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

☐ **Interim** ☒ **Final**

Date of Report 5/18/19

Auditor Information	
Name: Noelda Martinez	**Email:** noelda@preaauditing.com
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:** April 15-17, 2019

Agency Information			
Name of Agency: The Texas Department of Criminal Justice		**Governing Authority or Parent Agency** *(If Applicable)*: State of Texas	
Physical Address: 861-B I-45 North		**City, State, Zip:** Huntsville, Texas 77320	
Mailing Address: P.O. Box 99		**City, State, Zip:** Huntsville, Texas 77342	
Telephone: (936) 295-6371		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency mission: The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in inmate behavior, reintegrate inmates into society and assist victims of crime.			
Agency Website with PREA Information: https://www.tdcj.texas.gov/tbcj/prea.html			

Agency Chief Executive Officer	
Name: Bryan Collier	**Title:** Executive Director of TDCJ
Email: Bryan.Collier@tdcj.texas.gov	**Telephone:** (936) 437-2101
Name: Lorie Davis	**Title:** Director, Correctional Institutions Divisions (CID)
Email: Lorie.Davis@tdcj.texas.gov	**Telephone:** (936) 437-2170

PREA Coordinator Reports to: Bryan Collier	Number of Compliance Managers who report to the PREA Coordinator 92

Facility Information

Name of Facility: Thomas Goree Unit			
Physical Address: 7405 Hwy 75 South Huntsville, TX 77344			
Mailing Address (if different than above): -			
Telephone Number: (936) 295-6331			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	
Facility Mission: The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in inmate behavior, reintegrate inmates into society and assist victims of crime.			
Facility Website with PREA Information: https://www.tdcj.texas.gov/tbcj/prea.html			

Warden/Superintendent

Name: Charles Landis	**Title:** Senior Warden
Email: Charles.Landis@tdcj.texas.gov	**Telephone:** (936) 581-7125

Facility PREA Compliance Manager

Name: Jose Romero	**Title:** Unit Safe Prisons PREA Manager
Email: Jose.Romero@tdcj.texas.gov	**Telephone:** (832) 883-7269

Facility Health Service Administrator

Name: Jamie Williams	**Title:** Health Care Administrator
Email: jamwilli@utmb.edu	**Telephone:** (936) 295-6331 ext. 6234

Facility Characteristics

Designated Facility Capacity: 1321	**Current Population of Facility:** 925

Number of inmates admitted to facility during the past 12 months	1176
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	920
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1141
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	38

Age Range of Population:	**Youthful Inmates Under 18:** -	**Adults:** 20-76		
Are youthful inmates housed separately from the adult population?		☐ Yes	☐ No	☒ NA
Number of youthful inmates housed at this facility during the past 12 months:				0
Average length of stay or time under supervision:				1 year 3 months
Facility security level/inmate custody levels:				G1-G3, Ad. Seg., Outside Trusty, Transient
Number of staff currently employed by the facility who may have contact with inmates:				323
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				80
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				1

Physical Plant

Number of Buildings: 16	**Number of Single Cell Housing Units:** 2
Number of Multiple Occupancy Cell Housing Units:	9
Number of Open Bay/Dorm Housing Units:	10
Number of Segregation Cells (Administrative and Disciplinary:	34

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The facility utilizes Security Operations to service the surveillance system at the Goree Unit. The facility had ten surveillance cameras positioned at the front gate, 6 & 7 dorm, front lobby, and back-gate to monitor inmate and staff movement to include 54 security mirrors positioned in areas such as front gate, visitation, maintenance, food service, commissary, education and laundry to eliminate hidden areas and blind spots identified by the facility.

Medical

Type of Medical Facility:	Ambulatory medical, dental services, and mental health services; Digital Medical Services (DMS), electronic specialty clinics, respiratory treatment, and CPAP accommodating housing available managed by UTMB.
Forensic sexual assault medical exams are conducted at:	Nearest local hospital

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	Volunteers 21,728 Unit: 112 Contractors: 19
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	OIG 136 Unit: 25

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.

The Prison Rape Elimination Act (PREA) re-certification audit for Thomas Goree Unit, Texas Department of Criminal Justice (TDCJ) in Huntsville, Texas was conducted on April 15-17, 2019, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, United States Department of Justice Prison Rape Elimination Act Certified Auditor. The agency contract was secured through a third-party entity, PREA Auditors of America and not directly by the auditor. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit. The third-party contract was signed by the auditor on September 3, 2018. The third-party contract assigns the auditors after the contract was contractor executed and clearly identifies the lead auditors responsibilities. The first PREA audit was conducted by PREA auditor James Curington on April 10-13, 2016. The previous auditor determined the Goree Unit exceeded three standards, met 37 standards and the other three were not applicable.

The facility was prepared prior to receiving the audit information by mailing the USB-drive by FedEx to the auditor on 2/11/19. The agency included an email with a tracking number and instructions on retrieving the confidential information and return of the USB-drive after the 15-month retention period. The auditor received the USB-drive within 2-3 days which included the pre-audit questionnaire, supporting documentation and master folder. The PAQ and additional audit information was expedited in a timely manner allowing follow-up questions & additional documentation as needed. The pre-onsite audit preparation included a review of the Texas Department of Criminal Justice policies, procedures, training curriculums, pre-audit questionnaire and supporting PREA-related documentation provided by the agency to demonstrate compliance of the PREA Standards and re-certification process. The auditor received an extensive amount of primary and secondary documentation on a USB-thumb drive for review prior to the on-site phase of the audit process from the Administrative Review & Risk Management Office. The facility posted the notice of audit with the auditor information on 2/11/19 prior to the audit in both English and Spanish for inmates to send confidential information or correspondence to the auditor. Inmates are allowed to write the auditor in a confidential manner marked as legal mail. The notices were posted throughout the facility to include visitation, housing units, restrictive housing, to include lower signs for inmates with disabilities. The auditor verified the audit notice during the site review and through random inmate interviews. The audit notice was observed by the auditor in the front lobby, visitation, central sally port entrance, education, food service, laundry, back-gate, boiler room, trusty camp and housing units including: A-1 North, A-1 South, A-2 North, A-2 South, A-3 North, A-3 South, A-South, B-block, C-block, 1-4 dorms, dorm 5, dorm 6, dorm 7, and Trustee Camp. The auditor did not receive any inmate correspondence from the Goree Unit.

The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administration during the site review, the facility administration was transparent with policies, procedures, inmate and staff interviews. The auditor did not receive any inmate correspondence from the Goree Unit.

The auditor conducted an Internet research regarding facility for litigation, DOJ involvement, federal consent decrees, Bureau of Justice Statistics data, local oversight bodies, news articles, press clippings, https://www.texasstandard.org/stories/making-boots-behind-bars-a-huntsville-inmates-creations-made-him-a-celebrity/; Goree Unit, Texas News Monitoring Service & Press Release ...https://prisons.einnews.com/news/goree-unit-texas · Apr 14, 2019; Goree (GR) - Texas Department of Criminal Justice https://www.tdcj.texas.gov/unit_directory/gr.html · May 07, 2019. An interview was conducted with the Warden regarding litigation or DOJ involvement; the Warden stated the facility did not have any ongoing or current litigation. The staff encountered by the auditor were eager to assist and provide any information requested by the auditor with no hesitation. Good communication was established throughout the duration of the audit with the Senior Warden, Regional PREA Manager, Major and USPPM to include multiple department heads and additional staff.

Audit Methodology (Pre-Onsite Audit Phase):
The auditor utilized the paper audit instruments which included the pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: agency head or designee, warden or designee, PREA compliance manager/contractor, specialized staff, random staff and inmates. The auditor also used the PREA auditor handbook for continued guidance, audit report template, process map and checklist of documents. The Senior Warden contacted the auditor on several different occasions by emails and telephone calls to offer any assistance needed by the facility. The auditor established a positive working relationship with the Senior Warden and key facility staff engaging in a productive working atmosphere. The Senior Warden was exceptionally receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the Warden and his staff about the importance to have unfettered access to all areas of the facility, file review of personnel contractors, volunteers, and inmates to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (*PREA Auditor Handbook pg. 32 & 37*). The warden understood the importance of the audit process and review and with no hesitation provided access to the auditor. The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the warden the 45-day time frame for the submission of the final PREA report. The auditor also notified the Warden and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditors code of conduct to the PREA Resource Center. The warden and auditor discussed information regarding the 90-day appeal process.

Point of Contact:
A point of contact (*POC*) was established with the facility prior to the audit and constant communication was maintained. The auditor and warden discussed the location for interviews and decided that the interviews would be conducted in the Field Training Office (FTO) where an office was provided with plenty of room and privacy for the auditor to conduct staff/inmate interviews. During the audit planning and logistics phase, the auditor remained engaged with the warden, unit PREA manager, and regional PREA manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor provided the warden with the PREA audit memorandum which described in detail the audit process & initial meeting with key staff. The memorandum also discussed the transportation, daily schedule, work space, adequate outlets, permissible technology (laptop, cell phone) and other necessary audit materials and information required. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, supporting documentation and conducting outreach to advocacy organizations.

Outreach/Community Based Victim Services:
The auditor reached out to the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual) and spoke to a victim's advocacy representative organization prior to the onsite audit to learn about the issues of sexual safety and related concerns.

The representative did not disclose any issues regarding the facility. The auditor followed up on any issues or concerns voiced by inmates or staff in a confidential manner during the audit review process. The agency has made numerous attempts with local rape crisis centers to obtain a Memorandum of Understanding (MOU). The agency mailed out over sixty letters to local rape crisis centers in attempts to secure an MOU to no avail. The facility currently does not have an MOU with outside victim advocates however, the outside victim advocate information is displayed and made available to the inmates as required. During the site review, the auditor observed the rape crisis center contact information displayed with addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project in the inmate housing units. The PREA Signs, Audit Notice, and Rape Crisis Center Information was observed by the auditor in the front lobby, visitation, central sally port entrance, education, food service, laundry, back-gate, boiler room, trusty camp and housing units including: A-1 North, A-1 South, A-2 North, A-2 South, A-3 North, A-3 South, A-4 North, B-block, C-block, 1-4 Dorms, Dorm 5, Dorm 6, Dorm 7, and Trustee Camp.

The auditor did not receive any inmate correspondence from the Goree Unit. Forty-three inmate interviews determined the inmates were well aware of how to obtain and contact the Texas Association Against Sexual Assault (TAASA) rape crisis center information in the event it was needed. The inmates interviewed explained that the rape crisis information was posted in the inmate housing units for easy access and the TAASA pamphlet was located in the law library for inmate use as needed with lots of addresses and representatives available.

On-Site Audit Phase:
On the first day of the audit 4/15/19 an introductory meeting was held with the following staff in attendance: Senior Warden, Assistant Warden, Major, Unit Safe Prisons PREA Manager, Regional Safe Prisons Manager and additional staff. The auditor was provided an area with privacy for the file review and staff interviews. The auditor was provided an office with privacy for inmate interviews in the FTO office. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay. The auditor was provided with a binder from the PREA manager with information previously requested. Following the introductory meeting, the auditor was escorted by the Senior Warden, USPPM, Regional PREA Manager, and additional staff for the site review. The auditor observed the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent three days on the unit to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall sexual safety. During the site review, the auditor interviewed food service, laundry and random correctional officers regarding the reporting and notification process. The staff interviewed were able to articulate the process in a consistent manner. The auditor reviewed the following functions to include intake and risk screening, cross-gender announcements in housing units, cross-gender viewing in housing areas, grievance boxes, inmate dining area, zero-tolerance posters, auditor notice of onsite visit, access to reporting entities, housing activity, restroom and shower procedures, staffing ratios, cameras and surveillance deployment, working telephones, and supervision practices.

The facility utilizes Security Operations to service the surveillance system at the Goree Unit. The facility had ten surveillance cameras positioned at the front gate, 6 & 7 dorm, front lobby, and back-gate to monitor inmate and staff movement to include 54 security mirrors positioned in areas such as front gate, visitation, maintenance, food service, commissary, education and laundry to eliminate hidden areas and blind spots identified by the facility.

The PREA Signs, Audit Notice, and Rape Crisis Center Information was observed by the auditor in the front lobby, visitation, central sally port entrance, education, food service, laundry, back-gate, boiler room, trusty camp and housing units including: A-1 North, A-1 South, A-2 North, A-2 South, A-3 North, A-3 South, A-4 North, B-block, C-block, 1-4 Dorms, Dorm 5, Dorm 6, Dorm 7, and Trustee Camp.

A1 North had 34 cells and 34 beds; West Side Transient male, Administrative Segregation Level 1-3; East Side assigned male Pre-Hearing Detention, Transient, and stairs to access. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway. The A108 door lead into a tunnel observed the the auditor which used to be an old cellblock, this led to the observation of the Warehouse for Necessities. The Laundry supervisor escorts inmate workers to Laundry area as needed include additional officers when required. The Laundry in did have security mirrors positioned to deter blind spots.

A1 South Transient male, East side Safekeeping-34 beds; West Side: G4 and G5 with 34-beds, 34 cells, 68 beds and stairs to access. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway.

A2 North Transient female 34-cells and 68 beds, Custody: G1-G5, Ad. Seg. Cells 16, 17, 18, 19 for G4/G5, or Ad. Seg. Level 1-3. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs.

The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys.
The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway.

A2 South 34-cells with 67 beds, Custody: G1-G5, Ad. Seg, Death Watch cell (utilized for female CDO when needed) Cells 16, 17, 18, 19 for G4/G5, or Ad. Seg. Level 1-3. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway.

A-3 North Assigned male G2 34-cells, 68-beds, Transient overflow, SORP overflow. A-3 South Assigned Male G-2, 34 cells, 68 beds; SORP offenders, and stairs to access with a Security mirror. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender.

A-3 North Assigned male G2 with 34 cells and 68 beds, Transient overflow, & SORP overflow. A-3 South Assigned male G2 with 34 cells and 68 beds, SORP offenders and stairs to access with a security mirror. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement.

The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender.

A-4 North Assigned male with 34 cells, 68 beds & G2 SORP. A-4 South Assigned male G2 with 34 cells, 68 beds, & G2 SORP and stairs to access with a security mirror. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender.

B-Block Transient Housing Male with 68 cell, 136 beds, B1 & B3 no stairs, B2 & B4 accessed by stairs and no dayroom, G1-G3 Custody Level. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish)

to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys.
The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender.

C-Block Transient Housing Male with 68 cell, 136 beds, C1 & C3 no stairs, C2 & C4 accessed by stairs and no dayroom, and G1-G3 Custody Level. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender.

1-4 Dorms: Assigned males G2 to include Dorm 1-19 beds, Dorm 2-20 beds, Dorm 3-21 beds, Dorm 4-21 beds, total 81 beds and stairs to access. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy.

The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing.

The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender.

5 Dorm: Assigned males G2 to include 22 beds and utilized as the Faith based dorm with no stairs. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender.

Dorm 6: Assigned males G1-G2 to include 57 beds with no stairs. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender.

Dorm 7: Assigned males G1-G2 to include 62 beds with no stairs. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project,

Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom was facilitated with privacy screens preventing cross-gender viewing. The Shower area was facilitated with a full door and showers were conducted one-at-a-time by same-gender staff. In addition to the shower door, the facility provided a large portable privacy screen preventing any access or potential for cross-gender viewing from the hallway. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender.

Goree Unit Trusty Camp had 107 beds with no stairs. Prior to entering the dorm, the facility had the "Knock and Announce" sign in red mounted on the door in the center for all employees to serve as a reminder of the standard and requirement. The dorm had the following information displayed on a bulletin board at the entrance of the dayrooms: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The auditor observed the officers who made the announcements of female/male on floor prior to entering the housing unit several times for the inmates privacy. The correctional officers were observed making their security checks in the housing units during the site review. The utility closet and pipe chase was opened and observed by the auditor for cleanliness, lighting and staff access to keys. The auditor observed the grievance process and randomly questioned the officer assigned to the area about the grievance procedures. The auditor also randomly asked inmates about the grievance procedures. The inmate restroom area was facilitated with privacy screens preventing cross-gender viewing and the correctional made the knock and announce prior to entering the restroom and shower area. The Shower area was facilitated with large privacy screens preventing any possibility for cross gender viewing. The trusty camp had a designated Strip Search area with a sign that read, "Strip Search in Progress providing privacy with metal permanent barriers with no see-through visibility. The laundry room inmate restroom was facilitated with a full door for privacy with no cross-gender viewing visibility. The kitchen inmate restroom had a full door for privacy preventing cross-gender viewing. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender.

The following areas were observed by the auditor for good correctional and PREA practices during the site review. A2-South dorm, "Knock and Announce Sign", was displayed on a red sign at the center of the entrance door (female transient wing) as a reminder for all staff of the opposite gender to announce their presence prior to entering the dorm. A2-South dayroom was facilitated with a portable privacy screen preventing cross-gender viewing. A2 South shower was facilitated with a full door for privacy. A2 South Shower was provided with a large black portable privacy screen with no visibility for cross-gender viewing. A2 North dayroom restroom window was completed painted for privacy. A2 South shower had a full door for privacy with a small window that was painted with no view into the shower for additional privacy. A2 North restroom dayroom had a portable privacy screen. A3-South dayroom restroom facing the hallway had large black privacy screen preventing cross-gender viewing and privacy from anyone in the hallway. A3 South shower had a full door for privacy with a small window that was painted with no view into the shower for additional privacy. A1 North shower was also provided with a privacy screen to prevent cross-gender viewing. A1 South shower was facilitated with a full door for privacy. The C block shower was facilitated with a privacy screen on the door to prevent cross-gender viewing. The facility restroom was labeled, "Offender Restroom", painted in black letters at the entrance. The restroom downstairs had a full wall providing privacy from cross-gender viewing. The building had a bubble security mirror which covered many areas in the building. The craft shop was neat, clean and organized.

The craft shop had a designated strip search area and the urinals were behind permanent barriers. The food service strip search area provided privacy. All strip searches are conducted in a designated strip search area behind privacy screens, by a trained employee of the same gender. The Food Service inmate restroom had a full door for privacy and the large windows were painted in black providing privacy.

Dorm 5 urinals had a wooden door providing privacy. Dorm 5 restrooms were facilitated with ½ walls as permanent dividers/barriers. The gym restroom was provided with a half door preventing cross-gender viewing. The Gym Strip Search area was facilitated with a large portable privacy screen preventing view from the opposite gender. The Laundry department had two security mirrors behind the dryers to cover blind spots identified by the laundry department. The security mirrors in the laundry provide full line of sight behind the dryers. The laundry department strip search area is facilitated with a tri-fold portable privacy screen to prevent cross-gender viewing. Dorm 6 urinals had portable privacy screens for inmate use and prevention of cross-gender viewing. Dorm 6 shower area had a privacy door with no visibility from the opposite gender and the top portion of the window painted with no visibility of cross-gender viewing. 6 and 7 picket pipe chase also was provided with a privacy screen for the prevention of cross-gender viewing. The grievance box was observed in D-hall. 1 through 4 dorm from the D-space into the inmate shower/restroom area was facilitated with privacy screens covering ½ of the wire screen (window) preventing any possible of cross-gender viewing. 2 Dorm inmate restroom and shower area are facilitated with privacy doors and privacy screens. The PREA signs in the urinal area for the inmate population. The knock and announce sign is also mounted on the large window. The Safe Prisons department had three large extra portable privacy screens ready to be used if needed. The offender restroom in the medical department had a full door for privacy and prevention of cross-gender viewing. The Boiler room restroom had a portable privacy screen for prevention of cross-gender viewing. The Boiler room shower was also provided with a large portable privacy screen. The inside garden restroom had a ½ wall for privacy for inmate use. The recreation yard urinal had privacy with no visibility for cross-gender viewing. The recreation yard had a designated trifold strip search area with permanent barriers all the way around providing privacy and prevention from cross-gender viewing. The Maintenance department inmate restroom had a full door with privacy. The maintenance dept. designated strip search area had a large portable privacy screen for use of strip searches by the same gender. The Kitchen Dry storage area adjusted the height inventory and replaced a few lights with a total of five security mirrors, providing clear visibility and creating an open concept with no blind spots identified. The auditor observed another grievance box in A building. Non-Contact Visitation postings displayed on Family and inmate bulletin board: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs. The Non-contact offender side facing the hallway was painted to prevent cross-gender viewing. The Visitation gate house postings displayed: Third Party reporting, PREA Zero-Tolerance signs in both English and Spanish to include the Rape Crisis Center Contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit (in both English and Spanish) to include several other PREA signs.

Name of Record	**Number Reviewed**
Employee Files/Training/Background	40
Volunteer Files	15 (112)
Inmate Files	43
Specialized training	15
Contract Files/Windham	19/4
Medical	10

Employee Files: The auditor reviewed a total of 40 employee files out of 323 with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit.

Inmate Files: The auditor reviewed a total of 43 files of 925 which corresponded with the inmate interviews during the onsite phase of audit meeting all required categories.
Investigation Files: The auditor reviewed eight sexual abuse allegations for the past twelve months; two unsubstantiated, and six unfounded. All of the investigations were allegations against staff with three active/open case. The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
1. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
2. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
3. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
4. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred
5. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
6. Staff-on-Inmate	Unfounded	Active/open case	Administrative /OIG referred
7. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
8. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred

The documentation provided to the auditor included TDCJ forms utilized by the agency, education materials, training curriculums, organizational charts, posters, brochures, reports, inmate population reports, memorandums of agreement & or attempted MOU's, signed training rosters, community-based contact information, facility layout, electronic surveillance information, and other PREA related materials that were provided to demonstrate compliance with the Prison Rape Elimination Act standards. The security operations department provides technical assistance and operational support to correctional facilities in the area of staffing, video surveillance, video equipment/production, armory, research and technology. The Video Surveillance and Video Equipment/Production section assists in maintaining and repairing existing surveillance systems, as well as providing technical evaluation for augmentation and improvements. The auditor observed 54 security mirrors and ten surveillance cameras in the front gate and back gate to monitor inmate and staff movement.

On 4/15/19, the Goree Unit inmate population was 925 with a designed facility capacity of 1321. The auditor contact information was posted throughout the unit on 2/11/19. The facility staff interviewed by the auditor were professional and cooperative with the auditor during the audit process. A unit layout of the facility was provided by the PREA Coordinator consisting of all housing areas and camera locations. The Goree Unit physical plant is comprised of 16 buildings, two single housing unit; nine multiple occupancy cell housing units, 10 open bay/dorm housing unit, and 34 segregation cells. The average length of stay or time under supervision is one year and three months with custody levels G1-G3, Ad. Seg. And Outside Trusty, Transient. The unit had a total of 323 staff currently employed who may have contact with inmates.

Staff Interviews
The auditor conducted inmate and staff interviews on 4/16/19 & 4/17/19 as part of standard 115.401 (k)(m) with privacy in an office setting. A list of inmates, staff, volunteers, and contractors to include their shift and job assignments was provided to the auditor for selection & review of interviews and documentation review.

The auditor conducted the staff interviews on 4/17/19 with no staff refusals. Staff interviews were conducted in a private setting in the administration building in a separate office on an individual basis with no distractions or delays (previous interviews conducted included one agency head or designee and one agency PREA coordinator) The auditor conducted the following interviews with facility staff during the onsite phase of the audit:

Category of Staff	Interviews Conducted
Random Staff (total)	18
Specialized Staff (total)	23
Total Staff Interviewed	41
Breakdown of Specialized Staff Interviews:	
Intermediate or higher-level facility staff Major, Captain, Lieutenant, Sergeant, Food Service, Maintenance	6
Medical and mental health staff	2
Non-medical staff involved in cross-gender strip searches	0
Human resource staff	1
SANE staff (telephonic interview offsite hospital)	1
Volunteers and Contractors who have contact with inmates	4 (2V/2C)
Investigative staff	2
Staff who perform screening for risk of victimization	1
Staff who supervise inmates in segregation housing	1
Incident review team	1
Designated staff member charged with monitoring retaliation	1
First responder, security staff	1
First responder, non-security staff	1
Intake staff	1
Random Staff Interviews:	Total: 18
Chief of Classification	1
Laundry Manager	1
Grievance	1
Education staff	1
Inmate Records	1
Commissary	1
Law Library	1
Chaplain	1
Craft Shop	1
Offender Property	1
Correctional Officers	8

Inmate Interviews:
The auditor conducted inmate interviews on 4/17/19 based on the population of 925 with no inmate refusals. The auditor selected a geographically diverse sample of random male inmates for the audit process to include housing units by selecting the first and tenth of every housing unit.

Category of Inmates	Interviews Conducted
Random Inmates (Total 925)	26 (22M/4F)
Targeted Inmates (Total)	18
Total Inmates Interviewed	44
Breakdown of Targeted Inmate Interviews:	
• Youthful inmates	0
• Inmates with physical disability	0

• Inmates who are blind • deaf • hard of hearing	1 0 1
• Inmate who are LEP	5
• Inmates with a cognitive disability	0
• Inmates who identify as lesbian, gay, or bisexual	4
• Inmates who identify as transgender or intersex	2-Transgender 0-Intersex
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
• Inmates who reported sexual abuse	0
• Inmates who reported sexual victimization during risk screening	5

Inmates were interviewed in the FTO office, in a separate room on an individual basis with privacy and sufficient time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No inmates refused during the inmate interview process.

An exit meeting was held on 4/17/19 to discuss the overall audit process with the following Senior Warden, Unit Safe Prisons Program Manager & Regional Safe Prisons Manager. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies and procedures. The facility was prepared with primary and secondary documentation with resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and inmate interviews. The Post Audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility, staff, and inmates.

The first PREA audit was conducted by PREA auditor James Curington on April 10-13, 2016. The previous auditor determined the Goree Unit exceeded three standards, met 37 standards and the other three were not applicable. During the second audit cycle on April 15-17, 2019 by Noelda Martinez, determined that the facility is 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. The facility was required to make a few minor adjustments for standard 115.86. In addition, the auditor determined the facility exceeded four standards which included 115.11, 115.15, 115.31, & 115.33, due to the exceptional documentation provided including primary and secondary; and awareness made throughout the facility of the zero-tolerance of sexual abuse & sexual harassment. 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect.

Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

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 Thomas Goree Unit 7405 Hwy 75 South, Huntsville, TX 77344 and is located Four miles south of downtown Huntsville on Highway 75 South in Walker County. The facility was established in 1907 and has 323 employees, 227 security employees, 74 non-security, 1 Windham/Education employees, and 112 Volunteers and 19 contractors. The inmate population is comprised of males and also houses female transient offenders enroot to medical or another facility; with a maximum capacity of 1321 to include custody levels: G1-G3, G4 & G5 transient status, Administrative Segregation, & Outside Trusty. The facility approximate acreage is 717 with the following operations.

Programs/Facility Operations:

- Agricultural Operations: Horse Breeding Program
- Manufacturing and Logistics Op.: None
- Facility Operations: Unit Maintenance
- Additional Operations: Dynamic Risk Assessment for male offenders; Transient facility for female offenders enroute to Hospital Galveston; U.S. Department of Homeland Security Immigration and Customs Enforcement (ICE)
- Medical Capabilities: Ambulatory medical, dental, and mental health services. Digital Medical Services (DMS), electronic specialty clinics, respiratory treatment, and CPAP accommodating housing available. Managed by UTMB.
- Special Treatment Programs: Sex Offender Treatment Program (SOTP)
- Educational Programs: Literacy (Adult Basic Education/GED)
- Additional Programs/Services: Faith Based Dormitory, Adult Education Program (upon availability), Peer Education, Reentry Planning, Chaplaincy Services, Crime Stoppers, GO KIDS Initiative
- Community Work Projects: Services provided to city agencies, local organizations, and Texas Parks and Wildlife.
- Volunteer Initiatives: Substance Abuse Education, Religious/Faith Based Studies and Activities

Total employees	323
Security employees	227
Non-security employees	74
Windham Education employees	8
Contract medical employees	19
Mental health employees	0
Inmate gender	Male
Maximum capacity	1321
Custody levels	G1 - G3; G4/G5 transient offenders; Administrative Segregation & Outside Trusty.
Date Unit Established	February 1907

Inside the secure perimeter are brick and metal structures which contain space for commissary, education, food service, laundry, necessities, law library, mailroom, medical and dental, safety, grievances, safe prisons/PREA, administrative segregation, STG, recreation, central control center, boiler room, visitation area, inmate housing (dormitory and cellblock), recreation yard and gymnasium.

Video Surveillance:
The facility provided the auditor with a surveillance camera report of all the locations describing the types of cameras: VCR, digital and zoom-pan-tilt. The cameras are monitored from the Warden's office. During the site review, the auditor observed a 15 cameras, with a new DVR replaced in the wardens office. The facility had a total of 54 security mirrors positioned throughout the facility to include areas in the front gate, visitation, and back gate. The security mirrors were positioned in areas identified by the facility as potential blind-spots or areas requiring more visibility for the overall safety.

The mission of the Goree Unit is to provide the unit staff an increased awareness in security by providing training and communication with a positive atmosphere along with a more secure, sanitary, and effective environment in which to manage inmates, thus providing the citizens of Texas with a a secure prison and to further the Departmental mission.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, ***along with a list of each of the standards in each category****. If relevant, provide a summarized description of the Corrective Action: The auditor recommends no corrective action. plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 4

115.11, 115.15, 115.31, & 115.33

Number of Standards Met: 39

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

Number of Standards Not Met: 0

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Summary of Corrective Action: The auditor recommends no corrective action. (if any)

The first PREA audit was conducted by PREA auditor James Curington on April 10-13, 2016. The previous auditor determined the Goree Unit exceeded three standards, met 37 standards and the other three were not applicable. During the second audit cycle on April 15-17, 2019 by Noelda Martinez, determined that the facility is 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. The facility was required to make a few minor adjustments for standard 115.86. In addition, the auditor determined the facility exceeded four standards which included 115.11, 115.15, 115.31, & 115.33, due to the exceptional documentation provided including primary and secondary; and awareness made throughout the facility of the zero-tolerance of sexual abuse & sexual harassment. 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

a. Prisons/PREA plan (*March 2018*)-PREA Table of Contents
b. Designated agency PREA head from the Executive Director;
c. Agency organizational chart
d. Post Order-07-150 Unit safe prisons/PREA manager
e. Unit organizational Chart
f. Executive Director 03.03 Safe prisons PREA program

Interviews:

a. PREA Coordinator
b. PREA Compliance Manager

The interviews conducted during the audit determined they have sufficient amount of time to complete their duties and responsibilities. The Texas Department of Criminal Justice has assigned the CID Director as the Agency-Wide PREA Coordinator, PREA Ombudsman Office has a Certified PREA Auditor, Administrative Review & Risk Management Office has a Certified PREA Auditor, a Safe Prisons/PREA Management Office, a PREA Regional Manager and a designated Unit Safe Prisons PREA Manager. The USPPM displayed superb organizational skills and guides the facility towards a successful outcome. The facility is equipped with the staff required, resources, & support staff. The facility areas observed by the auditor was extremely clean, and staff interviewed displayed integrity & professionalism.

Site Review Observations:

a. PREA signage throughout the facility
b. Cross-gender announcements observed in
c. Privacy screens/barriers: showers/toilet areas in housing units, gyms, recreation yard

Findings:

The Texas Department of Criminal Justice Mission Statement is as follows: The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in inmate behavior, reintegrate inmates into society and assist victims of crime. SAFE PRISONS/PREA PROGRAM Executive Directive 03.03; Authority: Tex. Gov't Code 493.001, 493.006(b), 494.001,501.002, 501.011; General Appropriations Act, 83rd Leg. R.S., Art. V, Rider 38;42 U.S.C. 1983, 15601-15609; Prison Rape Elimination Act (PREA) Standard 115.11. The TDCJ has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment.

The policy and procedures establish the responsibilities to implement a zero-tolerance policy for prohibiting, preventing, detecting, responding to and investigating the sexual abuse and sexual harassment of inmates. The facility has a detailed policy and organizational chart the auditor was provided during the pre-audit phase of the audit. The facility staff interviewed acknowledged and understood the zero-tolerance policy along with the specific Prison Rape Elimination Act policy. Random staff presented their PREA cards as part of their uniform to the auditor during the site review.

This determination is based in part on the agency level staff completing the Prison Rape Elimination Act auditor training. PREA Ombudsman Office has a Certified PREA Auditor and Administrative Review & Risk Management Office has a Certified PREA Auditor.

The auditor also commended the facility for implementing what is considered good practices in corrections and in accordance with the intent of the Prison Rape Elimination Act. The Goree Unit has a designated PREA compliance manager and manages her time effectively in her duties and responsibilities. The interview with the PCM determined that they have enough time to manage their daily responsibilities. The facility utilizes Security Operations to service the surveillance system at the Goree Unit. The facility had ten surveillance cameras positioned at the front gate, 6 & 7 dorm, front lobby, and back-gate to monitor inmate and staff movement to include 54 security mirrors positioned in areas such as front gate, visitation, maintenance, food service, commissary, education and laundry to eliminate hidden areas and blind spots identified by the facility.

Corrective Action: The auditor recommends no corrective action.

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 OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Pre-Audit Questionnaire
2. AD-02.46 (rev. 4) The TDCJ requires employees of entities contracting with the TDCJ to comply with applicable TDCJ policies, procedures, regulations, and posted rules.

Findings:
The facility is a State of Texas managed facility and the Texas Department of Criminal Justice does not contract with other entities for the confinement of inmates for the Goree Unit.

Corrective Action: The auditor recommends no corrective action.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
  ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
  ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?
  ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

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

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

115.13 (d)

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

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

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Security Operations Procedures Manual 07.02 Deletion
2. New Installation or relocation of video surveillance equipment
3. Security Operations Procedures Manual Turnout Roster Management 08.0;
4. Safe Prisons/PREA Plan 3/18
5. Security Operations Procedure Manual 08.06 Annual Review Turnout Rosters
6. Administrative Directive 11.52 Security Staffing
7. PD-22 General Rules of Conduct & Disciplinary Action Guidelines for Employees
8. Post Order 07.005 Sergeant of Correctional Officers
9. Post Order 07.004 Lieutenant of Correctional Officers
10. Post Order 07.003 Captain of Correctional Officers
11. Post Order 07.002 Major of Corrections
12. Staffing Plan Review 2016, 2017, 2018

13. Staffing Roster

Interviews:

1. Intermediate or Higher-Level Staff
    a. Major of Corrections
    b. Captain of Corrections
    c. Lieutenant of Corrections
    d. Sergeant of Corrections
    e. Maintenance Supervisor
    f. Food Service Supervisor
    g. Staff interviews (supervisor visibility)
    h. Inmate interviews (supervisor availability)

Site Review Observations:

1. Shift Turnout rosters (signature/location of unannounced rounds)
2. Logbooks (unannounced round signatures)

Findings:

115.13 (a). The TDCJ Safe Prisons/PREA Plan (dated 3/18) addresses the standard: Supervision and Monitoring (§115.13) The supervision of inmate will be conducted by supervisors at each unit shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Security staffing: each unit is required to develop, document, and comply with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse and take into consideration all relevant factors. (b) The staffing plan was reviewed for the normal and expected operational conditions that can affect staffing shortages include 1) Constant Direct Observation, 2) Medical Transport 3) Staff working at the BOT (Headquarters Office), 4) Community Service, 5) Field Training and 6) Emergency Absence. (c): The staffing plans were reviewed to include the staffing plan review minutes by the auditor. The Goree Unit staffing plan was reviewed prior to the onsite audit. The staffing plan provides adequate staffing levels, video monitoring to protect inmates against sexual abuse. (d): Intermediate and Upper-level Supervisors are conducting unannounced rounds on all shifts daily to include night shift with no patterns identified. This determination is based on the staffing plan reviews, staffing rosters, interviews conducted with facility intermediate staff or higher-level staff who conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The auditor reviewed the documentation of unannounced rounds covering day and night shifts at different times. The supervisors interviewed during the audit articulated the process proceeding the responsibility of addressing issues on alerting staff regarding unannounced rounds. The staffing plan reviewed was comprehensive of the number and placement of staff and amount of video technology (where applicable) that is necessary to ensure the sexual safety of the inmate population to include the facility layout and characteristics, classifications of inmates, and unique security needs and programming. The facility is making their "best efforts to comply on a regular basis" with the staffing plan. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

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

Findings:
The Goree Unit does not house youthful inmates.

Corrective Action: The auditor recommends no corrective action.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ NA

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

115.15 (c)

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

- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

115.15 (d)

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

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

115.15 (e)

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

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. On the Job Training (OJT) Procedures Manual
2. AD-03.22 Inmate Searches
3. Safe Prisons-PREA Plan 3/18
4. Security Manual Table of Contents
5. ED-01.21 Policies and Procedures System
6. PO -07-015 Shower Room Officer
7. SM-01.01 Correctional Institutions Division (CID) Security Policies and Procedures System

8. Correctional Training and Staff Development FY 2019 PREA Program (pre-service) (non-supervisor)
9. "Cross-Gender Viewing & Searches/LGBTI Inmates In-service & Prep-Service Training
10. Safe Prisons/PREA Operational Manual 02.05 Cross-Gender Searches and Log

Interviews:
1. Random Staff
2. Random Inmates

Site Review Observations:
During the site review, the auditor observed the toilet areas, showers, recreation toilets, & work restrooms with shower curtains, privacy screens or modesty barriers preventing cross-gender viewing from staff of the opposite gender. The facility did a good job at providing privacy screens and privacy barriers throughout the facility. The audit notice & zero tolerance signs were observed by the auditor in the front lobby, visitation, central sally port entrance, education, food service, laundry, back-gate, boiler room, janitor closets, inmate restrooms, work areas, and housing units. The following areas were identified with privacy screens and barriers: recreation yards, education, food service, laundry, back-gate, boiler room, and housing units. The facility utilizes Security Operations to service the surveillance system at the Goree Unit. The facility had ten surveillance cameras positioned at the front gate, 6 & 7 dorm, front lobby, and back-gate to monitor inmate and staff movement to include 54 security mirrors positioned in areas such as front gate, visitation, maintenance, food service, commissary, education and laundry to eliminate hidden areas and blind spots identified by the facility.

Findings:
The Safe Prisons/PREA Plan (dated 3/18) addresses the Cross-Gender Viewing and Searches. Correctional officers shall make the best efforts to allow inmates 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 checks. Staff of the opposite gender shall announce their presence when entering an inmate housing area in accordance with applicable post orders. Under no circumstances shall an inmate search be conducted solely for the purpose of determining an inmate's genital status. During the site review the auditor observed staff of the opposite gender conduct the "knock and announce," by saying "female on the floor" or "female on the run," when entering the inmate housing areas. The Regional PREA Manager provides monthly training for each unit and each USPPM is required to disseminate the training on the facility. The shift supervisors conduct training on PREA related standards to include cross-gender searches and viewing during shift briefing. The Goree Unit does house female transient offenders enroot to medical or another facility and does not youthful inmates. There were two identified transgender or no intersex inmates during the onsite portion of the audit for interviews.

The CTSD training curriculum addresses the cross-gender viewing & searches. The auditor reviewed the documentation of exigent circumstances with none conducted for the audit cycle. All inmates interviewed clearly described their ability to shower, change clothes, and use the toilet without the opposite-gender staff viewing them. The inmate interviews indicated staff of the opposite gender make an announcement prior to entering the housing unit for privacy reasons. The auditor observed the cross-gender viewing and cross-gender announcement during the site review on 4/15/19.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Safe Prisons/PREA Plan (3/18);
2. Intake Procedures 1.10;
3. AD-06-25 Qualified Interpreter Services-American Sign Language;
4. Correctional Managed Health Care Policy Manual G.51.1 Inmates with Special Needs;
5. Safe Prisons/PREA Program Postings and Brochures 02.03;
6. Qualified Spanish Interpreter Guidelines SM-05.50;
7. Certified American Sign Language (ASL) Interpreter Services G-51.5;
8. AD 04.25 provides language assistance services to inmates identified as monolingual Spanish speaking;
9. Intake Processing of Inmates in need of an Interpreter 6.05;
10. Interpreter Services E-37.5;
11. SPPOM Inmate Assessment Screening 03.01;

12. Psychiatric and Developmental Disabilities PO-07105;
13. List of Spanish Interpreters;
14. TDCJ Health Services Liaison Facility Types List Definitions;
15. a list of Staff who speak a language other than English or Spanish.

Interviews:

1. Warden
2. PREA Manager
3. Random Staff
4. Intake Staff
5. Medical staff

Site Review Observations:

1. Information posted in both English/Spanish
2. Staff interpreter list

Findings:
Provision (a): The Safe Prisons/PREA Plan (3/18) addresses inmates with disabilities shall have access to education in formats accessible to all inmates, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as inmate who have limited reading skills.

Provision (b): The agency has taken reasonable steps to ensure efforts to prevent, detect, and respond to sexual abuse and sexual harassment of inmates with LEP; qualified interpreters are provided and informal governmental proceedings for inmates who use American Sign Language (ASL) as their primary means of communicating. Assistive Disability Services (ADS), describes UTMB program that is designed to coordinate and/or provide care for inmates with mobility, vision, hearing or speech impairments. Interpreter Services G-51.5; the ADS must be notified and will provide an Advanced, Master, or equivalent ASL interpreter for inmates with a significant hearing loss necessitating written communication and/or the use of sign language as described in the policy. AD 04.25 provides language assistance services to inmates identified as monolingual Spanish speaking.

Provision (c): The agency policy prohibits the use of inmate interpreters except in limited circumstances where an extended delay could compromise the inmates safety.

Corrective Action: The auditor recommends no corrective action.

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, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Standard of Supplemental Safe Prisons/PREA Training/Employee Acknowledgement Form;

2. Employment Application Supplement for Agency Applicants;
3. Applicants with pending criminal charges or prior criminal convictions PD-75;
4. Selection Criteria for Correctional Officer Applicants PD-73;
5. Employment Application Supplement PERS 282;
6. TDCJ Application Clearance; & Selection System Procedures PD-71

Interviews:

1. Human Resource Manager

Findings:

Provision (a) (b)(c): The Safe Prisons/PREA Plan (dated 3/18) addresses Employee hiring; TDCJ shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who previously has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42 USC 1997; has been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent, refused, or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in Section VIII. A.l.b. The facility provided the auditor employee questionnaire and staff backgrounds confirming compliance with the standard for this recertification review period.

Provision (d)(e)(f)(g)(h):The agency utilizes a live system with the DPS record access system which utilizes NCIC, TCIC, & NLET; Selection System Procedures PD-71. The auditor reviewed employee and contractor background checks for compliance. The auditor concluded the facility complies with the standard for the relevant recertification period. The auditor reviewed the facility operating policies and procedures along with primary & secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with 23 employee background checks of staff and contractors who may have contact with inmates confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. SOPM 07.02 Deletion,
2. New Installation or Relocation of Video Surveillance Equipment;
3. Operating and Monitoring Video Surveillance Systems SM 01.14.
4. The facility utilizes Security Ops for the surveillance system at Goree Unit

Interviews:

1. Warden

Site Review Observations:

The facility utilizes Security Operations to service the surveillance system at the Goree Unit. The facility had ten surveillance cameras positioned at the front gate, 6 & 7 dorm, front lobby, and back-gate to monitor inmate and staff movement to include 54 security mirrors positioned in areas such as front gate, visitation, maintenance, food service, commissary, education and laundry to eliminate hidden areas and blind spots identified by the facility.

Findings:

Provision (a): The Safe Prisons/PREA Plan (dated 3/18) addresses the development, documentation, and complies with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The facility had a total of ten cameras positioned on the outside perimeter of the facility. According to SOPM 07.02 Deletion, New Installation or Relocation of Video Surveillance Equipment: Video Surveillance equipment shall not be installed, deleted or relocated without an approved Decision Memorandum that will be generated by the Surveillance Systems Coordinator. This includes cameras, monitors and head-end equipment. A. Prior to the new installation of video surveillance equipment, the Surveillance Systems Coordinator will coordinate with the agency safe prison/ PREA compliance manager to collect any relevant information containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for that unit.

Provision (b): The surveillance System Coordinator in conjunction with the Unit Warden and the Warden of Security Operations will deploy the surveillance equipment in an effort to enhance the agency's ability to protect inmates from sexual abuse. The Security Operations "Equipment Status Report" records the approved quantity of cameras allocated to each unit. The "Surveillance Operations "Equipment Status Report" is maintained by Security Operations in coordination with the unit. Security Operations is responsible for updating and maintaining the "Equipment Status Report". The quantity of cameras allocated may be increased or decreased as required by unit mission changes, staffing changes, inmate security designation, or to protect inmates against sexual abuse. Requests to change the unit's camera allocation will be made utilizing the following procedures. Whenever necessary, but no less frequently than once each year the Unit Warden shall review the deployment of video monitoring systems to ensure adequate coverage is provided to protect against sexual abuse. The DVR system in the Warden's office was replaced and no other modifications were made. The unit Warden shall collect any relevant information from the agency safe prison/ PREA compliance manager containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year.

Corrective Action: The auditor recommends no corrective action

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? ☒ Yes ☐ No

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

115.21 (e)

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

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. SPPOM 02.02 Inmate Victim Representative;
2. Reviewed RCC MOU;
3. Reviewed five letters showing efforts to obtain services for local Rape Crisis Centers;
4. Safe Prisons/PREA Plan 3/18;
5. Reviewed list of OVR Representatives;
6. CTSD Inmate Victim Representative (OVR) Training;
7. Reviewed over sixty attempts to solicit community rape crisis organizations;
8. TAASA Service Directory;
9. CMHC G-57-01 Sexual Assault/Sexual Abuse;
10. TDCJ Office of Inspector General OIG-04.05 Inmate Sexual Assault Investigations;
11. Safe Prisons/PREA Operational Manual-Sexual Abuse Response & Investigation 05.01;
12. Evidence Handling AD-16.03

Interviews:

1. SANE/SAFE Staff (telephonic interview offsite location/hospital)
2. Random Staff
3. PREA Compliance Manager
4. Medical Staff

Site Review Observations:

The Goree Unit had two staff representative which have been trained as qualified Offender Victims Representatives (OVR). The auditor interviewed the victim representative on the facility for their duties and responsibilities. The facility transports all sexual assault victims to the local hospital (Huntsville Memorial Hospital in Huntsville, TX) where on-call SANE nurses are available 24/7. The auditor contacted the on-call SANE/SAFE nurse on 4/15/19 and conducted a telephonic interview which a confirmed the forensic medical examination process at the hospital once the inmate is transported.

Findings:
Provision (a)(b): The Safe Prisons/PREA Operational Manual-Offender Victim Representative; Written policy and procedure require the TDCJ to make available to an inmate victim of sexual assault, a victim advocate from a rape crisis center. Provision (c)(d)(e)(f)(g)(h): When an advocate from a rape crisis center is not available to provide emotional support advocacy services following an allegation of sexual assault, the TDCJ shall upon request of the inmate victim, provide an OVR to support the inmate 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. Each unit warden shall designate at least two OVR's from the following job qualifications Mental Health Practitioner, Sociologist, Chaplain, Social Worker, or Case Manager.

Corrective Action: The auditor recommends no corrective action.

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: None requires taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents;
2. SPPOM 05.05 Completing the Offender Protection Investigation;
3. Safe Prisons PREA Plan;
4. SPPOM 05.01 Sexual Abuse Response and Investigation;
5. AD-16.20 Reporting incidents Crimes to the Office of the Inspector General;
6. OIG-04-05 Inmate Sexual Assault;
7. BP-01.07 Inspector General Policy Statement;
8. PD-29 Sexual Misconduct with Inmates

Interviews:

1. Warden

Site Review Observations:

Name of Record	Number Reviewed
Employee Files/Training/Background	40
Volunteer Files	15 (112)
Inmate Files	43
Specialized training	15
Contract Files/Windham	19/4
Medical	10

Employee Files: The auditor reviewed a total of 40 employee files out of 323 with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit.

Inmate Files: The auditor reviewed a total of 43 files of 925 which corresponded with the inmate interviews during the onsite phase of audit meeting all required categories.

Investigation Files: The auditor reviewed eight sexual abuse allegations for the past twelve months; two unsubstantiated, and six unfounded. All of the investigations were allegations against staff with three active/open case. The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
1. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
2. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
3. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
4. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred
5. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
6. Staff-on-Inmate	Unfounded	Active/open case	Administrative /OIG referred
7. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
8. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred

Findings:
Provision (a)(b)(c):The Safe Prisons/PREA Plan (3/18) addresses this standard in the policy. Allegations of sexual abuse and sexual harassment shall be referred on the appropriate investigative forms contained within AD-02.15, "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents," for staff-on-inmate allegations and the SPPOM for inmate-on-inmate allegations. All incidents were reported and investigated to the fullest extent. Provision (d): Two Investigators were interviewed and found to be very knowledgeable concerning the responsibilities under the PREA Standards to include verification of the PREA required training.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The auditor reviewed ten investigator training files who were trained in conducting sexual abuse investigations in confinement settings. The auditor reviewed the Office of Inspector General NIC training confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Staff Training Acknowledgement forms;
2. Correctional Training and Staff Development 2018/Safe Prison PREA Program/Supervisor In-Service Training;
3. Correctional Training and Staff Development 2018 Pre-Service Training
4. Safe Prisons Module: Sexual Abuse/Assault;
5. CTSD Pre-service Training Block 1 Safe Prisons Plan;
6. Safe Prisons PREA in Texas-Video Script;
7. Safe Prisons Plan; CTSD Non-Supervisor In-Service Training Safe Prisons PREA;
8. SM-02.02 On-the-Job Training (OJT) Program;
9. AD 12.20 Implementation & Operation of the TDCJ In-Service Program;
10. ED-12.10 TDCJ Training Database;
11. PD-97 Training and Staff Development;
12. Pre-Service Training Inmate Protection Investigations;
13. PD-29 Sexual Misconduct with Inmates;
14. SPPOM 06.01 Unit Safe Prisons PREA Program Awareness Training

Interviews:

1. Random Staff

Site Review Observations:

Name of Record	Number Reviewed
Employee Files/Training/Background	40
Volunteer Files	15 (112)

Inmate Files	43
Specialized training	15
Contract Files/Windham	19/4
Medical	10

Employee Files: The auditor reviewed a total of 40 employee files out of 323 with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit.

Inmate Files: The auditor reviewed a total of 43 files of 925 which corresponded with the inmate interviews during the onsite phase of audit meeting all required categories.

Findings:
Provision (a)(b)(c)(d):The Safe Prisons/PREA Plan (3/18) addresses this standard in the policy. 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 inmates shall receive the following information in accordance with the Safe Prisons/PREA requirements: zero-tolerance policy on sexual abuse and sexual harassment; methods of fulfilling responsibilities, the right of inmates to be free of sexual abuse and harassment; the right of inmates and staff to be free from retaliation for reporting abuse, the characteristics of victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid in appropriate relationships with inmates; how to communicate effectively and professional with LGBTI inmates; how to comply with relevant laws and mandatory reporting; & common characteristics of victim/predators. All training is tailored to the gender of the inmate at the unit of assignment.

The facility provided the auditor with Standard/Supplemental Safe Prisons/PREA Training Employee Acknowledgement forms, Employee Training, curriculums additional forms of 23 training files confirming compliance with the standard for this recertification review period. A review of the training curriculum, training records and interviews support that staff have been trained regarding the requirements of PREA. The security employees completed the PS/IS/PREA Video; administrative employees completed the correctional awareness/staff supervisor training. The staff interviewed by the auditor were knowledgeable of PREA requirements and expectations as it relates to reporting, investigations, and treatment of inmates reporting PREA related issues.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Administrative Directive-02.46 Employees of Private Business and Governmental Entities Contracting with the TDCJ;
2. CMHC C-25.1
3. CMHC C-19.1
4. Administrative Directive 16.03
5. UTMB NEO Training and Schedule
6. PD-29 Sexual Misconduct with Inmates;
7. Handbook for Volunteers;
8. Letter of Orientation for Special Volunteers;
9. PD-97 Training for Staff Development;
10. Safe Prisons/PREA Plan;
11. Safe Prisons/PREA Plan in Texas-Video Script
12. Explanation Statement of Fact from TDCJ Volunteer Services;
13. Volunteer Services-2015;
14. Volunteer Services Plan;
15. AD-07-35 Administration of Volunteer Services;
16. Appendix F Acknowledgement of Volunteer Training Orientation;

17. Volunteer Training Acknowledgement;
18. Volunteer Training Schedule

Interviews:

1. Volunteer(s) and Contractor(s) who have contact with inmates

Findings:

Provision (a): The Safe Prisons/PREA Plan (dated 3/18) addresses the standard in the policy-Contractor and Volunteer Content. All volunteers and contractors who have contact with inmates shall be trained regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures is accordance with the TDCJ Volunteer Services Plan, PD-29, "Sexual Misconduct with Inmates," and this plan. (b) The level and type of training provided to volunteers and contractors shall be specific to the services provided and the level of contact with inmates; however, all volunteers and contractors who have contact with inmates shall be notified of the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures of reporting incidents. All volunteers/contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse/harassment and informed how to report such incidents. The agency maintains documentation confirming that volunteers/contractors understand the training they have received. (c) Each volunteer signs the Acknowledgement of Training (AOT) Form after each training session. The AOT Form is filed in the volunteers' central file maintained at TDCJ Volunteer Services in Huntsville, Texas.

The volunteer's electronic file is the source to which the facility identifies the approval status of a volunteer. The electronic file is updated by TDCJ Volunteer services staff. The facility provided the auditor with Acknowledgment of Volunteer Training Orientation for 11 volunteers and 21 contractors confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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 such education? ☒ Yes ☐ No

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

115.33 (d)

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

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

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

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. UCPM-05.00 Unit Orientation Procedures with Attachments;
2. SPPOM 06.02 with Attachment Q;
3. Inmate Orientation Handbook;
4. Inmate Video Instruction Letter;
5. IPM 01.10 Initial Orientation;
6. AD-04.25 Language Assistance Services to Inmates Identified as Monolingual Spanish Speaking;
7. AD-06.25 Qualified Interpreter Services-America Sign Language;
8. CMHC Policy E-37.5 Interpreter Services;
9. CMHC Policy G-51.01 Inmates with Special Needs;
10. CMHC Policy G-51.5 Certified ASL Interpreter Services;
11. SM-05.50 Qualified Spanish Interpreters Guidelines;
12. Staff who speak Foreign Languages 2016;
13. Inmate SAA Video Script;
14. SPPOM 02.03 Postings and Brochure

Interviews:

1. Random Inmates
2. Intake Staff

Site Review Observations:

The auditor conducted the staff interviews on 4/16/19 with no staff refusals. Staff interviews were conducted in a private setting in the administration building in a separate office on an individual basis with no distractions or delays. Previous Interviews conducted: one agency head or designee and one agency PREA coordinator. Inmates were interviewed in the line building in the FTO, in a separate room on an individual basis with privacy and sufficient time.

The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No inmates refused during the inmate interview process.

Findings:

Provision (a)(b): The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. During the intake process, inmates shall be provided with educational information explaining the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment in accordance with the TDCJ Classification Plan and TDCJ Unit Classification Procedures Manual.

(c)(d)(e)(f): Within 30 days of intake, the USPPM shall ensure inmates are provided with comprehensive education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, and any retaliation for reporting these incidents; and regarding TDCJ policies and procedures from responding to these incidents in accordance with the SPPOM.

The number of inmates admitted during the past 12 months who were given this information at intake: 1176. The facility provided the auditor with inmate training confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. BP-01.07 Inspector General Policy Statement;
2. CTSD Safe Prisons PREA Investigation Training;
3. OIG OPM 02.15 Training Procedures;
4. OIG LP3201 Sexual Assault Investigative Topics;
5. PD-97 Training and Staff Development;
6. AD-16.03 Evidence Handling;

7. CMHC C-25.1 Orientation Training for Health Services Staff;
8. OIG OPM 04.05 Inmate Sexual Assault Investigation;
9. OIG LP-2029 Interviewing and Interrogation Lesson Plan;
10. ED-12.10 Training Records and Database;
11. OIG Roster for NIC PREA Training

Interviews:

1. Investigative Staff
2. 10 files reviewed for Specialized training for Investigations

Site Review Observations:

Investigation Files: The auditor reviewed eight sexual abuse allegations for the past twelve months; two unsubstantiated, and six unfounded. All of the investigations were allegations against staff with three active/open case. The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
1. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
2. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
3. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
4. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred
5. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
6. Staff-on-Inmate	Unfounded	Active/open case	Administrative /OIG referred
7. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
8. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred

Findings:

Provision (a):The Safe Prison/PREA Plan (3/18) addresses the standard in the policy. 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 or 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.

(b) The 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. (c)(d) Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan. The auditor reviewed investigator files who were trained in conducting sexual abuse investigations in confinement settings. The auditor reviewed the Office of Inspector General NIC training of 136 investigators confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Letter of Orientation TDCJ Health Services Division Trainees;
2. AD-16.03 Evidence Handling;
3. CMHC C-19.1 Continuing Education & Staff Development;
4. CMHC C-25.1 Orientation Training for Health Service Staff;
5. PD-97 Training and Staff Development and Statement of Fact for Forensic Exams

Interviews:

1. Medical and Mental Health

Site Review Observations:

Investigation Files: The auditor reviewed eight sexual abuse allegations for the past twelve months; two unsubstantiated, and six unfounded. All of the investigations were allegations against staff with three active/open case. The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
1. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
2. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
3. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
4. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred
5. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
6. Staff-on-Inmate	Unfounded	Active/open case	Administrative /OIG referred
7. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
8. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred

Findings:

Provision (a): The Safe Prisons/PREA Plan(3/18) addresses the standard in the policy. Ongoing Medical and Mental Health: All inmates 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.

The evaluation and treatment of such inmate 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 release from custody. (b) Inmate victims shall be provided medical and mental health services consistent with the community level of care. (c) Inmates who have the capacity to become pregnant as a result of sexually abusive penile-vaginal penetration while incarcerated shall be offered pregnancy tests.

If pregnancy results from the conduct described in this section, the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services in accordance with CMHC policies. (d) Inmates who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies.

A mental health evaluation of all known inmate-on-inmate abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies.

Corrective Action: The auditor recommends no corrective action.

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, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

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

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: None requires taken by the facility.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. SPPOM-03.01 Inmate Assessment Screening with Attachment E & E1.
3. CMHC E-35.01 Mental Health Appraisal for Incoming Inmates;

4. CMHC A-09.01 Privacy of Care;
5. Disclosed Sexual Victimization;
6. IPM-CL-69 Psychological Screening Interview;
7. IPM 5.06 Intake Procedure Security Referrals

Interviews:

1. Staff responsible for Risk Screening
2. Random inmates
3. PREA Compliance Manager

Findings:

The number of inmates entering the facility within the past 12 months who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry to the facility: 1141.
The number of inmates entering the facility within the past 12 months who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 745. The auditor reviewed 43 inmate files for the following documentation: PREA Intake Screening within 72 hours of admission; Potential Victim or Potential Aggressor; LGBTI; Follow-up meeting with Medical/Mental Health offered; Reassessment within 30-days from arrival to the facility; warranted reassessment (incident, referral, request, new info); & PREA Information/Comprehensive Training. Prior to the onsite visit, the agency PREA Manager identified the overall agency discrepancy. During a PREA Audit conducted by Barbara King at the James H. Byrd Jr. Unit on November 16-18, 2016; the reassessment issue was discovered, and the agency/facility achieved compliance by completing the reassessments for that standard on May 20, 2017. The agency took a proactive approach initiating training to ensure that the screening staff conduct effective, quality screenings of inmates to ensure the facility has adequate information upon which to make housing and programming decisions, and use of the revised Attachment E which included the reassessment section with an agency wide email distribution dated December of 2017. TDCJ does not house or detain inmates solely for civil immigration purposes. The facility took corrective action by conducting the required training. The facility met all elements of the standard.

Corrective Action: The auditor did not require any corrections.

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? ☒ Yes ☐ No

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

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. SPPOM 03.01 Attachment E;
2. TDCJ Classification Plan;
3. Safe Prisons/PREA Plan;
4. AD 04.18 Inmate Job Assignments,
5. Job Descriptions;
6. AD-04.17 Inmate Housing Assignment Criteria and Procedures;
7. SPPOM 03.01 Inmate Assessment Screening;
8. SPPOM 03.02 Special Population Review;
9. CMHC G-51.111 Treatment of Inmates with Intersex Conditions, or Gender Dysphoria, formerly known as Gender Identity Disorder;
10. UCPM-0400 Inmate Housing Assignments;
11. PO-07.015 Shower Officer;

12. SM-01.01 Correctional Institutions Division (CID) Security Policies and Procedures System

Interviews:

1. PREA Compliance Manager
2. Staff responsible for Risk Screening
3. Transgender/Intersex inmate Interviews (the facility did not have any intersex inmates during the onsite portion of the audit for interviews)

Site Review Observations:

During the site review, the auditor observed the toilet areas, showers, recreation urinals, & work restrooms with shower curtains, privacy screens or modesty barriers preventing cross-gender viewing from staff of the opposite gender. The facility did a good job at providing privacy screens and privacy barriers throughout the facility. The audit notice & zero tolerance signs were observed by the auditor in the front lobby, visitation, central sally port entrance, education, food service, laundry, back-gate, boiler room, janitor closets, inmate restrooms, work areas, trusty camp and housing units. The following areas were identified with privacy screens and barriers: education, food service, laundry, back-gate, boiler room, trusty camp and housing units.

Findings:

Provision (a)(b)(c)The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Inmates identified as transgender or intersex shall be given the opportunity to shower separately from the inmates in accordance with Correctional Managed Health Care (CMHC) policies. LGBTI inmates 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 wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting these inmates. All inmates 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 inmates. Intake screening shall take place within 24 hours of arrival at the unit in accordance with the SPPOM. Assignments shall be made through collaborative efforts of intake staff, the USPPM, and medical and mental health services by using objective screening instruments. (d)(e)(f)(g): The intake screening shall include at a minimum the following criteria to assess inmates for risk of sexual victimization: any mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; previous incarceration; whether the criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; perception of the inmate as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; previous sexual victimization; and the inmates own perception of vulnerability. Within a period of time not to exceed 30-days from the inmates arrival at an intake facility, the inmate shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information by the TDCJ since the initial intake screening. An inmates risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of additional information that may affect the inmates risk of sexual victimization or abusiveness.

The facility has identified those at heightened risk of being sexually victimized and those at heightened risk of being sexually abusive so that it can make housing and programming decisions with the goal being to use this information to prevent sexual abuse.

The auditor reviewed 43 inmate files for the following documentation: PREA Intake Screening within 72 hours of admission; Potential Victim or Potential Aggressor; LGBTI; Follow-up meeting with Medical/Mental Health offered; Reassessment within 30-days from arrival to the facility; Warranted reassessment (incident, referral, request, new info); & PREA Information/Comprehensive Training. Prior to the onsite visit, the agency PREA

Manager identified the overall agency discrepancy. There were no identified intersex inmates during the onsite portion of the audit for interviews.

Corrective Action: The auditor recommends no corrective action.

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

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

115.43 (c)

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

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

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Protective Safe Keeping Plan with attachments;
2. I-169 Administrative Segregation Initial Placement & Notification;
3. O-203 Placement on Restriction Ad-Seg Level Review;
4. SPPOM 05.05 Inmate Protection Investigation;
5. Safe Prisons/PREA Plan;
6. Administrative Segregation Plan;
7. Guidelines for Administrative Segregation Committee Members;
8. AD-04.63 Transient Status Inmates

Interviews:

1. Warden
2. Staff who supervise inmates in segregation

Site Review Observations:

The auditor observed the segregation housing units and recreation dayroom during the site review. The auditor asked the segregation officer assigned to the facility questions regarding PREA responsibilities.

Findings:

Provision (a)(b)(c)(d)(e):The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Inmates at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the inmate in involuntary segregated housing while completing the assessment, for no longer than 24 hours.

Number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. Number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0. From a review of case files of inmates at risk of sexual victimization who were held in involuntary who were held in involuntary segregated housing in the past 12 months, number of case files that include both (a) a statement of the basis for facility's concern for the inmate safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.

Corrective Action: The auditor recommends no corrective action.

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? ☐ Yes ☒ No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. BP-03.91 Uniform Inmate Correspondence Rules;
2. Safe Prisons/PREA Plan;
3. SPPOM 02.03 Attachment A;
4. SPPOM 02.03 Attachment AS Spanish;
5. AD-14.09 Postage and Correspondence Supplies;
6. Civil Immigration;
7. ED-02.10 PREA Complaints and Inquiries;
8. PD-29 Sexual Misconduct with Inmates;
9. General Information Guide for families of Inmates;
10. Inmate Orientation Handbook (English & Spanish)
11. TBCJ PREA Brochure

Interviews:

1. Random sample of staff
2. Random sample of inmates

Site Review Observations:

Inmate Interviews:
The auditor conducted inmate interviews on 4/17/19 with no inmate refusals. The auditor selected a geographically diverse sample of random male inmates for the audit process to include housing units by a selecting the first and tenth of every housing unit.

Inmates were interviewed in the FTO office, in a separate room on an individual basis with privacy and sufficient time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No inmates refused during the inmate interview process.

Findings:

Provision (a): The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Inmates 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. The inmate may report allegations verbally or in writing to any staff member pursuant to all standards defined in Section IV of this plan.

(b)(c)(d): A method shall be provided for staff to privately report sexual abuse and sexual harassment of inmates. Staff shall accept reports made verbally; in writing 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. Family members or other individuals may report verbally or in writing to unit administration, the TDCJ Ombudsman Office, OIG, or PREA Ombudsman office any time they have knowledge of or suspect an inmate has been sexually abused, sexually harassed, or requires protection.

Corrective Action: The auditor recommends no corrective action.

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 ☐ NA

115.52 (b)

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

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

115.52 (c)

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

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

115.52 (d)

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

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

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

115.52 (e)

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

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

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

115.52 (f)

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

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

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

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

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

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. BP-03.77 Inmate Grievances;
2. Safe Prisons/PREA Plan;
3. AD-03.82 Management of Inmate Grievances;
4. OGOM Appendix B Instructions on How to Write and Submit Grievances;
5. OGOM Appendix U Third Party Preliminary Investigation Form;
6. OGOM Section 9 Third Party Grievances;
7. OGOM Section 4.00 Grievance Timelines;
8. OGOM 01.04 PREA Allegations;
9. OGOM 1.01 Step 1 Grievances; and Sexual Abuse Grievances

Interviews:

1. Inmate who reported sexual abuse
2. Grievance Coordinator

Findings:

Provision (a)(b)(c)(d)(e)(f)(g): The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. In accordance with the TDCJ Inmate Grievance Operations Manual: an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and a grievance of this nature shall not be referred to a staff member who is subject of the complaint.

A final decision shall be made on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievances. An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ Inmate Grievance Operations Manual.

The facility provided the auditor with Grievance for the past 12 months and Sexual Abuse Related Grievance Codes confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

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? ☐ Yes ☒ No

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

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Inmate Orientation Handbook (English & Spanish);
2. Rape Advocacy Centers; Safe Prisons PREA Plan;
3. Uniform Inmate Correspondence Rules;
4. PREA Complaints and Inquiries;
5. SPPOM 02.03 Attachment C;
6. RCC MOU Example;
7. RCC Solicitation Letter;
8. RCC Solicitation Letters April 2018 Showing Effort

Interviews:

1. Random sample of inmates
2. Inmates who reported sexual abuse

Site Review Observations:

The auditor reached out to the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual) and spoke to a victim's advocacy representative organization prior to the onsite audit to learn about the issues of sexual safety and related concerns. The representative did not disclose any issues regarding the facility. The auditor followed up on any issues or concerns voiced by inmates or staff in a confidential manner during the audit review process. The agency has made numerous attempts with local rape crisis centers to obtain a Memorandum of Understanding (MOU). The agency mailed out over sixty letters to local rape crisis centers in attempts to secure an MOU to no avail. The facility currently does not have an MOU with outside victim advocates however, the outside victim advocate information is displayed and made available to the inmates as required. During the site review, the auditor observed the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project in the inmate housing units. The auditor observed the rape crisis center information in the following areas: The PREA Signs, Audit Notice, and Rape Crisis Center Information was observed by the auditor in the front lobby, visitation, central sally port entrance, education, food service, laundry, back-gate, boiler room, trusty camp and housing units including: A-1 North, A-1 South, A-2 North, A-2 South, A-3 North, A-3 South, A-4 North, B-block, C-block, 1-4 Dorms, Dorm 5, Dorm 6, Dorm 7, and Trustee

Camp. The inmates interviewed explained that the rape crisis information was posted in the inmate housing units for easy access and the TAASA pamphlet was located in the law library for inmate use as needed with lots of addresses and representatives available. The facility had two Offender Victim Representatives assigned to the facility to provide victim services upon any allegation of sexual abuse.

Findings:

(a): The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Offender Victims Services (OVS) Attempts shall be made to make a victim advocate from a rape crisis center available to the inmate victim first. If a rape crisis center is not able to provide the inmate with victim advocates 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 inmate with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the inmate with victim advocate services. The Texas Department of Criminal Justice does not detain offenders solely for civil immigration purposes. The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by providing them with the TAASA information with over a hundred addresses. During the site review, the auditor observed the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project in the inmate housing units.

(b) Inmates shall be provided access to 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. The unit shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

(c) Inmates shall be informed, prior to giving them access, of the extent to which these communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. ED 02.03 Ombudsman Program;
2. ED 02.10 PREA Complaints and Inquiries;
3. General Information Guide for Families of Inmates;
4. Inmate Orientation Handbook (English & Handbook);
5. Safe Prisons/PREA Plan;
6. SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency

Site Review Observations:

1. Third-party notices publicly displayed throughout the facility to include the front lobby, visitation area, staff/medical break areas, and inmate housing units.

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. The TDCJ shall establish guidelines for the management of the Ombudsman Program and procedures for responding to complaints or inquiries regarding the TDCJ, both through the Ombudsman Program and TDCJ staff. This information is available publicly on the internet. Inmates may report allegations directly to the major, the Office of Inspector General (OIG), the PREA Ombudsman Office. Reports to the PREA Ombudsman may be made confidentially and in accordance with ED-02.10, Prison Rape Elimination Act Complaints and Inquiries. PREA OMBUDSMAN: The TDCJ has a "Zero-Tolerance" for all forms of sexual abuse and sexual harassment of inmates. The TDCJ is committed to taking a proactive approach concerning the detection, prevention, response, and punishment of sexual abuse, including consensual sexual contact, and sexual harassment of inmates in the custody of the department.

The Prison Rape Elimination Act (PREA) Ombudsman was established by the 80th Legislature in 2007 (Texas Government Code, Section 501, subchapter F), and is appointed by the Texas Board of Criminal Justice (TBCJ). The PREA ombudsman reports directly the chairman of the TBCJ, and is an office external to the reporting process of TDCJ.

The PREA Ombudsman was created to provide inmates, and the public, with an independent office to report sexual assaults.

The PREA ombudsman provides a confidential avenue for inmates to report sexual abuse and sexual harassment, as well as investigating and responding to PREA complaints and inquiries received from elected officials, the public, and inmates. The primary responsibilities of the PREA Ombudsman Office are to:

•Monitor TDCJ's efforts to eliminate the occurrence of sexual abuse and sexual harassment in correctional facilities;

• Review the TDCJ's policies and procedures to ensure they follow federal and state laws and standards; and

• Respond to public inquiries related to allegations of sexual abuse and sexual harassment in TDCJ correctional facilities and ensure impartial resolution.

HOW TO CONTACT THE PREA OMBUDSMAN (Please submit inquiries in writing) Anyone knowledgeable of an inmate-on-inmate or staff-on-inmate sexual abuse or sexual harassment that occurs within a TDCJ correctional facility is encouraged to immediately report the allegation.

PREA Ombudsman Office P.O. Box 99, Huntsville, TX 77342-0099 936-437-2133 phone 936-437-6981 fax prea.ombudsman@tdcj.texas.gov (This information is available publicly on the internet).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. CMHC Policy G-57-01;
3. COURAGE YOP Operations Manual 02.05 Requirements of Contact DFPS;
4. AD-16.20 Reporting Incident Crimes to the Office of the Inspector General;

5. PD-29 Sexual Misconduct with Inmates;
6. SPPOM 05.01 Sexual Abuse Response and Investigation

Interviews:

1. Random sample of staff
2. Warden
3. PREA Compliance Manager
4. Medical/Mental Health staff

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. 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, investigate, security, and management decisions. An inmate may report allegations verbally in writing to any staff member pursuant to all standards defined in Section IV of this plan.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility met compliance with the standard for this recertification review period. The auditor interviewed a total of 41 employees at the facility with knowledge on how to report sexual abuse and sexual harassment to include their overall responsibilities.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. List of Sexual Assault with outcomes;
2. Investigations Reviewed;
3. Safe Prisons PREA Plan;
4. AD-02.15 Operation of the EAC & Reporting Procedures for Serious or Unusual Incidents;
5. SPPOM 05.01 Sexual Abuse Response and Investigation;
6. SPPOM 05.03 Time Frames Associated with Inmate Protection Investigations.

Interviews:

1. Warden
2. Random sample of staff

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Staff and Third-Party Reporting of Allegations: 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 inmates or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. A method shall be provided for staff to privately report sexual abuse and sexual harassment of inmates. 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. Family members or other individuals may report verbally or in writing to unit administration, the TDCJ Ombudsman office, OIG, or PREA ombudsman office any time they have knowledge of or suspect an inmate has been sexually abused, sexually harassed, or requires protection.

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 inmates of the practitioner's duty to report, as well as the limitations of confidentiality. Suspected or reported staff-on-inmate sexual abuse, staff neglect, or violation of responsibilities shall be reported in accordance with the guidelines in PD-29, "Sexual Misconduct with Inmates."

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. BP 01.07 Inspector General Policy Statement;
2. SPPOM 04.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies;
3. Safe Prisons PREA Plan;
4. Agency demonstration-Reporting to other confinement facilities;
5. AD 16.20 Reporting incident crimes to the Office of the Inspector General;
6. SPPOM 04.02 Receiving Allegations of Sexual Abuse from Outside Agency;
7. SPPOM 05.05 Completing the Inmate Protection Investigation;

8. SPPOM 05.01 Sexual Abuse Response and Investigation; and Notification to other units

Interviews:

1. Warden

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Reporting to other confinement facilities: After receiving an allegation that an inmate 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 SPPOM 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 Warden was interviewed and described the reporting procedures in the event it was required.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. OIG OPM 04.05 Inmate Sexual Assault Investigation;
2. Safe Prisons PREA Plan;
3. AD 16.03 Evidence Handling;
4. SPPOM 05.01 Sexual Abuse Response and Investigation

Interviews:

1. First Responders
2. Random sample of staff

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. After learning of an allegation that an inmate was sexually abused, the first correctional officers responding to the report shall notify the supervisor, separate the alleged victim and assailant, preserve and protect the crime scene, if applicable, until the appropriate steps can be taken to collect any evidence, monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. The auditor interviewed a total of 41 employees with knowledge of their reporting duties and responsibilities for a sexual abuse or sexual harassment. The employees are required to carry a PREA card with PREA information for first responder duties as part of their uniform.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. SPPOM 05.01 Sexual Abuse Response and Investigation;
3. Goree Unit Sexual Abuse Coordinated Response Plan

Interviews:

1. Warden
2. Medical/Mental Health staff
3. Investigative staff

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. After learning of an allegation that an inmate was sexually abused, the first correctional officers responding to the report shall notify the supervisor, separate the alleged victim and assailant, preserve and protect the crime scene, if applicable, until the appropriate steps can be taken to collect any evidence, monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

Refer the alleged victim and known abuser to medical and mental health services for examination and evaluation. If medical and mental health staff are not available at the time the allegation is made, staff first responders shall take preliminary steps to protect the victim and shall notify on-call medical or mental health staff.

The nature and scope of treatment shall be determined by medical and mental health practitioners in accordance with CMHC policies and Section II.G. of this plan. The services of a victim advocate or OVR and additional information regarding coordinated response procedures found in the SPPOM.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees;
2. PD-29 Sexual Misconduct with Inmates;

3. PD-35 Independent Dismissal Mediation and Dispute Resolution.

Interviews:

1. Agency head

Findings:

The Texas Department of Criminal Justice does not collectively bargain nor enter into collective bargaining agreements that limits the agency's ability to protect inmates from contact with abusers (i.e., staff sexual abusers pending the outcome of an investigation or a determination of whether or not and to to what extent discipline is warranted).

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. PD-13 Sexual Harassment and Discourteous Conduct of a Sexual Nature;
2. 90-day monitoring forms;
3. PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees;
4. PD-29 Sexual Misconduct with inmates;
5. SPPOM 02.04 Intervention Practices;
6. SPPOM 05.08 90-day monitoring for retaliation;
7. SPPOM 05.08 Attachment N.O Inmate 90-day Monitoring Form;
8. SPPOM 05.08 Attachment N.S. Staff 90-day Monitoring Form;
9. Safe Prisons/PREA Plan

Interviews:

1. Agency head
2. Warden
3. Designated staff member charged with monitoring retaliation
4. Inmates who reported sexual abuse

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Protection from Retaliation: Inmates 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 inmates or staff. The USPPM shall monitor for incidents of retaliation in accordance with the SPPOM. As appropriate, multiple protective measures may be taken, 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 inmate or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the USPPM shall monitor and document the conduct and treatment of inmates or staff who reported the sexual abuse, and of inmates who were reported to have been victims of sexual abuse, for changes that may indicate possible retaliation by inmates or staff, and shall act promptly to address any retaliation.

Monitoring shall include a review of inmate 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. The monitoring shall also include periodic status checks of inmates. The USPPM on the facility where the incident was originally reported shall coordinate continued monitoring with the receiving USPPM in the event the inmate is transferred. 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.

If the TDCJ investigation determines the allegation to be unfounded, the monitoring shall be discontinued. The Warden and staff responsible for monitoring for retaliation were interviewed and described the process of the monitoring for retaliation and the purpose being to protect all individuals victims involved.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Safe Prisons/ PREA Plan;
2. AD 03.50 Administrative Segregation;
3. AD 04.63 Transient Status Inmates;
4. Administrative Segregation Plan;
5. ASC Review Decisions Attachment 12.00-B
6. Guidelines for Administrative Segregation Committee Members 0714;
7. Protective Safe Keeping Plan

Interviews:

1. Warden
2. Staff who supervise inmates in segregation housing

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Inmates at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the inmate in involuntary segregated housing while completing the assessment, for no longer than 24 hours. The interview with the Warden determined the procedures to be followed for inmates placed in protective custody.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents;
3. SPPOM 05.05 Completing the Inmate Protection Investigation;
4. CTSD Safe Prisons Investigation Training;
5. OIG 04.05 Inmate Sexual Assault Investigations;
6. AD-16.03 Evidence Handling;
7. OIG OPM 03.72 Records Retention-PREA;
8. AD 16.20 Reporting Incident Crimes to the Office of the Inspector General;
9. OIG OPM 05.15 Statements & Confessions;
10. BP 01.07 Inspector General Policy Statement;
11. SPPOM 05.11 Completing the Staff-on-Inmate Sexual Abuse Investigative Worksheet;
12. PD-29 Sexual Misconduct with Inmates;
13. Records Retention Schedule

Interviews:

1. Investigative staff
2. Inmate who reported sexual abuse

Site Review Observations:

Investigation Files: The auditor reviewed eight sexual abuse allegations for the past twelve months; two unsubstantiated, and six unfounded. All of the investigations were allegations against staff with three active/open case. The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
1. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
2. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
3. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
4. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred
5. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
6. Staff-on-Inmate	Unfounded	Active/open case	Administrative /OIG referred
7. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
8. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. The investigations of sexual abuse and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigations involving allegations of sexual abuse shall be conducted by investigator who have received special training in sexual abuse investigations pursuant to this plan. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. CTSD Investigative Training;
3. SPPOM 05.05 Completing the Inmate Protection Investigation

Interviews:

1. Investigative staff

Site Review Observations:

Investigation Files: The auditor reviewed eight sexual abuse allegations for the past twelve months; two unsubstantiated, and six unfounded. All of the investigations were allegations against staff with three active/open case. The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
1. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
2. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
3. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
4. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred
5. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
6. Staff-on-Inmate	Unfounded	Active/open case	Administrative /OIG referred
7. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
8. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Investigators and Investigation Criteria: No standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The investigative staff that was interviewed by the auditor determined that they understood the preponderance of evidence when conducting sexual abuse investigations.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. Agency Demonstration-Reporting-Inmate Notification Letters;
3. SPPOM 05.05 Attachment M/UCC Notification of OPI Outcome;
4. SPPOM 05.11 Attachment F Staff-on-Inmate Sexual Abuse Investigation;
5. SPPOM 05.10 Reporting Sexual Abuse Criminal Case Status to Inmates;
6. Statement of Fact;
7. SPPOM 05.05 Attachment J Inmate Protection Investigation

Interviews:

1. Warden
2. Investigative staff
3. Inmates who reported sexual abuse

Findings: The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Allegations of sexual abuse and sexual harassment shall be referred to the OIG for investigation. These referrals shall be documented on the appropriate investigative forms contained within AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, for staff-on-inmate allegations and the SPPOM for inmate-on inmate allegations. The auditor the facility investigations for the reporting of inmates meeting all compliance. The interviews with the Warden and investigative staff confirmed compliance with the standard of reporting. An interview with the inmate who reported sexual abuse confirmed the notification process was followed.

Investigation Files: The auditor reviewed eight sexual abuse allegations for the past twelve months; two unsubstantiated, and six unfounded. All of the investigations were allegations against staff with three active/open case. The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
1. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
2. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
3. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
4. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred
5. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
6. Staff-on-Inmate	Unfounded	Active/open case	Administrative /OIG referred
7. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
8. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. Windham Board Policy WBP 07.15 Sexual Misconduct with Inmates;
3. Windham Board Policy (WBP-07.44) Professional Standards of Conduct and Disciplinary Guidelines;
4. AD 16.20 Reporting Incident Crimes to the Office of Inspector General;
5. PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees;
6. PD-29 Sexual Misconduct with Inmates

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. TDCJ has zero-tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates. An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with inmates. Investigators and Investigation Criteria: Sexual Abuse and sexual harassment investigations alleged against staff shall only be conducted by a staff member with the rank of a captain or above. Unit Administrators shall ensure the investigating staff member is at least one rank above the accused staff member. If the OIG conducts administrative investigations against staff, the investigation shall be performed in accordance with OIG policies and procedures. All Staff-on-Inmate sexual abuse and sexual harassment allegations against staff shall be reported, investigated and documented in accordance with PD-29 Sexual Misconduct with Inmates, AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents and AD-16.20, "Reporting Incidents/Crimes to the Office of the Inspector General." The facility did not have any disciplinary sanction for staff. The facility did have an open case however, the employee resigned prior to the completion of the investigation with no disciplinary sanctions.

Corrective Action: The auditor recommends no corrective action.

Standard 115.77: Corrective Action: The auditor recommends no 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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. PD-29 Sexual Misconduct with Inmates;
2. Safe Prisons PREA Plan;
3. Volunteer Services Plan;
4. Volunteer Training Facilitators Guide;
5. Acknowledgment of Volunteer Training Orientation and Chaplaincy Manual 13.03 Ecclesiastical Endorsement.

Interviews:

1. Warden

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The unit shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies by a contractor or volunteer.

Corrective Action: The auditor recommends no corrective action.

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)

- 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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. Disciplinary Rules and Procedures for Inmates
3. CMHC Policy E-35.1 Mental Health Appraisal for Incoming Inmates
4. SOTP 01.01 Overview of the Sex Inmate Treatment Program

Interviews:

1. Warden
2. Medical/Mental health staff

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for inmate-on-inmate sexual abuse in accordance with the TDCJ Disciplinary Rules and Procedures for Inmates.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with documentation confirming compliance with the standard for this recertification review period. There were no disciplinary sanctions inmates in the past 12 months.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. CMHC Policy E-35.1 Mental Health Appraisal for Incoming Inmates;
2. Safe Prisons PREA Plan;
3. SPPOM 03.01 Attachment E;
4. CMHC Policy E-35.2 Mental Health Evaluation;
5. CMHC Policy G-57.1 Sexual Assault Sexual Abuse;
6. CMHC H-61.1 Confidentiality and Release Protected Health Information;
7. CPOM 02.05 Requirement to Contact Department of Family Protective Services;
8. CMHC A-09.01 Privacy of Care;
9. SPPOM 05.05 Completing the Inmate Protection Investigation;
10. CMHC I-70.1 Informed Consent.

Interviews:

1. Staff responsible for risk screening
2. Inmates who disclose sexual victimization at risk screening

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. If the screening pursuant to this section indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. CMHC A-01.01 Access to Care;
2. Safe Prisons PREA Plan;
3. SPPOM 05.01 Sexual Abuse Response and Investigation;
4. CMHC Policy G-57.1 Sexual Assault & Sexual Abuse;
5. I-214 Referral to Mental Health Services

Interviews:

1. Medical/Mental health staff
2. Inmate who reported sexual abuse
3. Security staff and non-security staff first responders

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. Inmate victims of sexual abuse shall 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 judgement in accordance with CMHC policies. The investigative files were reviewed confirming access to medical and mental health services are provided according to the standard. Treatment services shall be provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Corrective Action: The auditor recommends no corrective action.

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.) ☒ Yes ☐ No ☐ NA

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. SPPOM 05.01 Sexual Abuse Response and Investigation;
2. CMHC G-57.01 Sexual Assault and Sexual Abuse;

3. Safe Prisons PREA Plan;
4. CMHC E-44.1 Continuity of Care

Interviews:

1. Medical and Mental health staff
2. Inmates who reported a sexual abuse

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. 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. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination. All inmates 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.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. A telephonic interview was conducted with the SANE/SAFE nurse on 3/20/19. The facility transports all victims of sexual abuse to a local hospital where the forensic exams are conducted offsite by a certified SANE/SAFE nurse on-call 24/7.

Corrective Action: auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Safe Prisons PREA Plan;
2. AD-02.15 Operations of the EAC and Reporting Procedures for Serious or Unusual Incidents;
3. SPPOM 02.01 Role of Unit Investigative Team and UIT members

Interviews:

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

Site Review Observations:

Investigation Files: The auditor reviewed eight sexual abuse allegations for the past twelve months; two unsubstantiated, and six unfounded. All of the investigations were allegations against staff with three active/open case. The auditor did request a few previous sexual abuse investigations from 2016 and 2017 for review for the recertification period. The USPPM provided the investigations to the auditor on the first day of the audit for review. The investigations are broken down in the chart below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
1. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
2. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
3. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
4. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred
5. Staff-on-Inmate	Unfounded	Active/Open	Administrative/OIG referred
6. Staff-on-Inmate	Unfounded	Active/open case	Administrative /OIG referred
7. Staff-on-Inmate	Unfounded	No case opened	Administrative/OIG referred
8. Staff-on-Inmate	Unsubstantiated	No case opened	Administrative/OIG referred

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical and mental health practitioners when completing the review. It is the responsibility of the warden or supervisor, or ranking employee on duty, to report all allegations of sexual abuse and sexual harassment to the EAC via telephone as soon as possible, but no later than three hours after the incident or when the unit was made aware that the incident is reportable. The SART described the process and the five elements included in the review for all sexual abuse investigations.

Corrective Action: The auditor recommends corrective action after reviewing all the eight sexual abuse investigations on the facility. 115.86 (b) Does such review ordinarily occur within 30 days of the conclusion of the investigation? One of Eight investigations determined that the review had been conducted over the 30-day timeframe requirement. The completion of the investigation and 30-day sexual abuse review occurred on another TDCJ facility; however, the Goree Unit was audited based on this information as part of the requirement. The facility Administration, Regional PREA Manager and PREA Manager identified the issue prior to the audit and took proactive measures to resolve and correct the issue. The PREA Manager conducted PREA Training regarding PREA Standard 115.86 (a-d) specifically targeting the 30-days with all parties involved.

The particular issues was monitored by the Major for 60 days for completion of the required timeframes within 30-days. The auditor was provided with the training and signature log with no further action required.

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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. SPPOM Monthly Safe Prisons PREA Report;
2. Safe Prisons PREA Plan;
3. SPPOM 01.01 Safe Prisons PREA Management Office;
4. BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement;
5. OIG 04.05 Inmate Sexual Assault Investigations;
6. AD-02.15 Operations of the EAC and Reporting Procedures;
7. Surveys of Sexual Victimization

Findings:

The Safe Prisons/PREA Plan (3/18) addresses the standard in the policy. 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. Incident based sexual abuse data shall be aggregated at least annually. The incident-based data collected shall include, at a minimum, information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with Survey of Sexual Victimization confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.88: Data review for Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action 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 Action: 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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement;
2. Safe Prisons-PREA Program Annual Report;
3. Safe Prisons/PREA Plan

Interviews:

1. Agency head
2. PREA Coordinator
3. PREA Compliance Manager

Findings:

The agency makes its annual report readily available to the public at least annually through its website. www.tdcj.texas.gov/tbcj/prea.html. When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Sensitive information is not contained in the report.

Corrective Action: The auditor recommends no corrective action.

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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. TDCJ Safe Prisons/Prison Rape Elimination Act (PREA) Program prepared by PREA Ombudsman-Office of Inspector General 7/2017;
2. ED-02.29 Records Management;
3. TDCJ Records Retention Schedule 5/14.

Findings:

The Safe Prisons Plan (03/18) addresses Data Management: 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. Annual reports are approved by the TDCJ executive director and made readily available to the public through the TDCJ website.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility is compliant with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

AUDITING AND CORRECTIVE ACTION: THE AUDITOR RECOMMENDS NO 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: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The Texas Department of Criminal Justice demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor interviewed a representative sample of inmates, staff, supervisors, and administrators. The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

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

Auditor Overall Compliance Determination

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

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

☐ **Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no 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: The auditor recommends no 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 Action taken by the facility.

The Texas Department of Criminal Justice publishes reports on their agency website, and has otherwise made publicly available all Final PREA Audit Reports within 90 days of issuance by auditor. The agency website is https://www.tdcj.state.tx.us/divisions/arrm/rev_stan_prea.html. The facility is compliant with the reporting process and standard for this recertification review period.

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.

Noelda Martinez 5/18/19

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.