow for unit activities that are deemed necessary based on availability of staff.

The Safe Prisons/PREA Plan states, "In circumstances where the staffing plan is not complied with, the unit shall document and justify all deviations from the plan.' (Page 11)

The Glossbrenner Unit has deviated from their staffing plan in the past twelve (12) months. The most common reason for this deviation is when staff out on transports.

The Auditor reviewed twelve (12) turnout rosters from for October 2019. These turnout rosters covered both shifts (7 a.m. to 7 p.m. and 7 p.m. to 7 a.m.). Of these twelve rosters, five documented deviations from the staffing plan. Positions not filled were properly documented with "not filled," per AD-11.52 (rev. 6) requirements.

The Warden stated, "Any deviations from the staffing plan have to be cleared with the Regional Director and documented."

c) Glossbrenner's staffing plan is reviewed annually with the Safe Prisons PREA Manager and the PREA Ombudsman as well.

Safe Prisons/PREA Plan states, "Each unit the TDCJ operates shall complete an assessment, whenever necessary, but no less frequently than once each year in consultation with the CID director, who serves as the PREA coordinator, and the TDCJ SSPM, to determine and document if the following require adjustments: The staffing plan established pursuant to paragraph 1 of this section; The unit's deployment of video monitoring systems and other monitoring technologies; or Resources the unit has available to commit to ensure adherence to the staffing plan." (Page 11)

TDCJ policy requires an annual review of each unit's turnout rosters. This is done by the Regional Director and the Safe Prisons/PREA Compliance Manager. They meet to assess, determine, and document whether adjustments are needed to the unit turnout roster.

The Auditor reviewed TDCJ's, Statement of Participation, from 2017, 2018 and 2019. This Statement of Participation is signed by the Regional Director, Warden of the Unit, Warden of Security Operations, Staffing Coordinator from Security Operations and Safe Prisons PREA Manager.

The Safe Prisons Regional PREA Compliance Manager reported he is not involved in the staffing plan reviews. He stated this was the job of the Safe Prisons PREA Manager.

d) Glossbrenner unit requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Safe Prisons/PREA Plan states, "Security supervisors at each unit shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds shall be conducted during all shifts in accordance with applicable post orders. Staff is prohibited from alerting other staff members when these rounds are occurring unless the announcement is related to the legitimate operational functions of the unit. Violations shall be handled in accordance with PD-22, "General Rules of Conduct and Disciplinary Guidelines for Employees." (Page 9)

TDCJ Executive Directive, PD-22 (rev. 15), General Rules of Conduct and Disciplinary Action Guidelines for Employees, dated July 1, 2018 states, "Employees are representatives of TDCJ and are expected to adhere to the highest standards of conduct while on-duty or off-duty, including adherence to the rules of conduct described in the Listing of Employee General Rules of Conduct and Disciplinary Violations (Attachment A). Employees who allegedly commit a rule violation will be subject to disciplinary action in accordance with the procedures within this directive…Misconduct – Violation Level 4: An employee shall not engage in any activity that would have an adverse impact upon the integrity or productivity of the employee or the TDCJ. This includes…alerting other staff members when supervisor rounds are being conducted, unless otherwise instructed…" (Page 2 and 46)

The Auditor interviewed two upper levels supervisors (one from each shift) who conduct unannounced PREA rounds. Both supervisors report these rounds are documented on the reverse side of the turnout rosters as well as in the housing units.

The Auditor reviewed twelve turnout rosters from October 2019 and found documentation of PREA rounds conducted on shift on the reverse side. The Auditor also reviewed sixteen (16) "Employee and Visitor Logs" from housing units and buildings in October and November 2019. These logs contained documentation unannounced PREA Rounds. Documentation included dates, staff conducting the rounds, and time in and out of the housing unit or building.

Based on the review of documentation and interviews with administration and staff, the Glossbrenner Unit exceeds this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a, b, c) N/A Glossbrenner Unit does not house youthful inmates. This was confirmed through documentation review, tour of the facility and interviews with staff and inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

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

115.15 (d)

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

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a, c) The Glossbrenner Unit does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, there have been zero (0) cross-gender or cross-gender visual body searches of inmates.

TDCJ Administrative Directive AD-03.22 (rev. 12), Offender Searches, dated June 17, 2019 states, "The Texas Department of Criminal Justice conducts offender searches in order to maintain the safety and security of staff, offenders, property, and the public…At times it may be necessary to strip search offenders to ensure staff and offender safety and to detect the presence of contraband. Strip searches shall be used only when specifically directed by unit post orders, unit departmental policy, or when a supervisor believes there is a reasonable suspicion to warrant such a search. Gender specific requirements are as follows…Male offenders shall be stripped searched by a male correctional officer or trained male staff member, except in exigent circumstances with prior approval from a security supervisor." (Page 2 and 3)

This same Administrative Directive states, "All cross-gender strip searches shall be documented by the security supervisor through the approving warden by way of IOC and filed in the unit Safe Prisons PREA manager's office. If, under ordinary circumstances, a female correctional officer is present in the vicinity of a male offender being strip searched. The female correctional officer's duty is solely to provide security. The female correctional officer shall not actively participate in the strip search. The female officer shall position herself where she does not see the offender's nude body…In exigent circumstances, such as a group disturbance, it may be necessary to conduct a mass search. It is acceptable to list each individual offender that was subject to a cross-gender search on the same IOC." (Page 4)

The Safe Prisons/PREA Plan states, "Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches, such as a search of the anal or genital opening, except in exigent circumstances or when performed by medical practitioners in accordance with AD-03.22, "Offender Searches. Unit staff shall document all cross-gender strip searches and cross-gender visual body cavity searches for male offenders, and all cross-gender visual body cavity searches…Those searches shall be documented on an Inter-Office Communication containing a supervisor's signed approved and filed with the USPPM." (Page 9)

TDCJ's Safe Prisons/PREA Operations Manual, 02.05, Cross-Gender Searches and Log, dated July 2014 states, "AD-03.22, "Offender Searches" requires that prior to conducting a cross-gender pat and strip searches of female-offender and cross-gender strip searches of male offenders, only a security supervisor shall approved the search under exigent circumstances…Following the authorization of a cross-gendered search, the security supervisor authorizing the search shall complete an IOC containing the following information: Officer's name authorized to conduct the search; Name and TDCJ# of the offender searched; Date of the search; Time of the search; Location of the search; Specific details of the exigent circumstances justifying the search; Use of Force or EAC number, if applicable; Printed and signed name of the supervisor authorizing the search." (Page 1)

TDCJ's 02.05 also outlines the documentation the Safe Prisons Unit PREA Manager must complete and maintain for all cross-gender strip searches. It also states, "The USPPM shall file and maintain all documentation pertaining to each cross-gender search as follows: Original documentation shall be filed in the office of the USPPM for a period of 3 fiscal years, plus current year; and, Copies of documentation shall be included in the appropriate PREA compliance folder." (Page 2)

b) N/A Glossbrenner Unit is a male only facility.

d) The Glossbrenner Unit has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These same policies and procedures require female staff to announce their presence when entering an inmate's housing unit.

TDCJ's Safe Prisons/PREA Plan states, "Correctional officers shall make best efforts to allow offenders to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite gender shall announce their presence when entering an offender housing area in accordance with applicable post orders." (Page 9)

During the tour, the Auditor found the following when it comes to inmate showers and restrooms. There are no cameras at the Glossbrenner Unit:

- Laundry: One restroom available to inmate workers. This restroom had one toilet and two urinals. The restroom area was surrounded by a half wall and had privacy screen in place.

- Boiler Room: One restroom available to inmate workers. This restroom area was located behind a privacy barrier to ensure privacy.

- Back Gate: This area is where strip searches can occur. The strip search area is located behind a barrier to ensure privacy.

- Food Service: One restroom available to inmate workers. This restroom has a solid door with a window. This window was partially blocked to ensure privacy. There is also a sign stating only one inmate at a time is allowed in the restroom.

- Education and Medical: Both areas have a restroom available to inmates. This restroom has a solid door with a small window. There is also a sign stating only one inmate at the time in the restroom.

- Treatment Separation Unit: Inmate showers are individual and have curtains in place to ensure privacy. Each cell has a toilet. The toilet is in such a way to ensure privacy for inmates. While this is not a gender specific post, only male officers conduct strip searches. Strip searches are done in the cell outside the view of female staff.

- Housing Units (Buildings 1, 2 & 3): Each wing contains an open bay/dorm style living area with bunk beds. The restroom and shower area are separated from the living area by a half wall. Privacy barriers are also in place for inmates to pull in front of the opening of the shower area.

- Intake and Visitation: Strip out areas are done individually, in a private area, by male officers.

All staff interviewed reported cross-gender announcements are made every time a female enters the living areas.

All inmates interviewed reported hearing cross-gender announcements made throughout the day. Most inmates also reported they felt they had enough privacy to shower, change clothes and use the restroom without female staff observing them in a state of undress.

e) The Glossbrenner Unit has policies and procedures in place prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There have been zero (0) such searches conducted in the past twelve (12) months.

TDCJ AD-03.22 states, "Searches of all offenders shall be conducted in a professional and respectful manner and in the least intrusive manner as possible in accordance with training regarding conducting searches and security needs. No search of a transgender of intersex offender shall be conducted for the sole purpose of determining the offender's genital status." (Page 1)

TDCJ's Safe Prisons/PREA Plan states, "During the intake process, non-medical staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversation with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner." (Page 10)

TDCJ's Safe Prisons/PREA Plan states, "Under no circumstances shall an offender search by conducted solely for the purpose of determining an offender's genitalia." (Page 9)

All staff interviewed report they are forbidden to search an offender to solely for the purpose to determine the genitalia of an offender.

There were no transgender or intersex inmates onsite to interview during this portion of the audit.

f) 100% of security staff have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates.

TDCJ's Safe Prisons/PREA Plan states, "Correctional staff shall be trained in the methods of conducting cross-gender, transgender, and intersex offender pat-down searches in order to ensure the searches are conducted professionally and respectfully, in the least intrusive manner possible, but with the attention to security needs. The trainings shall be tailored to the gender of the offenders at the unit of the assignment. The employee shall receive additional training when transferring to a unit with offenders of a different gender." (Page 17)

The Auditor reviewed the curriculum, "Legal Responsibilities: Contraband and Searches." This curriculum is three hours and thirty minutes in length and is taught at the academy. This curriculum references AD-03.22 "Offender Searches," and the PREA Standards for Prisons and Jails. This curriculum also includes watching videos and practice. Instruction covers cross-gender pat searches and pat searches of transgender and intersex offenders.

All staff interviewed report they have received pat-search training while in the academy.

Based on the review of policies, documentation, tour of the unit and interviews with staff and inmates, Glossbrenner Unit meets this standard.

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

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

115.16 (a)

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a) Glossbrenner Unit has established procedures to provide disabled inmates 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.

Correctional Managed Health Care (CMHC) Policy G.51.1, Offenders with Special Needs, dated March 17, 2016, states, "The Correctional Managed Health Care Committee, its agents, and the TDCJ Health Services Division provide services for offenders who require medical supervision and/or multidisciplinary care. These include but are not limited to offenders who: are chronically ill or have a communicable disease; require Assistive Disability Services…are seriously mentally ill; have a developmental disability…" (Page 1)

CMHC Policy G.51.1 defines Assistive Disability Service as the UTMB program that is designed to coordinate and/or provide care for offenders with mobility, vision, hearing or speech impairment.

This same policy also states, "Interpreters will be provided to offenders whose primary means of communication is via American Sign Language or finger spelling. The specific occasions for which interpreters are provided are completing the diagnostic process; major/minor disciplinary hearings; state/facility classification committee hearings; medical/dental appointments; mental health appointments; job placement interviews; and, substitute counsel for major/minor case review." (Page 2)

CMHC Policy A-08.3, Referral of Offenders to The Developmental Disabilities Program (DDP), dated September 22, 2014 states, "All offenders entering the Texas Department of Criminal Justice (TCCJ) are screened for developmental disability within 14 days of arrival. Sheltered housing and habilitative programming are provided for offenders with developmental disabilities." (Page 1)

TDCJ Administrative Directive, AD-06.25 (rev.4), Qualified Interpreter Services – American Sign Language, dated April 10, 2015 states, "The TDCJ shall provide qualified interpreters in informal governmental proceedings for offenders who use American Sign Language (ASL) as their primary means of communicating…Offenders identified as being profoundly deaf in the admission health appraisal process, and use ASL as their primary means of communicating, shall be referred to Assistive Disability Services (ADS). The ADS referral procedures are outlined in the Correctional Managed Health Care Policy Manual." (Page 1)

This same directive defines "Informal Governmental Proceedings" as activities or proceedings in which understanding and communication are of critical importance and occur while the offender is in the custody or under the supervision of the TDCJ. These activities or proceedings include, but not limited to: Classification committee interviews; Disciplinary case interviews and hearings…Grievance and patient liaison investigations; and Office of Inspector General (OIG) investigations. For offenders in TDCJ custody, these activities or proceedings also include: Medical and dental appointments; and Psychiatric, psychological, and sociological appointments. (Page 1 and 2)

AD-06.25 also states, "State jail intake processes shall ensure offenders identified as being profoundly deaf and that use ASL as their primary means of communication are provided with qualified interpreter services as required above. Those offenders shall be referred to the TDCJ health services liaison with

a recommendation for transfer to the appropriate unit…TDCJ divisions may contact the nearest regional Deaf Council directly when qualified interpreter services are needed." (Page 3)

TDCJ Safe Prisons/PREA Operations Manual, Number 02.03, Safe Prisons/PREA Program Posting and Brochures, dated July 2014 states, "Written policy and procedure requires that offenders shall receive information explaining the TDCJ zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. In addition to providing offenders with education either in person or through video, the USPPM shall ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written material." (Page 1)

Safe Prisons/PREA Plan also addresses this subsection. It states, "Appropriate steps shall be taken to ensure offenders with disabilities, including 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 TDCJ efforts to prevent , detect, and respond to sexual abuse and sexual harassment. Staff shall provide access to qualified interpreters, when necessary, to ensure effective communication with offenders who hare deaf or hard of hearing. Written materials shall be provided in accordance with TDCJ policies and procedures, to ensure effective communication with offenders with disabilities, limited reading skills, or who are blind or have low vision." (Page 20)

TDCJ, Number 6.05, Intake Processing of Offenders in Need of an Interpreter, dated June 2007 states, "To establish a procedure for interviewing offenders who are unable to communicate in English, to include offenders speaking other languages and offenders who communicate via sign language. Intake staff must utilize a qualified interpreter for the processing of any offender…who communicates in sign language. When an offender who communicates in sign language only (is unable to communicated by speaking) arrives at a transfer facility, the Intake Coordinator will notify the unit Chief of Classification. The Chief of Classification will request transfer of the offender to the Byrd Unit. Upon the offender's arrival at the Byrd Unit, the Byrd Unit Intake Coordinator or Staff Services Officer will arrange for a qualified sign language interpreter to assist with intake processing of the offender. When an offender who communicates in sign language only arrives at a State Jail or SAFP intake facility, if no sign language interpreter is available on that facility, the Intake Coordinator will contact the Intake Administrator for assistance." (Page 1)

TDCJ Safe Prisons/PREA Operations Manual, Number 03.01, Offender Assessment Screening, dated December 2017 states, "The Interviewer shall ask each question in a manner to ensure the offender understands the questions and take appropriate steps to ensure offenders with disabilities receive interpreter services, when necessary. Offenders who are deaf or hard of hearing shall be provided interpreter services in accordance with AD-06.25, "Qualified Interpreter Services – American Sign Language." Offenders who are blind or have low vision or those who have intellectual, psychiatric, speech disabilities shall be provided interpreter services in accordance with CMHC-G 51.1." (Page 2)

There were no inmates onsite during this portion of the audit who were hard of hearing or deaf, visually impaired or blind, or developmentally disabled to interview.

b) Glossbrenner Unit has established procedures to provide inmates with limited English proficiency 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.

TDCJ Safe Prisons/PREA Operations Manual, Number 02.03, Safe Prisons/PREA Program Postings and Brochures, dated July 2014 states, "Safe Prisons/PREA Posters. The USPPM shall ensure the continuous display of English and Spanish Safe Prisons/PREA Program posters throughout the unit,

including staff and offender work areas adjacent to the unit, such as, transportation hubs, farm shops, etc. Facilities choosing to stencil the posters on unit walls may do so, with approval from the unit warden provided the language is in complete and exact wording as documented on the poster…" (Page 1)

02.03 also states, "The USPPM shall ensure the following sexual abuse, sexual harassment, and extortion awareness posters, provided in English and Spanish are displayed throughout the unit in locations accessible and visible to offenders." (Page 2)

During the tour of the unit, the Auditor noted Safe Prisons/PREA Posters in English and Spanish posted in every living area, work area, medical, visitation and education.

CMHC, Number E-37.5, Interpreter Services – Monolingual Spanish-Speaking Offenders, dated January 2012 states, "Monolingual Spanish-speaking offenders are identified by Security and a list is available upon request. These offenders must be provided qualified interpreter services during all phases of health care provision. The facility health administrator (TTUHSC)/practice manager (UTMB) is responsible for maintaining a listing of all qualified interpreters on the facility including name, position, and shift assignment. This information may be obtained from the Facility Administrator's office. When interpreter services are used it will be noted, along with the name of the interpreter, in the patient health record. In those cases where health care must be provided to a monolingual Spanish-speaking offender and a qualified interpreter is not available on a timely basis, any interpreter may be utilized, and the interpreter's name and title will be documented." (Page 1)

Safe Prisons/PREA Plan states, "Offenders with limited English proficiency shall be provided meaningful access to information regarding TDCJ efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." (Page 21)

TDCJ Administrative Directive, AD-04.25 (rev. 5), Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking, dated August 25, 2016 states, "Newly received monolingual Spanish-speaking offenders will receive language assistance services during the intake process. This assistance, provided by intake staff, must include providing orientation materials and videotaped information in Spanish as well as testing in Spanish…The formal identification process for newly received monolingual Spanish-speaking offenders will be made by the intake staff at the time of the intake interview…Eligible offenders will be documented as monolingual Spanish-speaking in an electronic record to enable unit staff responsible for activities and proceedings to determine offender eligibility. Eligible offenders must receive language assistance services, as well as other services pursuant to the criteria established for such services. Some forms of language assistance services, such as English as a Second Language (ESL) classes, and certain translated documents, are also available to offenders not identified as monolingual Spanish-speaking. Offenders whose primary language has been identified as Spanish are listed on a monthly INFOPAC report." (Page 3)

AD-04.25 also states, "The warden and WSD principal must ensure languages assistance services are available to eligible offenders assigned to Correctional Institutions Division (CID) facilities…The orientation session must be shown in Spanish to all offenders needing to view it in Spanish, or offenders identified by staff as monolingual Spanish-speaking…Informational materials available in Spanish, such as the TDCJ Disciplinary Rules and Procedures for Offenders, The Surgeon General's Report to the American Public on HIV Infections and AIDS, and the TDCJ Offender Orientation Handbook, must be provided to offenders needing them…Each must receive the TDCJ Disciplinary Rules and Procedures for Offenders handbook, available in English and Spanish. Notices of revisions to the TDCJ Disciplinary Rules and Procedures for Offenders handbook must be provided to the offender population as they occur, in both English and Spanish…The TDCJ will provide certain

informational notices in Spanish at all units, such as rules and procedures pertaining to disciplinary procedures, access to courts, grievance procedures, safety issues, including evacuation routes, and mandated notice(s) to offenders" (Page 3 and 4)

As is relates to identifying qualified interpreters, AD-04.25 states, "Wardens and parole regional directors must identify qualified interpreters who are available to provide interpretation services for eligible offenders…The qualifying criteria must be assessed by the Spanish language coordinator. Each unit or DPO must maintain a list of qualified interpreters assigned to the unit or DPO. The Spanish language coordinator must include all qualified interpreters on the TDCJ qualified interpreter list." (Page 5)

It also states, "The Unit Interpreter Coordinator (UIC)…print and distribute, on a monthly basis, the unit or DPO qualified interpreters list and the INFOPAC list of Spanish-speaking offenders to security supervisors and all appropriate divisions and departments including, but not limited to, the following: Classification and Records; Education; Health Services; Law Library; Offender Disciplinary; Offender Grievances; Shift supervisors; Office of the Inspector General (OIG)…Safe Prisons/PREA…" (Page 6)

AD-04.25 states, "Offender Grievance Process…The written translation must be attached to the grievance form and must include the qualified interpreter's name. This process ensures a proper investigation and response to eligible offenders, as outlined in TDCJ policy and procedures governing offender grievances...All eligible offenders must be given language assistance services when receiving health care services in accordance with Correctional Managed Health Care policy E-37.5, Interpreter Services-Monolingual Spanish-Speaking Offenders…All eligible offenders must be provided language assistance services when interviewed by OIG investigators." (Page 10 and 11)

TDCJ requires units to use qualified interpreters to provide verbal interpretation services during certain unit activities in accordance with AD-04.25.

TDCJ also allows units to use qualified interpreters for other activities when needed to ensure communication is accurate. This includes through the intake process and interviews.

The Auditor reviewed a list of qualified Spanish interpreters from November 2019. In addition, the Auditor also reviewed a list of qualified staff interpreters who speak other languages than Spanish.

The Auditor interviewed one inmate who was identified as Limited English Proficient (LEP). His primary language was Spanish. A qualified staff member acted as the interpreter for the conversation. The inmate advised he has received all his information in Spanish. He identified Safe Prisons PREA posters in the housing unit are in Spanish. He also informed the Auditor he can fully communicate with staff and his needs are being met.

c) The Glossbrenner Unit does not allow the use of inmate interpreters. In the past twelve months, there have been no instances of using inmate interpreters.

The Safe Prisons/PREA Plan states, "When seeking interpreters, staff shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties described within this plan, or the investigation of the offender's allegations. Staff shall follow appropriate TDCJ policies and procedures for obtaining a qualified interpreter…" (Page 21)

TDCJ Administrative Directive, AD-04.25 (rev. 5), Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking, dated August 25, 2016 states, "Qualified interpreters must

treat language assistance services as confidential and must not disclose information gained through the interpretation services, unless a breach in security has occurred, in which case correctional officials must be notified immediately." (Page 12)

All staff interviewed reported they would not use inmate interpreter. They advised there are plenty of staff available who speak multiple languages.

Based on the review of policies, documentation, tour of the unit and interviews with staff and inmates, Glossbrenner Unit meets this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

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

115.17 (b)

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

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a) The Glossbrenner Unit has established policies and procedures prohibiting the hiring and promoting anyone who has pending or prior criminal convictions.

TDCJ Executive Directive, PD-75 (rev. 8), Applicants with Pending Criminal Charges or Prior Criminal Convictions, dated April 1, 2017 states, "The TDCJ, contract employees, construction contractors, and program-specific vendors will follow provisions of this directive when considering applicants for employment who have pending criminal charges or prior criminal convictions…The TDCJ will not hire, as an employee or contract employee, any individual who may contact with offenders, if they have: Engaged in sexual abuse in a prison, jail, adult or juvenile confinement facility, or other similar institution setting; Been convicted of engaging or attempting to engage in sexual activity by use of force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; Been civilly or administratively adjudicated for engaging in the activity listed in I.C.1-2." (Pages 1, 5)

This same language is also found in Safe Prisons/PREA Plan.

These questions are specifically asked on the TDCJ "Employment Application Supplement for Agency Applicants" and the "Employment Application Supplement." These forms must be attached, or the application is not considered complete.

TDCJ Executive Directive, PD-73 (rev. 12), Selection Criteria for Correctional Officer Applicants, dated September 1, 2015 states, "Basic Criteria. All CO applicants, including non-correctional TDCJ employees applying for reassignment, or being involuntarily demoted, including through a disciplinary action resolution of a grievance, or Independent Dismissal Mediation, to a CO position, shall meet the following basic eligibility criteria to be employed as a CO…Not be on community supervision (probation), including deferred adjudication for any criminal offense; Not have pending charges for any criminal offense or have an outstanding warrant; Not have a Class A misdemeanor conviction within the last 10 years; Not have a Class B misdemeanor conviction within the last five years; Not have an active restraining order that prohibits the applicant from possessing a firearm; Never have been convicted of an felony." (Page 3 and 4)

b) Glossbrenner Unit requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractors, who may have contact with inmates.

TDCJ Executive Directive, PD-75 (rev. 8), Applicants with Pending Criminal Charges or Prior Criminal Convictions, dated April 1, 2017 states, "The TDCJ will consider any incidents of sexual harassment in

determining whether to hire an individual, or to enlist the services of a contractor, who may have contact with offenders." (Page 5)

This same language is also in the Safe Prisons/PREA Plan.

TDCJ Human Resources stated, "TDCJ, as part of the clearance process for employees and contractors, contacts all previous employers where the applicant may have had contact with inmates. Any reference or prior incidents of sexual harassment or abuse is taken into consideration and may make the applicant ineligible for employment."

c, d, e) Glossbrenner Unit has policies and procedures in place to conduct background checks on new hires and current employees and contractors.

Safe Prisons/PREA Plan states, "Before hiring new employees who may have contact with offenders, the TDCJ shall: Perform a criminal background check; and Attempt 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 accordance with federal, state and local law. Criminal background checks shall either be conducted at least every five years for current employees and contractors who may have contact with offenders, or a system shall be in place to otherwise attain information for current employees." (Page 39)

TDCJ Executive Directive, PD-71 (rev. 13), Selection System Procedures, dated August 1, 2018 states, "If an applicant was selected by the primary interviewer and the results of the interviews have been reviewed and approved by the selection reviewer, the contact person shall obtain clearance to ensure the selected applicant is eligible for selection." (Page 25)

For current employees this directive states, "The contact person shall obtain written clearance from the inside applicant's human resource representative via the HR Clear eform. The clearance shall include verification of the applicant's current title, salary schedule, salary group, established salary rate, and actual salary rate. In addition, the contact person shall verify that the applicant's eligibility is not affected due to current disciplinary probation, having been recommended for dismissal, or any other reasons." (Page 25) This same directive also outlines reasons why a current employee would be disqualified for a promotion and requires a background check. "The contact person shall request a criminal record check from the Employment Section if an inside applicant is selected for one of the following positions: A supervisor of CO's, food service managers, laundry manager from outside the respective series, parole officer, or unit commissary position. The criminal record check shall be used to determine whether the applicant whether the applicant has an any pending criminal charges or prior criminal convictions that would disqualify the applicant from the position in accordance with PD-75, "Applicants with Pending Criminal Charges or Prior Criminal Convictions.." (Page 26)

For new applicants and interagency transfers, this directive states, "The Employment Section shall perform a final employment clearance prior to a conditional offer to an outside or interagency applicant. The employment clearance shall include a criminal record check, verification that all required documents have been provided, verification of document authenticity, and eligibility for employment." (Page 26)

TDCJ Executive Directive PD-27 (rev. 6), Employment Status Pending Resolution of Criminal Charges or Protective Orders, dated August 1, 2015 states, "Employees of the TDCJ are required to notify the TDCJ in accordance with the procedures in this directive upon being arrested, learning of an outstanding warrant of arrest, or when criminal charges are filed against them for a misdemeanor or felony offense. In addition, certain employees identified in this directive are required to notify the TDCJ upon being named as a respondent in a protective order…Employee Relations shall conduct a semi-annual background check for each employee to ensure there are no outstanding warrants of arrest for

the employee once during the month of the employee's birthday and once 180 days later. "(Page 1 and 2)

TDCJ also uses an automatic arrest notification via employee fingerprints.

PD-27 also states, "Texas Department of Public Safety (DPS) Automatic Arrest Notification System. Upon receipts of an employee's fingerprints from Employee Relations, the DPS automatically notifies Employee Relations if the employee has been arrested."

TDCJ Human Resources stated, "TDCJ performs criminal record background checks on all newly hired employees and contractors during the clearance process. This is done regardless of whether they may have contact with offenders. The employee's information is entered into the Criminal Justice Information System (CJIS) and a response is sent back to the Texas Department of Public Safety (DPS). The DPS also immediately provides an automatic notification to the agency through e-mail if any criminal charges are brought against any employee or contractor during their employment. Additionally, the agency performs warrant searches during the employee's birth month and six months after their birth month. This disciplinary record of all employees considered for promotion is reviewed at the time of consideration."

They went on to say, "During the initial criminal history check, each employee's or contractor's information is entered into CJIS. The DPS will immediately provide an automatic notification to TDCJ by e-mail of any new criminal activity on that part of the employee. Additionally, TDCJ conducts warrant checks of each employee and contractor every six months."

It should be noted the minimum requirement for this standard on conducting background checks on current employees is once every five (5) years.

The Auditor reviewed a spreadsheet with the 23 new hires from the Glossbrenner Unit. This sheet included the date of hire and the date the background was completed. Background checks were completed before all employees were hired.

f, g) Glossbrenner Unit employees have a duty to report any previous or current misconduct. In addition, material omissions regarding such misconduct or providing false information shall be grounds for termination.

Safe Prisons/PREA Plan states, "The TDCJ shall directly ask all applicants and employees who may have contact with offenders about previous misconduct described in Section VII.A.1.a in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of employee review. The TDCJ shall also impose on employees a continuing affirmative duty to disclose knowledge or any such misconduct. Material omissions regarding misconduct of this nature, or the provision of materially false information, shall be grounds for termination." (Page 38)

TDCJ Executive Directive, PD-73 (rev. 12), Selection Criteria for Correctional Officer Applicants, dated September 1, 2015 states, "Disqualification for Providing Inadequate, False, or Inaccurate Information or Documentation. Prior to an applicant being employed by the TDCJ, the applicant shall provide all required documentation. The Employment Section, Human Resources Division, shall verify the authenticity of the documentation. An applicant who provides false or inaccurate information or documentation in the application process shall be disqualified from consideration for any TDCJ position for a minimum of one year from the date of the applicant's PERS 239, State of Texas Application for Employment. A current employee who provides false or inaccurate information or documentation may be subject to disciplinary action in accordance with PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees." (Page 5)

TDCJ Executive Directive, PD-27 (rev. 6), Employment Status Pending Resolution of Criminal Charges or Protective Orders, dated August 1, 2015 states, "Employees of the TDCJ are required to notify TDCJ in accordance with procedures in this directive upon being arrested, learning of an outstanding warrant of arrest, or when criminal charges are filed against them for a misdemeanor or felony offense. In addition, certain employees identified in this directive are required to notify the TDCJ upon being named as a respondent in a protective order…An employee who is arrested or becomes the subject of a criminal charge for misdemeanor or felony offense shall report such action by telephone or in person to the employee's immediate supervisor within 48 hours of the event and before reporting for duty…"

TDCJ Human Resources stated, "As part of the selection process, TDCJ asks all applicants to list all previous employers. For all positions listed, applicants are asked their reason for leaving and whether they have ever been fired or asked to resign. This information can be found on the latest version of the application supplement. PD-29, Sexual Misconduct with Offenders, describes the responsibilities of all employees to report all incidents of sexual misconduct, to include their ongoing duty to disclose such incidents."

The Auditor reviewed nine (9) signed Standard or Supplemental Safe Prisons/PREA Training Acknowledgement forms. This form is not only an acknowledgment for attending PREA training is also an acknowledgment for the employees continuing affirmative duty to disclose. This acknowledgment form asks the three questions required under 115.17a.

h) TDCJ will provide information on substantiated allegations of sexual abuse and sexual harassment involving former employees when contacted by another institution.

Safe Prisons/PREA Plan states, "Unless prohibited by law, information shall be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee after receiving a request from an institutional employer for whom the employee has applied for work." (Page 39)

TDCJ Executive Directive PD-56 (rev. 7), Request for and Release of Employment Information or Documents, dated June 1, 2017 states, "The release of information or documents relating to active or former TDCJ employees shall be in accordance with guidelines established in this directive…Unless prohibited by law, the TDCJ shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee after receiving a request from an institutional employer for whom such employee has applied for work." (Page 3)

TDCJ Human Resources stated, "Any questions regarding substantiated sexual abuse or sexual harassment claims by employees against offenders are referred to an answered by the TDCJ Office of the Inspector General."

Based on policy and documentation review, practices of TDCJ and interviews with staff, Glossbrenner Unit exceeds this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a, b) This standard is N/A as the Glossbrenner Unit has not acquired a new facility or made substantial expansion to the unit. There are no cameras at Glossbrenner Unit.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

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

115.21 (e)

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

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Glossbrenner Unit is responsible for conducting administrative investigations of inmate-on-inmate sexual abuse and sexual harassment. The Office of Inspector General (OIG) is the outside agency that conducts all criminal investigations and administrative investigations of staff-on-inmate sexual abuse and sexual harassment allegations. The OIG also is responsible for conducting criminal investigations of inmate-on-inmate sexual abuse and sexual harassment allegations.

a, b, f) Safe Prisons/ PREA Plan states, "All allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth, where applicable, and as appropriate, shall be adapted from otherwise based on the most recent edition of the U. S. Department of Justice Office on Violence against Women publication, " A National

Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011." (Page 25)

TDCJ Administrative Directive AD-16.03 (rev. 5), Evidence Handling, dated May 28, 2019 states, "When circumstances reveal that a criminal act may have occurred, the TDCJ shall ensure the implementation of evidence handling and crime scene protection/preservation procedures in accordance with the directive. All employees shall take those steps necessary to protect life and property as well as to provide for the identification, protection, preservation, and collection of physical evidence in such a manner as to maintain its integrity." (Page 1)

This same directive also states, "Anyone entering a crime scene can alter or change the scene and its evidence; therefore, to the fullest extent possible, a crime scene shall be secured and remain undisturbed until the arrival of OIG investigators. The TDCJ staff shall adhere to the following guidelines until the scene is released to the OIG. Where applicable, TDCJ staff shall first stabilize the situation by initiating the Incident Command System (ICS), isolating participants and witnesses, and obtaining and providing medical assistance when necessary. Staff shall establish and preserve crime scene boundaries by identifying the focal point(s) of the scene and extending outward, while being aware of trace and impression evidence during scene assessment; secure areas where the crime occurred and areas that are potential points and paths of entry and exit of suspects and witnesses; and secure areas where victims or evidence may have moved or been moved…Any questions regarding evidence collection during this process shall be referred to the OIG. All staff at the scene shall make mental notes of observations and write them down as soon as possible…Each participant and bystander shall be separated and isolated to prevent them from communicating with each other. The supervisor in charge or designee shall make a list of all participants, bystanders, and staff and shall attempt to identify and located all witnesses to assist the OIG in conducting the investigation. (Pages 1-3)

AD 16-03 also states, "The evidence chain of custody is initiated at the time an item is seized, recovered, or obtained as evidence. From this point forward, each time the item of evidence is transferred from one individual to another, an additional link is attached to the chain of custody…Evidence mut be appropriately collected, handled, and packaged to maximize its integrity. To avoid contamination and cross-contamination, all evidence collected shall be placed in individual clean paper bags or clean containers…" (Page 3) When a criminal offense is committed, the OIG shall be notified in accordance with AD-16.20, "Reporting Incidents/Crimes to the Office of the Inspector General"…The OIG will create and update training materials to be used for evidence collections procedures." (Page 4)

TDCJ Office of the Inspector General, Operational Procedures Manual, OIG-04.05, Offender Sexual Assault Investigations, dated November 19, 2019 states, "The purpose of this policy is to provide investigators with the agency's policy and procedures for investigating and documenting incidents of sexual assault…Sexual assaults of personal violent crimes that have a great psychological and physical effects on the victim. Therefore, all offender allegations of sexual assault must be conducted in a professional and confident manner. To enhance the probability of a successful prosecution, investigators will complete a prompt, thorough and objective investigation. This policy complies with the Department of Justice – Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents," second edition." (Page 1) The manual continues, "To comply with PREA Standards, when sufficient information reveals that a sexual assault occurred or allegations of a sexual assault incident are received, including outcries, third party and anonymous reports, by any communicative method, investigators are required to initiate a sexual assault investigation." (Page 4)

c) Victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam. State law (SB-1191) requires that ER staff have

specialized training to compete a forensic exam by does not require that the SANE or SAFE training. When possible SANE and SAFE will be utilized.

In the past twelve (12) months there have been zero SANE's/SAFE's performed for Glossbrenner Unit.

Safe Prisons/PREA Plan states, "All offender victims of sexual abuse shall be offered access to forensic medical examinations, whether on-site or at an outside medical facility, without financial cost, where evidentiary or medically appropriate. Such examination shall be performed by a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) when possible. If neither a SAFE nor SANE can be made available, the examination may be performed by other qualified medical practitioners in accordance with CMHC policies. Efforts to provide a SAFE or SANE shall be documented." (Page 13)

TDCJ Office of the Inspector General, Operational Procedures Manual, OIG-04.05, Offender Sexual Assault Investigations, dated November 19, 2019 states, "When notified of an outcry within 120 hours,, investigators should immediately respond to the scene to: initiate an investigation; interview the victim; determine if a forensic medical examination will be offered; and examine and process the crime scene. However, when circumstances prevent and immediate response to the unit, a decision to send the victim for forensic medical examination can be made via a telephone conversation with a unit supervisor. For the purpose of this policy, prompt reporting of a sexual assault incident is defined as the victim reporting the assault within moments of the incident up to 120 hours after the occurrence. Upon determining that a sexual assault was promptly reported, the investigator will inform the appropriate unit personnel that the victim…taken to the Medical Department where the victim will be provided with an opportunity to voluntarily be sent to an appropriate medical facility for a forensic medical exam." (Page 4)

The manual also states, "When notified of an outcry within 120 hours, investigators should immediately respond to the scene to; initiate an investigation; interview the victim; determine if a forensic medical examination will be offered; and examine and process the crime scene. However, when circumstances prevent an immediate response to the unit, a decision to send the victim for a forensic medical examination can be made via a telephone conversation with a unit supervisor. (Page 4) The Office of the Attorney General (OAG) created the "Law Enforcement Request for Sexual Assault Exam" form as a vehicle for the Crime Victim's Compensation Program (CVC) to reimburse hospitals and medical providers for sexual assault medical exams…If a sexual assault is reported to the OIG within 120 hours, with the consent of the victim, an investigator shall request a forensic medical examination of the victim of the alleged assault for use in the investigation or prosecution of the offense…" (Page 5 and 6)

There are no SAFEs/SANEs staff onsite for the Auditor to interview.

d, e) The Glossbrenner Unit will make available, when requested by the victim, a victim advocate or qualified agency staff member to accompany the victim through the forensic medical examination process and investigatory interviews.

Safe Prisons/PREA Plan states, "Attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crises center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services. As requested by the offender victim, the victim advocate or qualified TDCJ staff member, or qualified community-based organization staff member shall: Accompany and support the victim through the forensic medical examination process and investigatory interviews; Provide emotional support, crisis intervention, information, and referrals; and, Not delay or otherwise impede the screening or stabilization of an emergency medical condition.

For the purposes of this section, a qualified TDCJ staff member is an offender victim representative (OVR). (Page 12)

Safe Prisons/PREA Operations Manual, 02-02, Offender Victim Representative, dated July 2014 states, "Written policy and procedure required the TDCJ to make available to an offender victim of sexual assault, a victim advocate from a rape crises center. When an advocate from rape crises center is not available to provide emotional support advocacy services following an allegation of sexual assault, the TDCJ shall upon request of the offender victim, provide an OVR to support the offender victim through the forensic medical examination process and investigatory interviews. The OVR shall provide emotional support, crisis intervention, information, and referrals. OVR's shall be approved by the unit warden to serve in this role and shall receive the necessary training concerning sexual assault and forensic examination issues." (Page 1) This manual also states only these positions will be considered as OVR's: mental health practitioner, sociologist, chaplain, social worker and case manager.

02.02 also states, "Each newly designated OVR shall complete the TDCJ Offender Victim Representative Training course prior to performing OVR functions…The OVR may only provide the offender victim of sexual assault with counseling and other emotional support services but shall not delay or otherwise impede the screening or stabilization of an emergency medical condition." (Page 2)

Safe Prisons/PREA Operational Manual, 05.01, Sexual Abuse Response and Investigation, dated September 1, 2019 states, "Following the OIG authorization of a forensic exam, the security supervisor shall offer the offender a victim advocate, where available, or an OVR to accompany and provide the offender with emotional support services during the forensic examination and/or investigative interviews. If the offender accepts the services, the security supervisor shall immediately contact the advocacy center or OVR and provide the advocate with information regarding the location of the impeding exam or interview. The notifying supervisor shall document the appropriate contact information on Attachment G. In the event, the alleged victim refuses support services from an advocate/OVR document "no" in the appropriate filed on Attachment G." (Page 2 and 3)

The Unit PREA Manager reports there is MOU in place with a local rape crises center.

The Auditor reviewed documentation from 2017, 2018 and 2019 demonstrating TDCJ's attempt to partner with a local rape crises center.

There were no inmates who reported sexual abuse onsite to be interviewed.

Based on the policy, documentation review and interviews with staff, Glossbrenner Unit meets this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

In the past twelve (12) months, the Glossbrenner Unit has had one (1) allegation of sexual abuse and sexual harassment. This allegation resulted in an administrative investigation only.

The Glossbrenner Unit is responsible for conducting administrative investigations of inmate-on-inmate sexual abuse and sexual harassment. The Office of Inspector General (OIG) is the outside agency that conducts all criminal investigations and administrative investigations of staff-on-inmate sexual

abuse and sexual harassment allegations. The OIG also is responsible for conducting criminal investigations of inmate-on-inmate sexual abuse and sexual harassment allegations.

a, b, c) TDCJ Board Policy, BP-01.07 (rev. 7), Inspector General Policy Statement, dated October 31, 2019 states, "It is the policy of the TBCJ that the inspector general ensures effective communication with the TBCJ and TDCJ executive management. In accordance with Texas Government Code 493.019, the Office of Inspector General (OIG) is the primary investigative and law enforcement entity of the TBCJ. The OIG reports directly and only to the TBCJ. The OIG shall serve as an independent office to conduct investigations in accordance with professional standards established for investigations in a government environment and certain regulations and policies of the TBCJ and the TDCJ, the laws of the state of Texas, and the Constitution and laws of the United States." (Page 1) In addition, "The OIG has the authority and responsibility to engage in the following…Direct investigations related to the enforcement of all appropriate federal and state laws, regulations, and TBCJ and TDCJ policies…Receive and investigate complaints from any source or upon its own initiative concerning alleged corruption, illegal acts, abuse, fraud and waste…Conduct joint investigations and projects with other oversight or law enforcement agencies." (Page 2)

TDCJ Executive Directive, PD-29 (rev. 5), Sexual Misconduct with Offenders, dated March 1, 2017 states, "An employee who becomes aware of alleged sexual misconduct shall immediately report such misconduct to one or more of the following: The employee's immediate supervisor, warden or department head; The employee's second level supervisor if the person allegedly conducting such misconduct is the employee's immediate supervisor; A unit Office of the Inspector General (OIG) investigator…The PREA Ombudsman Office. Supervisors who receive notification of alleged sexual misconduct and other individuals who become aware of alleged sexual misconduct shall immediately report such misconduct to one or more of the following: Warden or department head; A unit OIG investigator…PREA Ombudsman. Upon being notified by an employee, an employee's supervisor, other individual, an offender, or an offender's family member of any alleged sexual misconduct, a warden, department head, or the PREA Ombudsman shall contact the OIG in accordance with AD-16.20, "Reporting Incidents/Crimes to the Office of the Inspector General." (Page 4 and 5)

TDCJ Administrative Directive, AD-16.20, Reporting Incidents/Crimes to the Office of the Inspector General, dated October 15, 2019 states, "This directive defines the administrative violations, criminal offenses, and emergency incidents which, when occurring on TDCJ property or affecting the TDCJ's authorized interest, are reportable to the OIG…BP-01.07, "Inspector General Policy Statement," designates the OIG as the principal law enforcement agency for the TDCJ. As such, the OIG has primary jurisdiction for investigating criminal offenses occurring on TDCJ property or affecting the TDCJ property or pecuniary interest, including criminal offenses where the TDCJ is the victim or has an authorized interest. The OIG is primarily responsible for interactions between TDCJ and outside law enforcement agencies." (Page 3)

AD-16.20 also states, "TDCJ supervisors and managers are responsible for conducting administrative investigations involving their staff members who violate the general rules of conduct as defined in PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees." However, OIG investigators may assist in these matters." (Page 3)

This same directive also covers duty to report. It states, "Any TDCJ employee, contract employee, intern, or volunteer who is aware of or has knowledge of an incident or allegation of an administrative violation, criminal offense, emergency incident, or other incident required to be reported in accordance with Attachments A or B, must immediately report the incident or allegation to their supervisor. The supervisor or ranking employee on duty shall ensure that any occurrence or allegation of an administrative violation, criminal offense, emergency incident, or other incident required to be reported in accordance with the Attachments A or B is reported to the OIG in accordance with this directive." (Page 3)

TDCJ Administrative Directive, AD-02.15 (rev. 12), Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, dated May 7, 2015 states, "Administrative Incident Review Process. After reporting a serious or unusual incident, the warden or supervisor shall conduct a prompt, thorough investigation, and complete an Administrative Incident Review. The review shall include: A review of the circumstances of the incident; The name(s) of the person(s) involved; Events leading up to and following the incident; Events leading up to and following the incident; A consideration of whether the actions taken were consistent with TDCJ policies and procedures; A review of whether lesser alternative means of managing the situation were available; An identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs; A determination of whether Incident Command System levels or response level were used during the incident; A determination of whether employee action or inaction was a factor in the incident; Corrective action taken…Alleged sexual abuse and alleged staff sexual harassment information, if applicable…" (Page 7 and 8)

Attachment B of AD-02.15 lists alleged sexual abuse, unless determined to be unfounded, and alleged sexual harassment, unless determined unfounded, as incidents that shall be reported as soon as possible but within three hours to the Emergency Action Center (EAC).

All PREA information, including investigative information and reporting information, is located on TDCJ's website: https://www.tdcj.texas.gov/tbcj/prea.html

Based on policy and documentation review, Glossbrenner Unit meets this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a) The Glossbrenner Unit is a male only facility.

Safe Prisons/PREA Plan states, "All Safe Prisons/PREA Program training and education shall be performed in accordance with the Correctional Training and Staff Development program schedule, the SPPOM, and this plan. All employees who may have contact with offenders shall receive the following information in accordance with Safe Prisons/PREA requirements…" (Page 33) The requirements listed in this plan match the requirements of this subsection.

This plan goes on to state, "The training shall be tailored to the gender of the offenders at the unit of assignment. The employee shall receive additional training when transferring to a unit with offenders of a different gender." (Page 34)

The Auditor reviewed the following curriculums taught during Pre-Service and In-service:

- In-Service Training: Safe Prisons/PREA Program (1:30)
- Pre-Service Training: Safe Prisons Module – Sexual Abuse/Assault (00:45)
- Supervisor In-Service Training: Safe Prisons/PREA Program (2:00)
- (Video) Created by TDCJ and shown to all staff who have contact with offenders during pre-service and in-service training.

Both curriculums cover all requirements listed in 115.31a.

TDCJ Safe Prisons/PREA Operations Manual, 06.01, dated July 2014 states, "The USPPM shall ensure all unit staff is knowledgeable of the agency zero-tolerance policy regarding sexual abuse and sexual harassment; as well as methods for the prevention, detection, reporting, and response to allegations of sexual abuse, sexual harassment, extortion, and other acts of offender aggression." (Page 1) The trainings the USPPM is required to provide address all elements in 115.31a.

All staff interviewed advised they have received PREA training and were able to discuss all elements covered in their training.

c) All staff who have contact with inmates at the Glossbrenner Unit have received the required PREA training.

Safe Prisons/PREA Plan states, "All employees who have contact with offenders, including medical and mental health care practitioners, shall receive training as outlined in Section VI.B.1, at least every two years. In the interim years, employees shall be provided refresher information on current sexual abuse and sexual harassment policies." (Page 34)

TDCJ Administrative Directive, AD-12.20 (rev. 7), Implementation and Operation of TDCJ In-Service and Staff Survivor Training, dated December 16, 2016 states, "The TDCJ ensures all uniformed and designated non-uniform employees complete a minimum of 40 hours in-service training each fiscal year. All TDCJ clerical and support employees assigned to a unit shall complete a minimum of 16 hours of staff survivor training each fiscal year. The in-service and staff survivor training programs are developed by the Correctional Training and Staff Development (CTSD) Department and conducted at the regional training academies, unit-based in-service training sites, or approved colleges." (Page 1)

d) The Glossbrenner Unit maintains records of all employee training.

Safe Prisons/PREA Plan states, “All training shall be documented, through employee signature or electronic verification, confirming that employees understand the training and information that have received.” (Page 34)

TDCJ Executive Directive, PD-97 (rev. 7), Training and Staff Development, dated June 1, 2017 states, “The TDCJ may require employees to attend and satisfactorily complete training, staff development, or educational programs, if the curriculum is related to the employee’s duties or prospective duties.” (Page 1) “The respective training proponent shall verify an employee’s completion of any internal training, staff development, or educational program.” (Page 5) “The human resources representative, instructor, or training and staff development representative shall follow the appropriate procedures to ensure that an employee’s participation in a training, staff development, or educational program is properly recorded. If the training is registered in the TDCJ training database or is a GCMD course or an NIC training program, completion of training shall be recorded in the training database.” (Page 6)

TDCJ Executive Directive, ED-12.10 (rev. 2), Training Records and Database, dated August 23, 2016 states, “Training courses must be approved for registration in the TDCJ training database in accordance with the provisions of this directive. The database must be used to record employees’ enrollment in a completion of registered courses. Records of supplementary, pre-service (PTSA), and on-the-job (OJT) training must be maintained in accordance with applicable federal and state laws, as well as the provisions in this directive.” (Page 1) “Training Database is a component of the TDCJ’s Payroll/Personnel System that identifies available training courses and is used to document an employee’s registration, participation, and completion of those course.”

(Page 2) “The training database must be used to record enrollment in and completion of a registered training class. The designated staff member with access to the training database must ensure an employee’s completion status is entered into the training database by the trainer of the class, or designee, if the course is registered.” (Page 4)

The Auditor reviewed onsite 123 signed acknowledgments of staff who received PREA training.

Based on policy, documentation review and interviews with staff, Glossbrenner Unit meets this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment.

a, b) Safe Prisons/PREA Plan states, "All volunteers and contractors who have contact with offenders shall be trained regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures in accordance with the TDCJ Volunteer Services Plan, PD-29, "Sexual Misconduct with Offenders," and this plan. The level and type of training provided to volunteers and contractors shall be specific to the services provided and the level of contact with offenders; however, all volunteers and contractors who have contact with offenders shall be notified of the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures for reporting incidents." (Page 25)

The Auditor reviewed the curriculum "Volunteer Service Training." This is a four-hour course that covers volunteer conduct as well as zero tolerance for sexual misconduct, how to report sexual misconduct, retaliation, and sexual abuse.

All volunteers are also given a letter or orientation that also covers zero tolerance and how to report sexual abuse.

Correctional Managed Health Care Policy Manual, C-19.1, Continuing Education/Staff Development, dated October 30, 2013 states, "To provide guidelines for a Continuing Education and Staff Development Program for all health services personnel as required by the current accrediting body and by state statutes…Refresher training will be provided to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures." (Page 1)

Correctional Managed Health Care Policy Manual, C-25.1, Orientation Training for Health Services Staff, dated October 15, 2012 states, "The orientation should focus on the similarities as well as the differences between health care in the community and the correctional setting. Topics presented in orientation include: security, classification, health care needs of the offender population, offender social system, organization of Health Services and the Department of Criminal Justice, infection control, the Patient Liaison Program, the detention, assessment, and response to offender-victims of sexual abuse and sexual harassment, the preservation of physical evidence, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment…Documentation of attendance is placed in the employee's personnel file." (Page 1)

CMHC employees also watch a video created by TDCJ and shown to all staff who have contact with offenders during pre-service and in-service training. They also view an online PowerPoint, Safe Prison Sexual Assault.

The Auditor interviewed volunteers and contract staff at Glossbrenner Unit. All stated they received PREA training and knew how to report sexual abuse.

c) Safe Prisons/PREA Plan states, "Training documentation confirming the volunteers and contractors have received and understand the training shall be maintained in accordance with the TDCJ Records Retention Schedule…Documentation verifying that medical and mental health practitioners have received all necessary training referenced on this plan, either from the TDCJ or from outside sources, shall be me maintained by the TDCJ." (Page 35)

TDCJ Volunteer Services Plan states, "Volunteers shall sign a TDCJ Volunteer Training Sign-In Roster form (Appendix E) and a TDCJ Acknowledgment of Volunteer Training/Orientation form (Appendix F) at the conclusion of the training session. These forms provide a written record of the volunteer's training and their written acknowledgment of agency rules and risks. The trainers shall also sign the training form at the conclusion of the training session…The Acknowledgment of Volunteer Training/Orientation form serves as the needed documentation confirming that the volunteer has completed the process to become an approved TDCJ volunteer." (Page 12)

Based on the review of policy, curriculum, documentation and interviews with contractors and volunteers, Glossbrenner Unit meets this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

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

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

115.33 (c)

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

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

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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All inmates at the Glossbrenner Unit have received PREA education including information on zero-tolerance and how to report sexual abuse and sexual harassment.

a, b, c) TDCJ policy and procedure required offenders to receive orientation within one week of arriving on the unit. Orientation may consist of live presentations by various department heads on the Unit or may be conducted by an individual employee who has all the necessary information available to them. In addition, orientation may be conducted by use of a video as long as the video remains current, or by use of the standardized written orientation handout containing all required, current information. The offender is only required to receive orientation via one of the methods stated above – more than one is not necessary. The information required to be disseminated during orientation will vary depending on the type of Unit…Ensure that all newly-assigned offenders receive a unit orientation to include, but not limited to: Unit rules and regulations…Spanish interpreter services…Mental health services…Safe Prisons Program…the "Offender Grievance Procedures."

Safe Prisons/PREA Operations Manual, 06.02, Offender Sexual Abuse Awareness Training, dated, February 2018 states, "USPPM shall be responsible for ensuring offenders receive such education in the formats provided by the TDCJ every two years…The USPPM at all intake facilities shall ensure all offenders view the training video within 30 days of arrival into the TDCJ…The USPPM at non-intake facilities shall ensure all offenders upon arrival for permanent assignment and currently assigned on the unit view the video as soon as possible following knowledge that he or she has not received the training.

Offender Orientation Handbook dated February 2017 includes Safe Prisons/PREA information, (TDCJ Zero Tolerance Policy; What is Sexual Abuse; How to Report Sexual Abuse) and the Grievance Procedures. This handbook is provided in English and in Spanish.

Offenders are also shown a PREA video within 30 days of intake as part of their comprehensive PREA education.

Intake staff report every offender who enters the unit get information zero tolerance, how to report sexual abuse and their right to be free from sexual abuse. They advised this information is given to them immediately; the day they arrive at the unit. They stated the inmates are given flyers and watch a video. Intake staff also report this information is also present throughout the unit via posters.

The Auditor noted Safe Prison posters in English and in Spanish through the unit.

All inmates interviewed reported they were aware of the zero-tolerance policy and how to report sexual abuse. Most stated they remembered watching a video but also admitted they did not pay attention. All inmates could describe the Safe Prison Posters to the Auditor.

d) The Glossbrenner Unit provides inmate education in formats accessible to all inmates.

TDCJ policy and procedure require -offenders identified as Spanish only or limited English speaking will be given orientation in Spanish and appropriate documentation shall be made on the orientation sign in sheet.

TDCJ Administrative Directive, AD-04.25 (rev. 5), Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking, dated August 25, 2016 states, "The TDCJ ensures language assistance services are provided to eligible offenders. Language assistance services primarily consist of making available qualified interpreters for certain unit and district parole office (DPO) activities and proceedings, translating selected TDCJ documents and informational postings, and providing English language classes…Newly received monolingual Spanish-speaking offenders will receive language assistance services during the intake process. This assistance, provided by intake staff, must include providing orientation materials and videotaped information in Spanish as well as testing in Spanish." (Page 1 and 3)

e) TDCJ policy and procedure indicates offender training records are verified on the offender electronic Individualized Treatment Program. The USPPM shall ensure each offender signs an attendance roster at the time of training and retain copies of each roster in the appropriate PREA compliance folder for 3 fiscal years plus current year.

f) Safe Prisons/PREA Operations Manual, 02.03, Safe Prisons/PREA Program Postings and Brochures, dated July 2014 states, "To establish policy and procedure for the USPMM related to the prominent display of Safe Prisons/PREA Program posters throughout the unit and providing offender with sexual abuse awareness educational brochures…The following attachments shall be posted in the designated areas: Zero-Tolerance Policy poster (Attachment A & AS); Sexual Abuse and Sexual Harassment, and Extortion Awareness Posters…The USPPM shall ensure the following sexual abuse, sexual harassment, and extortion awareness posters, provided in English and Spanish are displayed throughout the unit in locations accessible and visible to offenders." (Page 1 and 2)

The Auditor noted Safe Prison posters in English and in Spanish through the unit.

Based on the review of policy, curriculum, documentation and interviews with inmates and staff, Glossbrenner Unit meets this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Glossbrenner Unit is responsible for conducting administrative investigations of inmate-on-inmate sexual abuse and sexual harassment. The Office of Inspector General (OIG) is the outside agency that conducts all criminal investigations and administrative investigations of staff-on-inmate sexual abuse and sexual harassment allegations. The OIG also is responsible for conducting criminal investigations of inmate-on-inmate sexual abuse and sexual harassment allegations.

There are 143 OIG investigators who conduct criminal investigations in TDCJ facilities. OIG investigators are certified peace officers. All OIG investigators are trained to conduct criminal investigations inside correctional facilities.

There are 14 Unit investigators who conduct administrative investigations only.

a) TDCJ OIG 2013 Operational Procedures Manual, OIG-02.15, Training Procedures, dated August 14, 2013 states, "The Office of the Inspector General shall establish and administer a comprehensive training program to ensure that all OIG employees are afforded necessary, appropriate, and relevant job-related training…All Investigator Trainees shall successfully complete the Investigator Training Academy. All Investigator Trainees shall successfully complete a current Investigator Field Training Program (See OIG-02.05)…In addition to the TCOLE mandatory training requirements for sexual assault investigations, OIG investigators will receive in-service training the specifically relates to sexual assaults within the prison facilities as well as modifications to the Prison Rape Elimination Act (PREA) standards." (Page 1, 2 and 3)

b) OIG investigators receive the follow training:

- Safe Prisons/PREA Program: Conducting a Thorough Investigation
    - History and definitions of PREA
    - PREA Standards related to sexual abuse and sexual harassment
    - How a systematic approach ensures a successful investigation
    - Criteria and evidence used to determine investigative outcome
    - Effects of report writing on administrative action and prosecution
    - Use of Miranda and Garrity Warnings
    - Investigative requirement for medical and mental health protocol

- Sexual Assault Investigative Topics
    - The student will obtain a basic overview of Sexual Assault Investigative Topics and terminology regarding sexual assault investigations.
    - The student will also obtain information concerning research indicating factors and situations of the dynamic of sexual assault.
    - The student will be able to demonstrate an understanding of this topic on a written examination.

- Interviews and Interrogation
    - Establish what this class is "Important to Me" (meaning each student)
    - Define terms
    - Demonstrate ways to conduct interviews and interrogations and note deceptive actions
    - Provide an opportunity for questions, discussions and interaction

Unit Investigators receive the following training:

- Conducting a Thorough Investigation

- Understand the history of the Prison Rape Elimination Act and PREA definitions consistent with TDCJ policy
- Explain the PREA standards relating to sexual abuse and sexual harassment investigations
- Discuss systematic approach to ensure successful sexual abuse and sexual harassment investigations
- Discuss the criteria and evidence used for determining whether an allegation is substantiated, unsubstantiated or unfounded
- Describe the effect of report writing on administrative action and prosecutorial referral
- Understand the proper use of Miranda and Garrity warnings
- Describe the requirements of the PREA standards with regard to medical and mental health protocols s they related to the investigative process
- Identify the timelines and methods for successfully obtaining evidence through the FME process
- Explain how background information about the victim can aid an investigation and how delayed reporting impacts the investigation
- Explain techniques for interviewing sexual abuse victims as they related to group dynamics and identify ways to manage personal biases

c) TDCJ OIG 2013 Operational Procedures Manual, OIG-02.15, Training Procedures, dated August 14, 2013 states, "The Training Department is responsible for documenting and maintaining the Agency's official training records for all commissioned and non-commissioned personnel." (Page 4)

TDCJ Executive Directive, ED-12.10 (rev. 2), Training Records and Database, dated August 23, 2016 states, "Training courses must be approved for registration in the TDCJ training database in accordance with the provisions of this directive. The database must be used to record employees' enrollment in a completion of registered courses. Records of supplementary, pre-service (PTSA), and on-the-job (OJT) training must be maintained in accordance with applicable federal and state laws, as well as the provisions in this directive." (Page 1) "Training Database is a component of the TDCJ's Payroll/Personnel System that identifies available training courses and is used to document an employee's registration, participation, and completion of those course."

(Page 2) "The training database must be used to record enrollment in and completion of a registered training class. The designated staff member with access to the training database must ensure an employee's completion status is entered into the training database by the trainer of the class, or designee, if the course is registered." (Page 4)

All OIG investigators have completed the NIC PREA training. Auditor was provided a list of investigators, date the course was completed and the score they obtained.

Based on the review of policy, curriculum and documentation, the Glossbrenner Unit meets this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual

abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

There are nine (9) medical and mental health care practitioners who work regularly at the Glossbrenner Unit. All medical and mental health staff have been have received TDCJ PREA training as well as specialized PREA training for health care practitioners.

a)

All health care practitioners have completed the following training:

- PREA Health Care Standards (PREA Resource Center)
- Safe Prison/Sexual Assault (Correctional Managed Care/Department of Education/Professional Development)

Medical staff reported they received PREA training when they first started in addition to annual training.

b) N/A Medical staff are not employed by the agency and do not conduct forensic examinations.

c) CMHC Policy C-19.1, Continuing Education/Staff Development, dated October 20, 2013 states, "All continuing education as required by the current accrediting body and by state statutes is documented and retained on file at the facility at which services are provided for a minimum of three years." (Page 1)

All health care practitioners have completed the following annual training:

- PREA MH and Medical Training (National PREA Resource Center): First Quarter
- PREA Policy Packet: Second Quarter
- PREA Local Unit Annual Training, PREA Unit Checklists, PREA Employee Test: Third Quarter
- PREA Compliance Instrument, Safe Prisons PREA Plan: Fourth Quarter

d) TDCJ Executive Directive, PD-97, Training and Staff Development, dated June 1, 2017 states, "Texas Department of Criminal Justice (TDCJ) employees, interns, and all contract employees who have been issued a TDCJ contract employee identification (ID) card and meet the definition for contract employee within this directive…The TDCJ may require employees to attend and satisfactorily complete training, staff development, or educational programs, if the curriculum is related to the employee's duties or prospective duties…An employee shall attend and satisfactorily complete any training, staff development, or educational program required by the TDCJ… (Page 1 and 5)

In addition PD-97 states, "The Orientation Session shall consist of a minimum of eight hours of instruction form employees and include the following general topics…Security issues, including the TDCJ's prohibitions regarding relationships and sexual misconduct with offenders…TDCJ employees

shall attend all required standard training no later than 30 calendar days after most recent hire date, and TDCJ contract employees and interns shall attend within 30 calendar days of reporting to the unit or department of assignment. The required standard training for TDCJ employees, contract employees, and interns includes the following…All unit assigned contract employees and interns shall report to the unit safe prisons program manager in coordination with the human resources representative at their unit of assignment to receive Safe Prisons/PREA Training, in accordance with federal PREA Standard 115.31, by viewing the Safe Prisons/PREA in Texas training video and completing the PERS 631, Standard or Supplemental Safe Prisons/PREA Training Contract Employee or Inter Acknowledgment Form (Attachment F) after viewing the video." (Page 10 and 11)

CMHC Policy C-19.1, Continuing Education/Staff Development, dated October 20, 2013 states, "All health services staff, including health care providers as well as administrative and support staff, are required to obtain a minimum number of hours, required by the accrediting body, or TDCJ Health Services, annually of continuing education and staff development appropriate to their positions…Refresher training will be provided to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. (Page 1)

The Auditor reviewed nine signed acknowledgments by health practitioners who attended the Safe Prisons/PREA Training.

Based on review of policy, curriculum, documentation and interviews with staff, Glossbrenner Unit meets this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

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

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Glossbrenner Unit has a policy in place that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates within 72 hours of their intake. Glossbrenner Unit's Offender Assessment Screening assesses inmates as "V" (victim/victim potential) or "P" (predator/predator potential).

While onsite, the Auditor reviewed ten random inmate folders and found all ten had the initial Offender Assessment Screening form completed within 72 hours of the inmate's arrival to Glossbrenner Unit.

a, b) Safe Prisons/PREA Operations Manual states, "Policy and procedure requires an assessment of all offenders during an intake screening and upon transfer to another unit for his and her risk of being sexually abused by other offenders or sexually abusive toward other offenders…The USPPM or designated alternate shall conduct the offender assessment-screening interview and complete Attachment E or E-1 no later than 72 hours of arrival at the unit for all newly assigned offenders at intake and upon transfer at a unit for permanent assignment or for temporary assignments." (Page 1)

Safe Prisons/PREA Plan states, "All offenders shall be assessed during intake, and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders. Intake screening shall take place within 24 hours of arrival at the unit in accordance with SPPOM." (Page 16)

Staff who conduct the Offender Assessment Screening stated all assessments are completed the same day inmates arrive at Glossbrenner Unit.

c, d, e) Safe Prisons/PREA Operations Manual states, "Attachment E is a dual-purpose objective screening form designed for use at both intake and non-intake units. The check box at the top of the form shall be appropriately marked to document whether the assessment is an intake assessment or assignment to unit assessment…Attachment E-1 is an objective screening form designed for use at both intake and non-intake units. The check box at the top of the form shall be appropriately marked to document the assessment is completed when an offender transfers from one unit to another for a temporary assignment." (Page 1)

Safe Prisons/PREA Plan states, "Assignments shall be made through the collaborative efforts of intake staff, the USPPM, and medical and mental health services by using objective screening instruments. The initial intake screening shall include, at a minimum, the following criteria to assess offenders for risk of sexual victimization: Any mental, physical, or developmental disability; the age of the offender; the physical build of the offender; previous incarceration; whether the criminal history is exclusively nonviolent; prior convictions of sex offenses against an adult or child; perception of the offender as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; previous sexual victimization; and the offender's own perception of vulnerability. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the TDCJ, in assessing offenders for risk of being sexually abusive. After completion of the screening instrument, the USPPM shall forward a copy to the intake coordinator, for intake facilities, and the original shall be provided to the unit classification department for review." (Page 16 and 17)

Staff who conduct the Offender Assessment Screening stated the assessment looks at incarceration history, sexual victimization and predation, sexual orientation, and mental and physical disabilities. They also stated all screens are done in a private office in intake.

All inmates interviewed remember sitting down with a staff person and being asked "the PREA questions." They report is was done the same day they arrived.

The Auditor reviewed the Offender Assessment Screening (Attachments E and E-1) and found all elements required in 115.41d and 115.41e present on the form. The TDCJ does not detain inmates for the sole purpose of civil immigration.

CMHC Policy E-35.1, Mental Health Appraisal for Incoming Offenders, dated January 8, 2016 states, "All incoming offenders admitted into the Texas Department of Criminal Justice (TDCJ) an all offenders returning from bench warrant after having been separated from TDCJ more than ninety (90) days will undergo an Intake Mental Health Appraisal by appropriately trained personnel. The qualified mental health professional (QMHP) will complete the Mental Health appraisal process within 14 days of admission to an intake facility. Offenders identified as having a history of mental illness, currently receiving treatment for a mental illness, having a history of self-injurious behavior, or any other indications of potential mental health will be referred for a mental health evaluation." (Page 1)

f, g) Reassessments are completed less than 30 days after the initial assessment and when warranted due to a referral, request, incident of sexual abuse or receipt of additional information.

Safe Prisons/PREA Operations Manual states, "To identify an offender's potential risk for victimization or abusiveness, no sooner than 15 calendar days, but no later than 30 calendar days from the offender's arrival at any unit/facility, the reviewer will review available resources to determine whether any previously unknown triggering event or information has become available. The reviewer shall review the following resources: Housing/job assignment history, disciplinary records, current institutional adjustment records, custody housing assignment history, grievance case tracking screen, and referral to mental health services. Identified additional or new information that bears on the offender's risk of sexual victimization or abusiveness from other sources (e.g. mental health assessments, disciplinary reviews, or offender protection investigation reviews) will be used to reassess the offender's risk of victimization or abusiveness. The reviewer shall forward this information to unit classification to determine unit, housing/bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive." (Page 5)

Safe Prisons/PREA Plan states, "Within a period of time not to exceed 30 days from the offender's arrival at an intake facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information received by the TDCJ since the initial intake screening. An offender's risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of additional information that may affect the offender's risk of sexual victimization or abusiveness.

Staff who conduct Offender Assessment Screening state reassessments are done fifteen to thirty days after the initial assessment. They also advised reassessments are done when new information is gathered and upon request.

Most inmates interviewed reported the "PREA questions" were asked again since they had been Glossbrenner Unit.

h) Safe Prisons/PREA Plan states, "Offenders shall not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to Section III.B.3." (Page 19)

Staff who conduct the Offender Assessment Screening stated while they have never had an inmate refuse to answer questions, the inmate would never be punished for not participating.

i) Safe Prisons/PREA Plan states, "Staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan within the units, ensuring that sensitive information is not

exploited to the detriment of any offender by staff or other offenders. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. In accordance with CMHC policies, medical and mental health practitioners shall 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." (Page 19 and 20)

The Unit PREA Manager advised only the warden, sergeants, lieutenants, and captains have access to the answers to the risk screen.

The Regional PREA Compliance Manager reported classification committee, Safe Prisons and investigators have access to the answer on the risk screen.

Staff who conduct the Offender Assessment Screening stated only rank staff have access to this information.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Glossbrenner Unit uses information from the Offender Assessment Screening (required by 115.41) to make individualized housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

While onsite the Auditor reviewed ten random inmate folders and found all ten had the reassessment completed within 30 days of the initial Offender Assessment Screening.

a, b) Safe Prisons/PREA Plan states, "The Unit Classification Committee (UCC), or a similarly designed committee of units without a UCC, shall use information from the risk screening document required by Section III.B of this plan to make housing, bed, work, education, and program assignments with the goal of separating offenders at high risk of being sexually victimized from offenders at high risk of being sexually abusive in accordance with the TDCJ Classification Plan and the TDCJ Classification Procedures Manual. The Committee shall make individualized determinations regarding how to ensure the safety of each offender." (Page 18)

The Classification Plan, dated April 2018 states, "The purpose of offender classification is to provide a comprehensive system that evaluates and accurately groups offenders on the basis of various characteristics including age, type of offense, sentence length, prior criminal record, institutional adjustment, mental and medical health care needs, as well as educational, vocational, and work-related needs. Moreover, through the process of classification, offenders whose medical, mental health, security, safety, and other needs require special consideration are identified and provided appropriate programs and services. The classification system operates to ensure the safety of all offenders, staff, the public, and to protect the security and order of each unit. The Classification Records Office operates under the direction of the TDCJ Correctional Institutions Division (CID)." (Page 1)

This plan also states, "To ensure that each offender is placed in an institutional setting where the offender receives supervision in work, education, vocational training, and treatment consistent with the safety needs of the individual offender, the public, the staff, and the total offender population." (Page 1) "Newly-received TDCJ offenders are assigned to appropriate housing according to security needs.

Initial housing assignments at an intake facility shall be made on the basis of the offender's age; physical size; vulnerable, predatory, or abusive characteristics; current offense of record; number of prior confinements; assessments' and other security related characteristics; including information received prior to the offender's arrival, or from law enforcement and jail personnel who transported the offender to the intake facility." (Page 13)

In addition, the plan states, "All offenders, upon arrival at a unit of assignment, shall be reviewed by the UCC to determine custody designation and other assignments, including housing and a job, as appropriate to each offender's case. All assignments shall be made on the basis of an offender's total record. TDCJ shall not exclude offenders from access to programs or services on the basis of race, national origin, disability, religion, political belief, sexual orientation or gender identify. No offender shall be denied access to jobs, recreation, education, or other programs or opportunities because of health status, unless such denial is required for medical or mental health reasons, as determined by a Health Services representative. The primary function and objective of the UCC shall be to classify each offender to ensure, to the maximum extent possible, that the safety, security, and treatment needs of all offenders are being met, and the safety and security of staff, the prison, and the public are being maintained." (Page 19) "All UCC hearings shall be conducted in a manner to ensure each offender appearing before the UCC is properly classified through the consistent and objective application of classification criteria and on the basis of the offender's safety, security, and treatment needs…" (Page 22)

The Classification Plan also states, "Each offender shall be housed to ensure, to the maximum extent possible, the safety, security, and treatment needs of all offenders are being met, and the safety and security of staff and the prison are maintained. All offender housing assignments, including assignment to a unit and to specific housing areas, shall be made on the basis of rational, objective criteria, and not on the basis of race, color, ethnic origin, sexual orientation, or gender identity." (Page 22) "Each offender shall be housed to ensure, to the maximum extent possible, the safety, security, and treatment needs of all offenders are being met, and the safety and security of staff and the prison are maintained. All offender housing assignments, including assignment to a unit and to specific housing areas, shall be made on the basis of rational, objective criteria, and not on the basis of race, color, ethnic origin, sexual orientation, or gender identity." (Page 25)

TDCJ Administrative Directive AD-04.17 (rev. 4), Offender Housing Assignment Criteria and Procedures, dated February 28, 2017 states "All staff with the authority and responsibility to make offender housing assignments at any level (see Section I) shall make such housing assignments on the basis of the criteria listed below. Consideration shall be given to all criteria necessary to maintain the safety, security, and treatment needs of all offenders, as well as the safety and security of the public, staff, and the unit…When making initial housing assignments or housing assignment changes, the designated staff member or committee responsible for making such assignments shall first review all pertinent information, such as the HSM-18, electronic record, Safe Prisons/PREA Assessment, and other similar information, to determine if there are any security or health-related needs or restrictions relative to the offender's housing assignment…Emergency housing changes when offenders require immediate relocation for safety and security reasons shall also be reported to the chief of unit classification." (Page 6 and 8)

The Unit PREA Manager stated Glossbrenner Unit uses information from the Offender Assessment Screening to determine housing. "If an inmate is determined to be a predator, they are transferred from the facility. All victims are placed in dorms where they will feel most comfortable."

Staff who conduct the Offender Assessment Screening state information is used from this form to determine bed placement.

c, d, e, f, g) Safe Prisons/PREA Plan states, “Offenders identified as transgender or intersex shall be given the opportunity to shower separately from other offenders in accordance with Correctional Managed Health Care (CMHC) polices. (Page 9)

The Safe Prisons/PREA Plan also states, “LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely on the basis of this identification or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders. When deciding to assign transgender or intersex offender to a unit for male or female offenders, and when making other housing and programming assignments, consideration shall be made on a case-by-case basis with regard to the health and safety of the offender and potential management or security problems. Housing determinations shall not be made solely on the basis of LGBTI status. Placement and programming assignments for each transgender or intersex offender shall be reassessed semiannually to review any threats to safety experienced by the offender. A transgender or intersex offender’s views with respect to his or her own safety shall be given serious consideration.” (Page 19)

The Classification Plan states, “A unit Safe Prisons/PREA Manager or designee shall be a voting member of the UCC for the semi-annual review of transgender or intersex offenders.” (Page 28)

Safe Prisons/PREA Operations Manual 03.02, Special Population Review, dated July 2014 states, “During the committee review, the USPPM shall ask each offender the following questions to determine whether he or she is experiencing any issues because of their transgender or intersex status: Since your last review, has anyone solicited, pressured, or forced you to engage in sexual acts; Have you experience sexual harassment by others; Do you currently feel safe in your present housing, work, and program assignment?” (Page 2)

The Unit PREA Manager advised transgender and intersex inmates are housed in general population. However, they will be placed in a bunk closest to the officer. It was also reported all programs are the same.

There were no transgender or intersex inmates onsite to be interviewed by the Auditor. This was confirmed through staff interviews and documentation review.

Based on policy, documentation review and interviews with staff, Glossbrenner Unit meets this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a, b, c, d, e) Glossbrenner Unit does not have administrative segregation or a protective custody unit. The unit does have a separation unit. This unit is used for inmates who are being removed from the program due to behavioral issues or have been identified as a predator/predator potential at intake. These inmates will be transferred to another unit.

Based on documentation review, tour, and interviews with staff, Glossbrenner meets this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Glossbrenner Unit provides multiple ways for inmates to report sexual abuse and sexual harassment.

a, b) Safe Prisons/PREA Plan states, "Offenders shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including, but not limited to, extortion and violence. Offenders may report 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 the incidents. Offenders may report allegations directly to the major, the Office of Inspector General (OIG), of the PREA Ombudsman. Reports to the PREA Ombudsman may be made confidentially an in accordance with ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries." Offenders may remain anonymous upon request when reporting allegations of sexual abuse and sexual harassment to the PREA Ombudsman." (Page 20)

TDCJ Executive Directive, ED-02-10 (rev. 2), dated October 21, 2019 states, "TDCJ establishes this policy as the guidelines for reporting complaints or inquiries from elected officials, the public, and

offenders pertaining to allegations of sexual abuse and sexual harassment, and related TDCJ initiatives to the PREA Ombudsman…The notice in Attachment A, which provides information about PREA and how to contact the PREA Ombudsman, shall be posted at each correctional facility and made continually and readily available and visible to the offender population…" (Page 1 and 4)

Reporting information is also located in the Inmate Orientation Handbook. This information outlines multiple ways an inmate can report sexual abuse or sexual harassment. (Page 25 - 28) It should also be noted the Inmate Orientation Handbook is also available in Spanish.

Inmates are also given the flyer "PREA Ombudsman Office" during intake.

During the tour of Glossbrenner Unit, the Auditor noted information on how to contact the PREA Ombudsman posted in English and Spanish in all living areas and on all PREA bulletin boards. In addition to this information, Safe Prisons PREA Posters were present along with information on how to contact the Unit PREA Manager. The information on the Unit PREA Manager also contained his picture. This allows new inmates to know who he is when he walks through the unit.

All staff interviewed reported multiple ways inmates could report sexual abuse or sexual harassment. This included telling an officer directly, submitting an I-60 or contacting the PREA Ombudsman.

Most inmates interviewed stated they could file a report by directly telling staff or "PREA Officer." These same inmates all followed up with "his picture is on the wall." Most inmates also reported their family could report on their behalf or they could submit a grievance.

c) Safe Prisons/PREA Plan states, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports." (Page 21) "Staff shall accept reports made verbally; in writing, including by letter, Inmate Request to Official (I-60), sick call form, or a grievance submitted through the grievance process; anonymously; and from third parties. All verbal reports shall be promptly documented." (Page 23)

TDCJ Executive Directive, PD-29 (rev.5), Sexual Misconduct with Offenders, dated March 1, 2017 states, "The TDCJ has zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of offenders. An employee is prohibited from subjecting another employee, offender, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with offenders… An employee or other individual may privately report alleged sexual misconduct of offenders directly to the PREA Ombudsman, a unit OIG investigator, or through OIG Records Management Office with reporting such misconduct through the chain of command." (Page 1 and 5)

d) Safe Prisons/PREA Plan states, "A method shall be provided for staff to privately report sexual abuse and sexual harassment of offenders…" (Page 23)

All staff reported they could report outside of their chain of command. Most stated they would contact OIG if they needed to do so.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Glossbrenner Unit has administrative procedure for dealing with inmate grievances regarding sexual abuse. The unit is not exempt from this standard. In the past 12 months, Glossbrenner Unit has had one grievance filed alleging sexual abuse. This grievance did not exceed 90 days to reach a final decision.

a, b, c, d) TDCJ Board Policy, BP-03.77 (rev. 9), Offender Grievances, dated December 10, 2015 states, "The Texas Board of Criminal Justice encourages the resolution of grievances at the lowest possible level. The purpose of the policy is to enable the development, implementation, and operation of a grievance program for offenders with the TDCJ, and to provide appropriate documentation to the courts. The resolution support manager shall establish and maintain the Offender Grievance Operations (OGOM) to provide guidance to employees regarding the offender grievance procedure…" (Page 1)

TDCJ Administrative Directive, AD-03.82, Management of Offender Grievances, dated July 8, 2015 states, "All offenders shall be entitled to use the offender grievance procedure." (Page 3)

OGOM 4.00 Grievance Time Limits, dated September 2014 states, "The offender must submit an I-127 grievance form within 15 days of alleged incident or problem, or when he became aware of the incident or problem, or should have become aware of the incident or problem. UGI's shall accept grievances for review up to and including the first working day beyond the 15 day time limit. The procedure shall be followed for screened grievance submission also. The unit grievance staff shall have up to 40 days from receipt of the I-12 to investigate, respond, obtain a signature, and return the grievance to the offender. Disciplinary appeals are required to be completed within 30-days. When grievance staff need more than the alleged time to complete an investigation, a written notification is provided to the offender stating an extension is needed to process a grievance. Step 1 and Step 2 regular grievances are allowed a 40-day extension and medical grievances are allowed a 45-day extension." (Page 1)

Safe Prisons/PREA Plan states, "Time limits to any portion of a grievance that does not allege an incident of sexual abuse shall be managed in accordance with the TDCJ Offender Grievance Operations Manual. Offenders shall not be required to use any formal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse…An offender may be disciplined for filing a grievance related to alleged sexual abuse only when the investigation determines the offender filed the grievance in bad faith. At any level of the grievance process, including the final level, if the offender does not receive a response withing the allotted time, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. A response shall be provided to the offender in accordance with the TDCJ Offender Grievance Operations Manual." (Page 22 and 23))

e) TDCJ Administrative Directive, AD-03.82, Management of Offender Grievances, dated July 8, 2015 states, "A third party grievance received from a fellow offender on behalf of an alleged victim that includes allegations of sexual abuse shall be processed as an emergency grievance. The alleged offender victim shall be given an opportunity to agree or disagree with the allegations and to have the request processed on the offender's behalf. The offender's decision shall be documented on the Third Part Preliminary Investigation form…Notifications received from non-incarcerated third parties, such as staff members, family members, attorneys, and outside advocates, relating to allegations of sexual abuse or sexual harassment shall be immediately forwarded to the PREA Ombudsman and OIG in accordance with ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries." (Page 5)

f) TDCJ Administrative Directive, AD-03.82, Management of Offender Grievances, dated July 8, 2015 states, "Every grievance shall be reviewed by the unit grievance investigator, at which time the determination shall be made as to the category of the complaint. Grievances alleging sexual abuse shall be coordinated with the unit warden, major, chief of unit classification, Unit Safe Prisons/PREA Program manager, Office of Inspector General (OIG), and Prison Rape Elimination Act (PREA) Ombudsman as provided for in the TDCJ Safe Prisons/PREA Plan…Unit grievance staff shall immediately notify designated unit administration, via email, of any sexual abuse allegations. Unit administration shall respond to the email within five days, describing the action taken." (Page 3 and 4)

OGOM 4.00 Grievance Time Limits, dated September 2014 states, "Emergency grievances are not eligible for extensions and shall be completed within the 40-day time limits." (Page 1)

Safe Prisons/PREA Plan states, "An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ Offender Grievance Operations Manual. When an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response shall be provided within 48 hours of receipt, and a final decision shall document whether the offender is in substantial risk of imminent sexual abuse and the action taken. Information related to this item may be found in the TDCJ Offender Grievance Operations Manual." (Page 22)

The inmate who filed the grievance alleging sexual abuse was no longer assigned to the Glossbrenner Unit during this portion of the audit.

The Auditor spoke with the Unit Grievance Officer. They stated, "If we feel that the grievance is sexually related, I contact the Regional Grievance Officer. I then mark it emergency and the follow the checklist. I contact the warden. I also pull out the offender and take them to medical. I also interview the offender to get information. We do not do extensions on emergency grievances. The major has five days to respond to the me with information on who is conducting the investigation."

Based on policy, documentation review and interviews with staff, Glossbrenner Unit meets this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers,

including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

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

115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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The Glossbrenner Unit has attempted to enter a partnership with a local rape crises center to provide victim advocates and emotional support services related to sexual abuse.

a) The Offender Orientation Handbook states, "Depending on the type of abuse, you may be provided with a community rape crises advocate (where available) or an offender victim representative (chaplain, psychologist, sociologist, or case manager) to provide emotional support services during the forensic

examination and any investigatory interviews. You are not obligated to accept the services; however, it is highly encouraged…You shall also be referred for Mental Health Services. The days following the abuse can be traumatic and it helps to have people who will be there to help you. Seek professional help. Offenders who are victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crises intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment in accordance with Correctional Managed Health Care (CMHC) policies." (Page 29 and 30)

b) TDCJ Board Policy, BP-03.91 (rev. 3), Uniform Offender Correspondence Rules, dated August 23, 2013 states, "The TDCJ shall facilitate written contact between offenders and the offenders' families and friends. All incoming and outgoing correspondence, except as otherwise provided in this policy, is subject to delivery, inspection, and rejection in accordance with the following rules…General Correspondence is any mail sent to or from a general correspondent or not otherwise included in the definition of legal, medical, or special correspondence…Special Correspondence is any mail sent to or from a special correspondent. Special Correspondent is any member of the Texas Board of Criminal Justice; the executive director; the deputy executive director; any division directors, deputy directors, Prison Rape Elimination Act (PREA) Ombudsman, or wardens of the TDCJ; any court or district or county clerk of the United States or any of the states of the United States…" (Page 1 and 3)

BP-03-91 also states, "Offenders may send sealed and uninspected letters directly to special and media correspondents. All incoming correspondence from any special or media correspondent shall be opened and inspected only for contraband, except under the special circumstances noted in these rules. The inspection shall be in the offender's presence…" (Page 8)

c) Safe Prisons/PREA Plan states, "Attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crises center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services. As requested by the offender victim, the victim advocate or qualified TDCJ staff member, or qualified community-based organization staff member shall: Accompany and support the victim through the forensic medical examination process and investigatory interviews; Provide emotional support, crisis intervention, information, and referrals; and, Not delay or otherwise impede the screening or stabilization of an emergency medical condition. For the purposes of this section, a qualified TDCJ staff member is an offender victim representative (OVR). (Page 12)

Safe Prisons/PREA Operations Manual, 02-02, Offender Victim Representative, dated July 2014 states, "Written policy and procedure required the TDCJ to make available to an offender victim of sexual assault, a victim advocate from a rape crises center. When an advocate from rape crises center is not available to provide emotional support advocacy services following an allegation of sexual assault, the TDCJ shall upon request of the offender victim, provide an OVR to support the offender victim through the forensic medical examination process and investigatory interviews. The OVR shall provide emotional support, crisis intervention, information, and referrals. OVR's shall be approved by the unit warden to serve in this role and shall receive the necessary training concerning sexual assault and forensic examination issues." (Page 1) This manual also states only these positions will be considered as OVR's: mental health practitioner, sociologist, chaplain, social worker and case manager.

02.02 also states, "Each newly designated OVR shall complete the TDCJ Offender Victim Representative Training course prior to performing OVR functions…The OVR may only provide the offender victim of sexual assault with counseling and other emotional support services but shall not delay or otherwise impede the screening or stabilization of an emergency medical condition." (Page 2)

Safe Prisons/PREA Operational Manual, 05.01, Sexual Abuse Response and Investigation, dated September 1, 2019 states, "Following the OIG authorization of a forensic exam, the security supervisor shall offer the offender a victim advocate, where available, or an OVR to accompany and provide the offender with emotional support services during the forensic examination and/or investigative interviews. If the offender accepts the services, the security supervisor shall immediately contact the advocacy center or OVR and provide the advocate with information regarding the location of the impeding exam or interview. The notifying supervisor shall document the appropriate contact information on Attachment G. In the event, the alleged victim refuses support services from an advocate/OVR document "no" in the appropriate filed on Attachment G." (Page 2 and 3)

The Unit PREA Manager reports there is no MOU in place with a local rape crises center, but attempts have been made to seek partnerships with RCC's in the area.

The Auditor reviewed documentation from 2014, 2015, 2017, 2018 and 2019 demonstrating TDCJ's attempt to partner with a local rape crises center.

There were no inmates who reported sexual abuse onsite to be interviewed.

Most inmates interviewed stated they were not sure if there were outside confidential support services available to them; however, they said if there was, it would be posted on the bulletin boards.

Based on the policy, documentation review and interviews with staff and inmates, Glossbrenner Unit meets this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

The Glossbrenner Unit has established a method to receive third party reports of sexual abuse and sexual harassment and has this information distributed publicly.

All visitors to Glossbrenner Unit have access to the TDCJ, General Information Guide for Families of Offenders brochure. This brochure has information on PREA and how to report on behalf of their family member. This includes information on how to report to the PREA Ombudsman.

The TDCJ also has information on how to report sexual abuse and sexual harassment. This information goes straight to the PREA Ombudsman's office. That website is: https://www.tdcj.texas.gov/tbcj/prea.html

Based on documentation review, Glossbrenner Unit meets this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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The Glossbrenner Unit requires all staff to report any knowledge or suspicion of sexual abuse or sexual harassment of inmates.

a) Safe Prisons/PREA Plan states, "All staff members shall immediately report, according to TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported an incident; and any staff neglect or violations or responsibilities that may have contributed to an incident or retaliation." (Page 23)

TDCJ Administrative Directive, AD-16.20, Reporting Incidents/Crimes to the Office of the Inspector General, dated October 15, 2019 states, "Any TDCJ employee, contract employee, intern, or volunteer who is aware of or has knowledge of an incident or allegation of an administrative violation, criminal offense, emergency incident, or other incident required to be reported in accordance with Attachments A or B, must immediately report the incident or allegation to their supervisor." (Page 3)

TDCJ Executive Directive, PD-29, Sexual Misconduct with Offenders, dated March 1, 2017 states, "An employee who becomes aware of alleged sexual misconduct shall immediately report such misconduct to one or more of the following: The employee's immediate supervisor, warden, or department head; The employee's second level supervisor if the person allegedly conducting such misconduct is the employee's immediate supervisor; An unit Office of the Inspector General (OIG) investigator…The PREA Ombudsman Office." (Page 4 and 5)

All staff reported they are mandated to report any knowledge or suspicion of sexual abuse. They advised failure to report this information could result in termination or criminal charges.

b) Safe Prisons/PREA Plan states, "Staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions." (Page 23)

This same language is also found in TDCJ, Safe Prisons/PREA Operational Manual, 05.01, dated September 1, 2019.

All staff reported confidentiality is a must when it comes to reporting sexual abuse incidents.

c) Safe Prisons/PREA Plan states, "Unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse pursuant to Section IV.B.1 of this plan, and to inform offenders of the practitioner's duty to report, as well as the limitations of confidentiality." (Page 23)

CMHC Policy G-57.1, Sexual Assault/Sexual Abuse, dated December 11, 2014 states, "If an offender who is 18 years of age or older reports previous sexual assault/abuse to health care staff that occurred in a correctional setting, health care staff shall report such incidents to the warden or designee. The offender shall be informed at the initiation of services that the practitioner has a duty to report all instances of sexual assault/abuse to the warden or designee without limitation of confidentiality." (Page 2)

CMHC Policy E-35.2, Mental Health Evaluation, dated May 20, 2016 states, "Prior to beginning the evaluation, the offender will be apprised of the limits of confidentiality and asked to consent to the interview and/or psychological testing. Documentation of the informed consent will be made in the health records." (Page 2)

Health service practitioners advised they are mandated reporters.

d) Glossbrenner Unit does not house youthful offenders.

e) Safe Prisons/PREA Plan states, "Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan." (Page 26)

TDCJ Administrative Directive, AD-16.20, Reporting Incidents/Crimes to the Office of the Inspector General, dated October 15, 2019 states, "BP-01.07, "Inspector General Policy Statement, "designates the OIG as the principal law enforcement for the TDCJ. As such, the OIG has primary jurisdiction for investigating criminal offenses occurring on TDCJ property or affecting TDCJ property or pecuniary interest, including criminal offense where the TDCJ is the victim or as an authorized interest. The OIG is primarily responsible for interactions between TDCJ and outside law enforcement agencies. TDCJ supervisors and managers are responsible for conducting administrative investigations involving their staff members who violate the general rules of conduct as defined in PD-22, "General Rules of Conduct

and Disciplinary Action Guidelines for Employees," However, OIG investigators may assist in these matters." (Page 3)

The warden reports all investigations start out in the facility before moving to the OIG.

Based on policy, documentation review and interviews with staff, the Glossbrenner Unit meets this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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When the Glossbrenner Unit learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. In the past twelve (12) months, there have been no incidents of inmates being in substantial risk of imminent sexual abuse.

a) Safe Prisons/PREA Plan states, "An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ Offender Grievance Operations Manual. When an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response shall be provided within 48 hours of receipt, and a final decision shall document whether the offender is in substantial risk of imminent sexual abuse and the action taken. Information related to this item may be found in the TDCJ Offender Grievance Operations Manual." (Page 22)
The warden reported he expects his staff to "separate the offender from the population and begin an investigation" when they learn an inmate is in substantial risk of imminent sexual abuse.

All staff report if they learned an inmate was at substantial risk of imminent sexual abuse, they would immediately contact their supervisor.

Based on policy, documentation review and interviews with staff, Glossbrenner Unit meets this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Glossbrenner Unit has policy in place requiring that, upon receiving an allegation that an inmate was sexually abuse while confined at another facility, they must notify that agency. In the past twelve (12) months, they have received zero reports requiring this type of notification.

a, b, c, d) Safe Prisons/PREA Plan states, "After receiving an allegation that an offender was sexually abused while confined at another facility, such as a county jail or out of state facility, the individual taking the initial report shall immediately notify the USPPM. The USPPM shall provide the SPPMO with the details of the alleged incident so the SPPMO may initiate notification to the appropriate office of the outside agency where the alleged abuse occurred. The SPPMO shall provide the notification to the appropriate agency as soon as possible, but no later than 72 hours after receiving the allegation. The SPPMO shall document the notification. Any TDCJ warden or departmental office receiving notification from an outside agency that an offender in the outside agency's custody alleged sexual abuse while assigned to TDCJ custody shall ensure the allegation is forwarded to the PREA Ombudsman in accordance with ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries," for possible investigation." (Page 24 and 25)

TDCJ Safe Prisons/PREA Operations Manual, 04.02, Receiving Allegations of Sexual Abuse from an Outside Agency, dated July 2014 states, "Upon receipt of written notification from an outside agency that an offender in their custody alleged they were a victim of sexual abuse while confined in the TDCJ, the warden or department head receiving the notification shall report the allegation to the PREA Ombudsman and the Office of the Inspector General (OIG)…Following receipt from an outside agency, such a county jail or another federal or state correctional agency that an offender in their custody alleged sexual abuse while assigned in the TDCJ, the individual receiving such notification shall provide the notification to the unit warden…Promptly forward the notification via fax or email to the PREA Ombudsman in accordance with ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries" for responsive action regarding a third party allegation." (Page 1)

TDCJ Administrative Directive AD-16.20 (rev. 4), Reporting Incident/Crimes to the Office of the Inspector General, dated October 1, 2019 states, "The supervisor or ranking employee on duty shall ensure that any occurrence or allegation of an administrative violation, criminal offense, emergency incident, or other incident required to be reported in accordance with Attachments A or B is reported to the OIG in accordance with directive." (Page 3)

The warden reported if he received an allegation from another facility, he would take the information and initiate an investigation. Once the investigation is complete, forward it to the facility for their records.

Based on policy, documentation review and staff interviews, the Glossbrenner Unit meets this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
  ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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The Glossbrenner Unit has a first responder policy for allegations of sexual abuse. In the past twelve (12) months, the unit has received one allegation of inmate sexual abuse. Security staff were the first responder in this allegation.

a, b) Safe Prisons/PREA Plan states, "After learning of an allegation that an offender was sexually abuse, the first correctional officers responding to the report shall…separate the alleged victim and assailant; preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; Be required to request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence; Ensure that the alleged abuser does not take any actions that could destroy physical evidence including as appropriate washing, brushing teeth, changing clothes, urinating, defecting, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence…" (Page 26)

Safe Prisons/PREA Plan also states, "If the first responder is not a correctional officer, the respondent shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and shall immediately notify a correctional officer." (Page 26 and 27)

TDCJ 05.01, Safe Prisons/PREA Operations Manual, dated September 1, 2019 states, "Responding to an allegation of sexual abuse requires a coordinated effort between unit security staff, the Office of the Inspector General (OIG), medical and mental health services, and victim advocates (where available) or an Offender Victim Representative (OVR). The following procedures provide a systematic notification and response process following a reported sexual abuse incident…Immediately upon receiving knowledge or an alleged sexual abuse of an offender, the security supervisor responsible for notifications shall ensure the following individuals are notified….Duty Warden…The first staff member having knowledge of the incident shall immediately report the allegation to a security supervisor. The security supervisor shall implement notification and response procedures by first notifying the highest-ranking security supervisor on duty." (Page 1 and 2)

All staff interviewed were knowledgeable of TDCJ's evidence protocol. All staff were able to discuss separating the offenders and not allowing them to change clothes, brush their teeth and get a drink. Each staff also has a reference card as part of their uniform. This card outlined their first responder duties.

Based on policy, documentation review and interviews with staff, the Glossbrenner Unit exceeds this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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The Glossbrenner Unit has a developed written institutional plan to coordinate actions taken in response to an incident of sexual abuse amount staff first responders, medical and mental health practitioners, investigators and facility leadership.

This plan is seen in the Safe Prisons/PREA Plan and Safe Prisons/PREA Operational Manual.

The Glossbrenner Unit has a unit specific coordinated response titled, “Sexual Abuse Response and Investigation Coordination Response Plan,” via Inter-Office Communication.

Based on policy, documentation review, tour of the unit, interviews with staff and inmates, the Glossbrenner Unit meets this standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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TDCJ Executive Directive PD-22 (rev. 15), General Rules of Conduct and Disciplinary Action Guidelines for Employees, dated January 1, 2017 states, “Employees are representatives of the TDCJ and are expected to adhere to the highest standards of conduct while on-duty or off-duty, including adherence to the rules of conduct described in the Listing of Employee General Rules of Conduct and Disciplinary Violations (Attachment A). Employees who allegedly commit a rule violation will be subject to disciplinary action in accordance with the procedures with this directive. The TDCJ promotes equal employment opportunity

through an employee disciplinary system designed to impose disciplinary actions without regard to race, color, religion, sex (gender), national origin, age, disability, or genetic information (collectively "protected class"). The TDCJ has zero tolerance for all forms of employment discrimination in the disciplinary process. Retaliation for opposing or reporting employment discrimination is prohibited." (Page 1) "It is an employee's responsibility to know the rules in this directive and to seek clarification, if necessary. Being unaware of the existence of any of the rules is not a defense for violations." (Page 8)

TDCJ Executive Directive, PD-35 (rev.3), Independent Dismissal Mediation and Dispute Resolution, dated August 1, 2012 states, "An employee who has been recommended for dismissal shall be given the opportunity to have the dismissal recommendation mediated through a voluntary independent dismissal mediation session. In order to promote a mutually acceptable agreement, a mediator facilitates communication between a designated TDCJ official and the employee who has been recommended for dismissal. An employee who has separated from the TDCJ through a process other than the disciplinary dismissal process, for example administrative separation, shall not be offered the opportunity to participate in independent dismissal mediation." (Page 3)

Based on policy review, the Glossbrenner Unit meets this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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The Glossbrenner Unit has a policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. In the past twelve (12) months, there have been zero incidents of retaliation.

a) Safe Prisons/PREA Plan states, "Offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. The USPPM shall monitor for incidents of retaliation in accordance with the SPPOM." (Page 24)

TDCJ Safe Prisons/PREA Operations Manual, 05.08, 90-Day Monitoring for Retaliation, dated July 2014 states, "To establish written procedure for the unit warden or designee to ensure that all staff members who report sexual abuse, sexual harassment, or cooperate as a witness with sexual abuse or sexual harassment investigations be monitored for retaliation from offenders and other staff members. The USPPM shall ensure that all offenders who reported sexual abuse or harassment, suffered as the victim of the abuse, or cooperated as a witness with sexual abuse or sexual harassment investigations be monitored for retaliation by other offenders or staff." (Page 1)

PD-22, Attachment A, Listing of Employee General Rules of Conduct and Disciplinary Violations, dated July 2018, lists "Harassing or Retaliating Against and Offender or Another Individual for Participating in an Official Investigation or Inquiry or for Pursuing Legal Activities, Such as Petitioning the Courts" as a Level One Violation. Disciplinary action listed is "Dismissal shall be recommended for a level 1 violation." It also lists "Harassing or Retaliating Against Another Individual" as a level 2 violation which could result in probation, suspension, reduction in pay to dismissal depending on the number of level 2 violations the employee has received.

b) Safe Prisons/PREA Plan states, "As appropriate, multiple protective measure may be taken, such as housing changes or transfers or offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offender or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." (Page 24)

TDCJ Safe Prisons/PREA Operations Manual, 02.04, Intervention Practices, dated July 2014 states, "Changes to offender housing assignments, work assignments, or work-shift hours are particularly effective when an offender is experiencing specific problems with another offender in the offender's housing arear, or work assignment not directly related to an Offender Protection Investigation." (Page 1)

PREA Operations Manual also states, "UCC recommend an offender for unit transfer in accordance with the Classification Plan and Unit Classification Procedures Manual. Prior to making such a recommendation, UCC should consider whether the offender would benefit from a transfer or would be offender to be in the same situation on another unit. State Classification Committee (SCC) will consider unit transfers based on objective evidence collected during the investigation that supports the

offender's allegation. Safekeeping is a status that allows for vulnerable offenders and other potential victims to be housed together, in an area separate from offenders that more aggressive." (Page 3)

The warden stated they look at housing assignment changes for both the offender and staff if retaliation is suspected.

Staff designated to monitor retaliation reported, "I always explain to them what I am doing. If staff experience retaliation we move them to a different building. For offenders, I look for outbursts in the buildings. I always interview the offenders to see what is happening with them."

There were no inmates onsite who reported sexual abuse.

c) Safe Prisons/ PREA Plan states, "For at least 90 days following a report of sexual abuse, the USPPM shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse, and of offenders who were reported to have been victims of sexual abuse, for changes that may indicated possible retaliation by offenders or staff, and shall act promptly to address any retaliation. Monitoring shall include a review of offender disciplinary reports and housing or program changes, and negative performance reviews and reassignments of staff. The monitoring shall continue beyond 90 days if circumstances dictate the need." (Page 24)

Staff designated to monitor retaliation reported, "I look for bruises and behavior changes. Offenders are always coming up to me, so I talk with them."

TDCJ Safe Prisons/PREA Operations Manual, 05.08, 90-Day Monitoring for Retaliation, dated July 2014 states, "Following a report of sexual abuse or sexual harassment, the warden or USPPM shall monitor and document the conduct and treatment of staff and offenders who reported the incident, cooperated with the investigation as a witness to the allegation, and of offenders who suffered as the victim of sexual abuse or harassment to determine potential risk or acts that may suggest possible retaliation. The warden or USPPM shall act promptly to remedy any such indication of retaliation. The warden and USPPM shall monitor staff and offenders for at least 90 calendar days following an allegation of sexual abuse or sexual harassment. Monitoring shall continue beyond the initial 90-days on a case-by-case basis when the initial monitoring period indicates a continuing need. For each staff-on-offender and offender-on-offender sexual abuse and sexual harassment investigation, the investigator conducting the investigation shall complete the incident information section of Attachment N.S., Staff 90-Day Monitoring Form and/or Attachment N.O., Offender 90-day Monitoring Form for offenders, as appropriate. For example, if there are three cooperating witnesses and a victim to a single investigation, a form is required for each witness and victim for four forms total." (Page 1)

Manual 05.08 also states, "Staff Monitoring shall include: Review for any negative performance reviews and conduct violations; Review for job or shift reassignments; and Conduct face-to-face interviews in a private setting with the involved staff member. The warden shall ensure the following as it pertains to staff: Place a notice in the human resource (HR) office instructing HR staff to advise the warden of any staff transfers to another unit or terminates employment with the agency. Forward incomplete Attachment N.S. to the receiving unit warden for continuation of the 90-day monitoring cycle and maintain a copy on the unit…When evidence suggests the staff member is experience or express fear of retaliation for reporting and cooperating with sexual abuse and/or harassment investigations, the warden shall promptly remedy the situation and advise the staff member of the availability of emotional support services." (Page 3)

d) Safe Prisons/PREA plan states, "The monitoring shall also include periodic status checks of offenders." (Page 24)

TDCJ Safe Prisons/PREA Operations Manual, 05.08, 90-Day Monitoring for Retaliation, dated July 2014 states, "There shall be a minimum of three status checks completed during the 90-day monitoring period, at least once per month. If the monitored staff member or offender requires additional monitoring beyond the 90-day period, utilize an additional Attachment N.O. or N.S. as needed." (Page 4)

Staff charged with monitoring retaliation stated, "I do checks at 30 days, 60 days and 90 days. We will go past 90 days if we feel it is needed."

e) Safe Prisons/PREA plan states, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the TDCJ shall take appropriate measures to protect that individual against retaliation." (Page 24)

TDCJ Safe Prisons/PREA Operations Manual, 05.08, 90-Day Monitoring for Retaliation, dated July 2014 states, "The USPPM shall monitor offender victims, offenders who reported the abuse and offender witnesses that cooperated with the investigation by conducting status checks at a frequency of no less than once per month. The USPPM shall offer mental health services to offenders who express fear of retaliation for their report or cooperation with the investigation." (Page 2)

f) Safe Prisons/PREA Plan states, "If the TDCJ investigation determines the allegation to be unfounded, the monitoring shall be discontinued." (Page 24)

Based on policy, documentation review and interviews with staff, the Glossbrenner Unit meets this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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a) Glossbrenner Unit does not have administrative segregation or a protective custody unit. The unit does have a separation unit. This unit is used for inmates who are being removed from the program due to behavioral issues or have been identified as a predator/predator potential at intake. These inmates will be transferred to another unit.

Based on documentation review, tour, and interviews with staff, Glossbrenner meets this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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The Glossbrenner Unit is responsible for conducting administrative investigations of inmate-on-inmate sexual abuse and sexual harassment. The Office of Inspector General (OIG) is the outside agency that conducts all criminal investigations and administrative investigations of staff-on-inmate sexual abuse and sexual harassment allegations. The OIG also is responsible for conducting criminal investigations of inmate-on-inmate sexual abuse and sexual harassment allegations.

There are 143 OIG investigators who conduct criminal investigations in TDCJ facilities. OIG investigators are certified peace officers. All OIG investigators are trained to conduct criminal investigations inside correctional facilities.

a) Safe Prisons/PREA Plan states, "Investigations of sexual abuse, threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports. (Page 25)

The Facility Investigative stated, "It can take up to 12 hours to submit an investigation for offender protection. OIG will get notified within one hour if there is a potential crime." The investigator also reports third-party reports are treated the same as first person reports.

b) Safe Prisons/PREA Plans states, "Investigators involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan." (Page 26)

OIG investigators receive the follow training:

- Safe Prisons/PREA Program: Conducting a Thorough Investigation
    - History and definitions of PREA
    - PREA Standards related to sexual abuse and sexual harassment
    - How a systematic approach ensures a successful investigation
    - Criteria and evidence used to determine investigative outcome
    - Effects of report writing on administrative action and prosecution
    - Use of Miranda and Garrity Warnings
    - Investigative requirement for medical and mental health protocol

- Sexual Assault Investigative Topics

- The student will obtain a basic overview of Sexual Assault Investigative Topics and terminology regarding sexual assault investigations.
- The student will also obtain information concerning research indicating factors and situations of the dynamic of sexual assault.
- The student will be able to demonstrate an understanding of this topic on a written examination.

- Interviews and Interrogation
  - Establish what this class is "Important to Me" (meaning each student)
  - Define terms
  - Demonstrate ways to conduct interviews and interrogations and note deceptive actions
  - Provide an opportunity for questions, discussions and interaction

Unit Investigators receive the following training:

- Conducting a Thorough Investigation
  - Understand the history of the Prison Rape Elimination Act and PREA definitions consistent with TDCJ policy
  - Explain the PREA standards relating to sexual abuse and sexual harassment investigations
  - Discuss systematic approach to ensure successful sexual abuse and sexual harassment investigations
  - Discuss the criteria and evidence used for determining whether an allegation is substantiated, unsubstantiated or unfounded
  - Describe the effect of report writing on administrative action and prosecutorial referral
  - Understand the proper use of Miranda and Garrity warnings
  - Describe the requirements of the PREA standards with regard to medical and mental health protocols s they related to the investigative process
  - Identify the timelines and methods for successfully obtaining evidence through the FME process
  - Explain how background information about the victim can aid an investigation and how delayed reporting impacts the investigation
  - Explain techniques for interviewing sexual abuse victims as they related to group dynamics and identify ways to manage personal biases

Investigative staff reported they received their training during the academy.

c) Safe Prisons/PREA Plan states, "All allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." (Page 25)

Facility investigative staff reported, "We isolate the victim from the abuser, and preserve the integrity of the crime scene and protect evidence. Supervisors, warden and OIG are notified. We then initiate the OPI (Offender Protection Investigation). We document evidence through photographs and save video. We gather statements and do interviews. All of this goes into our report. OIG then takes over."

d) Safe Prisons/PREA Plan states, "When the evidence supports criminal prosecution, OIG shall conduct compelled interviews only after consulting with prosecutors to ensure the interviews do not impede subsequent criminal prosecution." (Page 28)

e) Safe Prisons/PREA Plan states, "An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegations." (Page 28) "The credibility of an alleged victim, assailant, or witness

shall be assessed on an individual basis and not on the status as an offender or staff member. Staff shall document the description of physical and testimonial evidence in the body of the report, the reasoning behind credibility assessment, and investigative facts and findings." (Page 29)

TDCJ Executive Directive, ED-16.41 (rev. 4), Use of Polygraph Examinations in Administrative Investigations, dated April 26, 2019 states, "…An offender who alleges sexual abuse shall not be required to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation…" (Page 2)

Facility investigative staff reported, "We have to take them at their word until we see red flags that say otherwise." The facility investigator went on to state if red flags appeared, OIG will be notified immediately.

There were no inmates onsite who reported sexual abuse.

f) Safe Prisons/PREA Plan states, "Information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report." (Page 29) "Administrative investigations shall: Include an effort to determine if staff actions or inactions contributed to the abuse; Be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." (Page 30)

g) Safe Prisons/PREA Plan states, "Criminal investigations shall be documented in accordance with OIG policies and procedures. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution in accordance with OIG policies and procedures." (Page 30)

h) TDCJ Board Policy BP-01.07 (rev. 7), dated October 31, 2019 states, "Refer matters to appropriate administrative and prosecutorial agencies for further civil, criminal, or administrative action…Unless otherwise instructed by the prosecutor with jurisdiction over the criminal matter, the OIG shall provide a summary of the results of may criminal investigation to TDCJ executive management for administrative use. Such summary shall be brief and designed to protect the criminal investigation but provide the TDCJ with information to address any personnel issues. The inspector general shall notify the TBCJ chairman simultaneously with such advisement or executive management…" (Page 2 and 6)

TDCJ Executive Directive PD-29 (rev. 5), Sexual Misconduct with Offenders, dated March 1, 2017 states, "The OIG will refer substantiated violations of criminal law to the appropriate district attorney for criminal prosecution." (Page 6)

i) Safe Prisons/PREA Plan states, "All administrative and criminal investigations shall be retained in accordance with TDCJ Records Retention Schedule." (Page 30)

TDCJ CID, OIG-03.72, Record Retention-PREA, dated August 1, 2013 states, "All criminal and administrative investigative reports involving any sexual assault related offenses, 390.04 Texas Penal Code Improper Sexual Activity with a Person in Custody or PD-22, Rule 42d – Sexual Misconduct with an Offender, must be retained for as long as the alleged abuser(s) is incarcerated with the Texas Department of Criminal Justice (TDCJ) or employed by the TDCJ, plus five years." (Page 1)

j) Safe Prisons/PREA Plan states, "The departure of the alleged assailant or victim from employment or custody of the TDCJ shall not be the basis for terminating an investigation." (Page 28)

l) Safe Prisons/PREA Plan states, "Unit staff conducting OPI's shall cooperate with the OIG when applicable, to avoid interfering with possible criminal investigation related to the same incident." (Page 29)

Based on policy, documentation review and interview with staff, Glossbrenner Unit meets this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

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a) Safe Prisons/PREA Plan states, "No standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated." (Page 28)

Investigative staff reported that 51% of evidence is used.

Based on policy review and interview with staff, the Glossbrenner Unit meets this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

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Glossbrenner Unit has a policy requiring that any inmate who allege that he or she suffered sexual abuse, is informed verbally or in writing the outcome of the case.

a) Safe Prisons/PREA Plan states, "Offenders shall be notified of relevant information regarding criminal investigations, in accordance with the SPPOM." (Page 27) "Following an OPI committee review, the committee shall inform the offender if the allegations were determined to be substantiated, unsubstantiated, or unfound." (Page 30)

TDCJ Safe Prisons/PREA Operations Manual, 05.10, Reporting Sexual Abuse Criminal Case Status to Offenders, dated July 2014 states, "Following an investigation into an offender allegation that he or she was a victim of any criminal sexual assault offense or civil rights violation defined by 39.04 of the Texas Penal Code, the offender shall be informed as to whether the investigative findings was substantiated (sent to prosecution/sustained), unsubstantiated (administratively closed/not-sustained), or unfounded. Additionally, the offender victim shall be notified following the suspect assailant indictment or conviction on the related charge. The SPPM or designee shall ensure monthly receipt of relevant sexual abuse criminal case information from the OIG in order to inform the offender. Upon receipt of the OIG case information, the SPPM shall inform the alleged offender victim of sexual abuse when the following criminal case outcomes or status changes occur." (Page 1)

b) Safe Prisons/PREA Plan states, "The TDCJ SPPM shall ensure the relevant criminal information is received form the OIG in order to inform the offender." (Page 28)

c) Safe Prisons/PREA Plan states, "If an offender is determined to have been a victim of staff-on-offender sexual abuse, the warden shall inform the offender when: The staff member is no longer assigned to the offender's unit; or, The staff member is no longer employed by the TDCJ. If an offender is determined to have been a victim of staff-on-offender sexual abuse and the abuse is determined criminal, the SPPMO shall inform the offender when: The staff member has been indicted on a charge related to sexual abuse within the unit; or, The staff member has been convicted on a charge related to sexual abuse within the unit." (Page 27)

d) Save Prisons/PREA Plan states, "If an offender alleges to have been a victim of offender-on-offender sexual abuse, the SPPMO will subsequently inform the alleged victim when: The alleged assailant has been indicted on a charge related to sexual abuse within the unit; or, The alleged assailant has been convicted on a charge related to sexual abuse within the unit." (Page 27 and 28)

e) Safe Prisons/PRES Plan states, “All offender notifications or attempted notifications described in items 4-6 of this section shall be documented. The requirement to provide offender notification shall terminate if the offender is released from custody of the TDCJ.” (Page 28)

Based on policy and documentation review, the Glossbrenner Unit meets this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Staff at the Glossbrenner Unit are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past twelve (12) months there has been one staff person who has violated the agency's policy on sexual abuse. This same staff person was terminated, or resigned prior to the termination, violating this policy.

a) Safe Prisons/PREA Plan states, "Disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations shall be handled in accordance with PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees." (Page 31)

TDCJ Executive Directive, PD-22 (rev. 15), dated July 1, 2018 states, "Employees are representatives of TDCJ and are expected to adhere to the highest standards of conduct while on-duty or off-duty, including adherence to the rules of conduct described in the Listing of Employee General Rules of Conduct and disciplinary Violations (Attachment A). Employees who allegedly commit a rule violation will be subject to a disciplinary action in accordance with the procedures within the directive. Attachment A lists violating statutory authority, court order, rules, regulations or policies is a violation level 2; Refusal to cooperate with an official inquiry or investigation is a level 2 violation. Sexual misconduct with an offender is violation level 1 and means termination.

b) Safe Prisons/PREA Plan states, "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." (Page 39)

c) Safe Prisons/PREA Plan states, "Disciplinary sanctions for violations of TDCJ policies relating to sexual abuse or sexual harassment, that do not involve actual sexual abuse, shall be commensurate with the nature and circumstances of acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." (Page 39)

d) Safe Prisons/PREA Plan states, "All terminations for violations of TDCJ sexual abuse or sexual harassment policies, or resignations in lieu of termination, shall be reported to the OIG, unless the activity was clearly not criminal, and to any relevant licensing bodies." (Page 39)

Based on policy and documentation review, the Glossbrenner Unit meets this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Glossbrenner Unit has policy in place requiring any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.

a, b) Safe Prisons/PREA Plan states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." (Page 39) "The unit shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies by a contractor or volunteer." "Page 40)

The Volunteer Services Plan, dated March 2013 states, "The TDCJ has zero tolerance for sexual misconduct, as defined in PD-29, "Sexual Misconduct with Offenders." Volunteers are prohibited from establishing or continuing in personal relationships with offenders, including engaging in, or attempting to engage in, any form of consensual sexual misconduct with offenders, including forcing or attempting to force offenders to participate in non-consensual sexual misconduct. It is a felony offense if any, including a volunteer, at a TDCJ facility violates the rights of a person in custody or engages in sexual contact or sexual intercourse with a person in custody. Volunteers who violate the policy shall not be allowed to continue to perform services for the agency and may be subject to criminal prosecution." (Page 22)

The warden stated, "If a volunteer or contractor violates the sexual abuse policy, they will not be allowed back into the unit until the investigation is complete.

Based on policy, documentation review and interviews with staff, the Glossbrenner Unit meets this standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Inmates at the Glossbrenner Unit are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. In the past twelve (12) months there have been no inmates sanctioned for engaging in inmate-on-inmate sexual abuse.

a, b) Safe Prisons/PREA Plan states, "Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse in accordance with the TDCJ Disciplinary Rules and Procedures for Offenders. Sanctions shall be appropriate to the nature of abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories." (Page 31)

Disciplinary Rules for Offenders, dated February 2015, states, "An offender found guilty of a major disciplinary violation may be assessed one or more of the following penalties: Major Penalties: Counsel and reprimand; Extra duty not to exceed 42 hours per disciplinary case; Loss of privileges not to exceed 45 days per disciplinary case; Cell restriction not to exceed 45 days per disciplinary case; and, Suspension of contact visitation privilege for a minimum of one visit and a maximum of four months." (Page 20 and 21)

This also states, "The following disciplinary offenses represent violations of the TDCJ offender rules. A violation of these rules may consist of engaging, attempting to engage in, or conspiring to engage in specified behavior or aiding others in engaging, attempting to engage in, or conspiring to engage in specified behavior." (Page 25)

c) Safe Prisons/PREA Plan states, "The disciplinary process shall consider 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." (Page 31)

The warden stated, "We follow TDCJ disciplinary rules and regulations. OIG can always press charges."

Disciplinary Rules for Offenders, dated February 2015, states, "Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or psychiatric patients. The applicable procedures are specified in the Developmentally Disabled Plan and the Correctional Managed Health Care Policy Manual. These procedures shall be followed when dealing with developmentally disabled offenders or psychiatric patients." (Page 14)

CMHC Policy A-08.1, Decision Making – Mental Health Patients, dated September 24, 2014 states, "Decisions relative to housing and programming assignments, disciplinary measures and transfers of offenders with a mental illness are in accordance with TDCJ Classification. Special considerations are required for offenders with a mental illness charged with or suspected of disciplinary infractions. Mental health input is obtained prior to disciplinary procedures being taken again offenders receiving mental health services. The need for Mental Health input into the disciplinary process for each offender with a mental illness will be assessed by a Qualified Mental Health Professional (QMHP). Documentation of the need for Mental Health input will be made on the patient's Health Summary for Classification from (HSM-18). Disciplinary cases for any patient identified as requiring Mental Health input on their HSM018 will be forwarded to Mental Health staff prior to any disciplinary action being taken. The Mental Health Disciplinary Review Form (Attachment A) shall be completed by a QMHP." (Page 1) "However, if the QMHP determines that the mental health services department has relevant input to provide, the mental health services department must be consulted for specific input before proceeding with the disciplinary process. The security disciplinary review team members are encourage to discuss with a mental health representative any concerns or questions they may have about an individual offender's case as warranted." (Page 2)

d) Safe Prisons/PREA Plan states, "If the unit offers therapy, counseling, or other interventions designed to address and correct possible underlying reasons or motivations for the abuse, consideration shall be made to determine if participation should be a requirement for access to programming or other benefits." (Page 31)

The Glossbrenner Unit does not offer therapy, counseling or other interventions to abusers in sexual abuse cases.

There were no mental health practitioners available to interview while onsite.

e) Safe Prisons/PREA Plan states, "An offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact." (Page 31)

f) Safe Prisons/PREA Plan states, "Sexual misconduct between offenders is prohibited and shall result in disciplinary sanctions in accordance with TDCJ Disciplinary Rules and Procedures for Offenders. However, Sexual misconduct between offenders shall not constitute sexual abuse if it determined the activity is consensual." (Page 31)

g) Safe Prisons/PREA Plan states, "A report of sexual abuse made in good faith, based on reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. When the preponderance of evidence exists supporting a false allegation, the offender involved in the false allegation shall be disciplined in accordance with the TDCJ Disciplinary Rules and Procedures for Offenders." (Page 31)

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Inmates at the Glossbrenner Unit who have disclosed any prior sexual victimization during a screening pursuant to 15.41 are offered a follow-up meeting with medical or mental health practitioner.

a, c) Safe Prisons/PREA Plan states, "If the screening pursuant to this section indicates an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." (Page 17)

CMHC Policy E-35.2, Mental Health Evaluations, dated May 20, 2016 states, "Offenders with potential mental health needs will have a comprehensive Mental Health Evaluation completed by a qualified mental health within 14 days of the referral, request and/or identification of the mental health need." (Page 1)

CMHC Policy G-57.1, Sexual Assault/Sexual Abuse, dated December 11, 2014 states, "All offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may be obtained by nursing staff. The facility physician/mid-level practitioner and ranking security officer are to be notified." (Page 1)

The Auditor interviewed three inmates who disclosed sexual victimization at risk screening. All inmates reported they were offered mental health services.

Staff who conduct the Offender Assessment Screening stated inmates who disclose prior sexual victimization are offered mental health services. They advised inmates are seen the same day as the referral.

b) Safe Prisons/PREA Plan states, "If the screening pursuant to this section indicates an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening." (Page 18)

d) Safe Prisons/PREA Planning states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law." (Page 20)

e) Safe Prisons/PREA Planning states, "In accordance with CMHC policies, medical and mental health practitioners shall 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 18." (Page 20)

CMHC Policy E-35.2, Mental Health Evaluations, dated May 20, 2016 states, "Prior to beginning the evaluation, the offender will be apprised of the limits of confidentiality and asked to consent to the

interview and/or psychological testing. Documentation of the informed consent will be made in the health record." (Page 2)

CMHC Policy G-57.1, Sexual Assault/Sexual Abuse, dated December 11, 2014 states, "If an offender who is 18 years of age or older reports previous sexual assault/abuse to health care staff that occurred in a correctional setting, health care staff shall report such incidents to the warden or designee. The offender shall be informed at the initiation of services that the practitioners has a duty to report all instances of sexual assault/abuse to the warden or designee without limitation of confidentiality." (Page 2) "If an offender who is 18 years of age or older reports previous sexual assault/abuse to health care staff that occurred in a community setting, health care staff may only report to OIG if the offender provides consent." (Page 3)

Based on policy, documentation review and interviews with inmates and staff, Glossbrenner Unit meets this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

a) Safe Prisons/PREA Plan states, "Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis interventions services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment in accordance with CMHC policies." (Page 13)

CMHC Policy G-57.1, Sexual Assault/Sexual Abuse, dated December 11, 2014 states, "All offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may be obtained by nursing staff. The facility physician/mid-level practitioner and ranking security officer are to be notified. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may elapsed between the time of the assault and the examination." (Page 1)

Medical staff report victims are seen immediately. The stated, "We gather all of their clothing. We cant touch anything. We treat any injury before they are transferred to the hospital."

There were no inmates onsite who reported sexual abuse.

b) Safe Prisons/PREA Plan states, "If no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders shall take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners." (Page 13)

CMHC Policy G-57.1, Sexual Assault/Sexual Abuse, dated December 11, 2014 states, "In the event a qualified medical practitioner is not available at the facility where the offender is assigned, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of location of the exam, the kit with collected evidence must be claimed by the TDCJ Office of the Inspector General investigator for processing. Completed kits are not to be forwarded to regional laboratories." (Page 2)

Medical staff report inmate victims are provided this information immediately.

There were no inmates onsite who reported sexual abuse.

c) Safe Prisons/PREA Plan states, “Offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate, in accordance with CCMC policies.” (Page 13)

CMHC Policy G-57.1, Sexual Assault/Sexual Abuse, dated December 11, 2014 states, “Prophylactic treatment of venereal diseases (syphilis, gonorrhea) will be offered to the victim on the facility the offender is currently housed. For HIV or Hepatitis B exposure, education and testing should be scheduled. When indicated, prophylactic medications will be offered…” (Page 2)

d) Treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising form the incident.” (Page 13)

CMHC Policy G-57.1, Sexual Assault/Sexual Abuse, dated December 11, 2014 states, “Treatment services associated with sexual assault/abuse or alleged sexual assault/abuse will not result in the application of the Health Service Fee to the victim.” (Page 2)

Based on policy, documentation review and interviews with staff, the Glossbrenner Unit meets this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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The Glossbrenner Unit offers medical and mental health evaluations to all inmates who have bene victimized by sexual abuse in a correctional setting.

a) Safe Prisons/PREA Plan states, “All offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.” (Page 14)

CMHC Policy G-57.1, Sexual Assault/Sexual Abuse, dated December 11, 2014 states, “All offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may be obtained by nursing staff. The facility physician/mid-level practitioner and ranking security officer are to be notified. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may elapsed between the time of the assault and the examination.” (Page 1)

b) Safe Prisons/PREA Plan states, “The evaluation and treatment of such offender victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in other units in accordance with CMHC policies or their releases from custody.” (Page 14)

Medical staff stated they follow the treatment set by the hospital.

There were no inmates onsite who reported sexual abuse.

c) Safe Prisons/PREA Plan states, “Offender victims shall be provided medical and mental health services consistent with community level of care.” (Page 14)

Medical staff feel their level of care is higher than the community as inmates do not have to wait for services.

d, e) N/A Glossbrenner Unit is an all-male facility.

f) Safe Prisons/PREA Plan states, “Offenders who become victims of sexual abuse while incarcerate shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies.” (Page 14)

CMHC Policy G-57.1, Sexual Assault/Sexual Abuse, dated December 11, 2014 states, “Prophylactic treatment of venereal diseases (syphilis, gonorrhea) will be offered to the victim on the facility the offender is currently housed. For HIV or Hepatitis B exposure, education and testing should be scheduled. When indicated, prophylactic medications will be offered…” (Page 2)

There were no inmates onsite who reported sexual abuse.

g) Safe Prisons/PREA Plan states, “Treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.” (Page 13)

CMHC Policy G-57.1, Sexual Assault/Sexual Abuse, dated December 11, 2014 states, “Treatment services associated with sexual assault/abuse or alleged sexual assault/abuse will not result in the application of the Health Service Fee to the victim.” (Page 2)

There were no inmates onsite who reported sexual abuse.

h) The Glossbrenner unit does offender mental health evals of known inmate-on-inmate abusers. This is handled through telemed or telepsych capabilities. If the offender is determined to need more extensive treatment because of his MH status, he may be transferred to another facility that is more suited to manage his care. the Glossbrenner Unit does not automatically transfer the offender solely

based on his status as a predator or potential predator. He would be monitored closely by the USPPM but would be allowed to participate in Substance Abuse programming.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Glossbrenner Unit 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.

a, b, c) Safe Prisons/PREA Plan states, "An administrative review shall be completed for alleged sexual abuse and staff sexual harassment incident, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review. The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners." (Page 32)

Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment states, "The Administrative Incident Review shall be forwarded to appropriate regional director, PFCMOD deputy director of operations, or department head no later than 10 working days following the notification to EAC. The warden's or administrative supervisor's review shall be recorded as outlined in the following attachment. The regional director, PFCMOD deputy director of operations, or department head shall review the Administrative Incident Review and document any comments in the final portion of the Administrative Review section. The completed Administrative Incident Review shall be forwarded to EAC no later than 20 working days following the notification to EAC…" (Page 3)

d, e) Safe Prisons/PREA Plan states, 'The review shall be conducted in accordance with AD-02.15, "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. The unit shall implement recommendations that result from the review or document the reasons for not doing so." (Page 32)

Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment states, "After reporting an allegation of sexual abuse or harassment, the warden or supervisor shall conduct a prompt, thorough investigation, and complete an Administrative Incident Review. The review shall include: A review of the circumstances of the incident…Events leading up to and following the incident; A consideration of whether the action taken were consistent with TDCJ policies; A review of whether lesser alternative means of managing the situation were available; An identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs; A determination of whether Incident Command System levels or response levels were used during the

incident; A determination of whether employee action or inaction was a factor in the incident; Corrective Action taken…An alleged sexual abuse report is provided daily via mainframe INFOPAC to the Prison Rape Elimination Ace (PREA) Ombudsman and Safe Prisons/PREA personal with alleged sexual abuse incidents that occurred the previous day. All alleged sexual abuse Administrative Incident Reviews are available to the PREA Ombudsman and Safe Prisons/PREA personnel for assessment." (Page 3 and 4)

The Administrative Incident Review lists all the requirements in 115.86e.

This same language is also found in TDCJ Administrative Directive AD-02.15 (rev.12), Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, dated May 5 2015.

Based on policy and documentation review, the Glossbrenner Unit meets this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Glossbrenner Unit collect accurate, uniform data for every allegation of sexual abuse at the unit.

a, c) Safe Prisons/PREA Plan states, "Accurate, uniform data shall be collected for every incident of sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions." (Page 36)

TDCJ Board Policy BP-02.09 (rev. 2), Prison Rape Elimination Act Ombudsman Policy Statement, dated October 31 2019 states, "The PREA Ombudsman's responsibilities include the following…Collect statistics regarding allegations of offender sexual abuse and sexual harassment from each correctional facility to comply with PREA standards…" (Page 5) "Public Information. Statistical information regarding the total number of allegations of offender sexual abuse investigated by the TDCJ, the outcome of the administrative investigations, and any disciplinary action resulting from the investigations. Annual Report. Each calendar year, the PREA Ombudsman, in coordination with the TDCJ and the OIG, shall submit a written report regarding the activities of the PREA Ombudsman during the preceding year…" (Page 7)

The Auditor reviewed the Survey of Sexual Victimization from 2014, 2015, 2016 and 2017 that was completed and submitted by TDCJ.

b) Safe Prisons/PREA Plan states, "Incident-based sexual abuse data shall be aggregated at least annually." (Page 36)

TDCJ Safe Prisons/PREA Operations Manual 08-01, dated July 2014 states, "At the end of each month, the USPPM shall complete the Monthly Safe Prisons/PREA Report (MSPPR) with assistance from the Unit Investigation Team (UIT) utilizing the UIT Meeting Flow Sheet. The MSPPR provides documentation of Safe Prisons/PREA activity related to offender sexual abuse training: frequency of Offender Protection Investigations (OPI); and disciplinary violations involving offender aggression and allows for analysis of patterns and trends associated with incident locations and times, as well as groups involved incidents. Each month, the USPPM shall…Compare the level of activity for the reporting month with the previous month's activity and provide an explanation of the differences in

activity levels on the MSPPR. Discuss and document appropriate actions plans as determined by the UIT on the MSPPR…" (Page 1)

d) Safe Prisons/PREA Plan states "All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV." (Page 36)

e) TDCJ contracts for confinement of its inmates and obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates. This complies with the SSV reporting regarding content.

f) Safe Prisons/PREA Plan states, "Once requested, the TDCJ shall provide all relevant data from the previous calendar year to the Department of Justice." (Page 37)

Based on policy and documentation review, the Glossbrenner Unit meets this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a, b, c, d) TDCJ Board Policy BP-02.09 (rev. 2), Prison Rape Elimination Act Ombudsman Policy Statement, dated October 31, 2019 states, "Each calendar year, the PREA Ombudsman, in coordination with the TDCJ and the OIG, shall submit a written report regarding the activities of the PREA Ombudsman during the preceding year to the: Governor, Lieutenant governor, Speaker of the House of Representatives, Presiding officer of each House and Senate committee having jurisdiction over the TDCJ; TBCJ; TDCJ executive director, State auditor; and Comptroller of public accounts. The report shall, at a minimum, include public information regarding: Each investigation and monitoring activity relating to offender sexual abuse during the calendar year by the PREA Ombudsman and the OIG; and, A comparison of the current year's statistics and corrective actions collected by the PREA Ombudsman and the OIG with those from prior years and shall provide an assessment of the TDCJ's progress in addressing offender sexual abuse…Upon review of the findings of the annual report, the TBCJ shall make recommendations on, or implement policy that has the goal of, lowering the rate and incidence of sexual abuse against offenders at correctional facilities." (Page 7 and 8)

The Auditor reviewed the annual reports from 2015, 2016, 2017 and 2019 and found they met all the requirements outlined in this standard. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility.

Based on policy and documentation review, the Glossbrenner Unit meets this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a, b, c, d) Safe Prisons/PREA Plan states, "All data collected pursuant to Section VII.A shall be securely maintained. Aggregated sexual abuse data, from all TDCJ operated facilities, including privately contracted facilities, shall be readily available to the public at least annually, through a website or other means. Personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit, while maintaining the nature of the material. All sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise." (Page 37)

The Auditor reviewed the annual reports from 2015, 2016, 2017 and 2018 and found they met all the requirements outlined in this standard. These reports contained information on the progress the department made in the previous years in PREA, a trend analysis of all investigations in the state and correction actions for each facility.

Based on policy and documentation review, the Glossbrenner Unit meets this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

a) During the prior three-year audit period, TDCJ ensured each of their facilities was audited at least once.

b) This is the second year of the current audit cycle, TDCJ ensured at least one-third of their facilities was audited during the first year of the current audit cycle.

h) The auditor had access to, and the ability to observe, all areas of the Glossbrenner Unit.

i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) needed to complete the audit.

m) The Auditor permitted to conduct private interviews with inmates and staff.

n) Inmates permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received zero letters from the Glossbrenner Unit inmates.

Based on the evidence provided through policy, staff and inmate interviews, and documentation review, the Glossbrenner Unit meets this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

It's clear the Glossbrenner Unit believes incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of Glossbrenner Unit leadership as well as the knowledge the staff demonstrated of PREA. The Glossbrenner Unit leadership was quick to ask great questions through the tour. They were very open with the Auditor and wanted the Auditor's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember viewing it. All inmates reported they knew when opposite gender staff announced themselves when entering their living area.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger, they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at the Glossbrenner Unit.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

/s/ Elisabeth Copeland March 28, 2020

Auditor Signature **Date**

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

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