

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

Interim       Final

**Date of Report**    April 12, 2018

**Auditor Information**

<b>Name:</b> David Andraska	<b>Email:</b> ddafalls@hotmail.com
<b>Company Name:</b> American Correctional Association	
<b>Mailing Address:</b> 206 North Washington St. Suite 200	<b>City, State, Zip:</b> Alexandria, VA 22314
<b>Telephone:</b> 715 896-2648	<b>Date of Facility Visit:</b> March 7-9, 2018

**Agency Information**

<b>Name of Agency:</b> Texas Department of Criminal Justice		<b>Governing Authority or Parent Agency (If Applicable):</b> State of Texas	
<b>Physical Address:</b> 861-B I-45 North		<b>City, State, Zip:</b> Huntsville, TX 77320	
<b>Mailing Address:</b> P.O. Box 99		<b>City, State, Zip:</b> Huntsville, TX 77342	
<b>Telephone:</b> 936-295-6371		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crimes.			
<b>Agency Website with PREA Information:</b> <a href="http://tdcj.texas.gov/tbcj_prea.html">http://tdcj.texas.gov/tbcj_prea.html</a>			

**Agency Chief Executive Officer**

<b>Name:</b> Bryan Collier	<b>Title:</b> Executive Directive
<b>Email:</b> Bryan.Collier@tdcj.texas.gov	<b>Telephone:</b> 936-437-2101

**Agency-Wide PREA Coordinator**

<b>Name:</b> Lorie Davis	<b>Title:</b> Director, Correctional Institutions Division
<b>Email:</b> Lorie.Davis@tdcj.texas.gov	<b>Telephone:</b> 936-437-2170
<b>PREA Coordinator Reports to:</b> Executive Director	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 91

**Facility Information**

<b>Name of Facility:</b> Joe F. Gurney Transfer Facility								
<b>Physical Address:</b> 1385 FM 3328 Tennessee Colony, TX 75861								
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.								
<b>Telephone Number:</b> 903-928-3118								
<table border="1"> <tr> <td><b>The Facility Is:</b></td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> Private for profit</td> <td><input type="checkbox"/> Private not for profit</td> </tr> <tr> <td><input type="checkbox"/> Municipal</td> <td><input type="checkbox"/> County</td> <td><input checked="" type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table>	<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal					
<b>Facility Type:</b> <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison								
<b>Facility Mission:</b> The mission of the Texas Department of criminal Justice is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crimes.								
<b>Facility Website with PREA Information:</b> <a href="http://tdcj.texas.gov/tdcj_prea.html">http://tdcj.texas.gov/tdcj_prea.html</a>								

**Warden/Superintendent**

<b>Name:</b> Stuart Calhoun	<b>Title:</b> Senior Warden
<b>Email:</b> Stuart.Calhoun@tdcj.texas.gov	<b>Telephone:</b> 903-928-3118 ext. 4100

**Facility PREA Compliance Manager**

<b>Name:</b> Paul Johnson	<b>Title:</b> Unit Safe Prisons PREA Manager
<b>Email:</b> Paul.Johnson@tdcj.texas.gov	<b>Telephone:</b> 903-928-3118 ext. 4408

**Facility Health Service Administrator**

<b>Name:</b> Kevin Moore	<b>Title:</b> Practice Manager
<b>Email:</b> KeeMoore@utmb.edu	<b>Telephone:</b> 903-928-3118 ext. 4293

### Facility Characteristics

Designated Facility Capacity: 2128		Current Population of Facility: 1947	
Number of inmates admitted to facility during the past 12 months			9319
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			3651
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			9137
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-73	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			N/A
Average length of stay or time under supervision:			4 months
Facility security level/inmate custody levels:			G1, G2, NR, Transient
Number of staff currently employed by the facility who may have contact with inmates:			415
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			63
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1

### Physical Plant

Number of Buildings: 12		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		1	
Number of Open Bay/Dorm Housing Units:		36	
Number of Segregation Cells (Administrative and Disciplinary):		50	

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 Gurney Unit has only 14 cameras. The interior camera primary view segregation housing and visitation and are monitored through the Senior Warden's Office and are recorded. The exterior/perimeter cameras are located at the front gate, back gate and back dock and are monitored by staff assigned to the picket to control movement in and out of the facility.

### Medical

Type of Medical Facility:	Ambulatory medical, dental and mental health services
Forensic sexual assault medical exams are conducted at:	At the nearest hospital emergency department. Multiple facilities can be used.

**Other**

<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	23,288 volunteers 34 contractors
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	OIG 138 Gurney 11

# 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) Audit for the Joe F. Gurney Transfer Facility (Gurney Unit) located in Tennessee Colony, Texas, was coordinated through the Texas Department of Criminal Justice (TDCJ) and the American Correctional Association (ACA). Department of Justice (DOJ) Certified PREA Auditors David Andraska (Lead) and Doug Sproat were notified by an ACA email of the assignment to conduct the PREA certification audit. This is the second PREA audit for this facility. The on-site PREA certification audit was scheduled for March 7-9, 2018, immediately following the conclusion of an ACA reaccreditation audit scheduled for March 5-7, 2018.

Prior to the audit, the lead auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency. The thumb drive contained two folders - master folder and supporting documents folder and the Gurney Pre Audit Questionnaire (PAQ). The Master Folder includes a separate file for each of the 43 PREA standards containing all relevant policies and procedures that go with the standard. All documents are named according to the corresponding Pre-Audit Questionnaire number and the document name. This folder also includes: Agency Head designee interview; PREA Coordinator interview; Agency Contract Administrator interview; and a complete copy of the TDCJ Safe Prison PREA Plan. The lead auditor began reviewing the material forwarded in the prior weeks. The lead auditor communicated with the facility discussing the audit process, clarification of document and tentative schedule for the audit. The auditor reviewed the Texas Department of Criminal Justice (TDCJ) and State of Texas PREA Ombudsman Office websites prior to the audit. The auditor confirmed that the notices of audit (notices were initiated through the American Correctional Association (ACA) were posted prior to January 24, 2018 in both English and Spanish.

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

The lead auditor took part in the three day ACA reaccreditation process prior to the PREA audit. As a result the majority of the physical site was toured prior to the actual start of the PREA audit. The PREA audit began on Wednesday morning March 7, 2018 with the PREA audit team member touring the housing units and interviewing offenders as the lead auditor completed the ACA reaccreditation audit and attended the exit meeting. On Wednesday afternoon after the completion of the ACA reaccreditation audit the auditors met with the Warden, Assistant Warden, Region II PREA Manager, Major, Captain and the Unit Safe Prisons PREA Manager USPPM). The lead auditor gave a brief overview of the audit process and schedule. After the meeting, the interview portion of the audit continued. Every area of the facility was observed as the standards require, and the auditor observed offenders being supervised throughout the audit. Sight lines, cameras and mirrors were closely examined as were the potential for blind-spots. The auditor spoke to random staff and offenders during the tour. Review of the housing unit log books was conducted to verify immediate/higher level staff announced rounds. The Auditors observed announcements being made when female staff was entering offender housing units. During the tour the auditors was able to observe and confirm the required PREA signs, informing offenders of their right to be free of sexual abuse and how to report allegations of sexual abuse and harassment. The signs, posters and pamphlets were available in English and Spanish. During the audit all areas of the facilities were visited and/or revisited by the auditors.

There are six (6) different PREA interview protocols consisting of the Agency Head, Warden, PREA Coordinator, Specialized Staff, Random Staff and inmates. These protocols are used by the auditor to interview staff and inmates as part of the audit. Answers from the interviews are part of the auditor's compliance assessment. All required facility staff and offender interviews were conducted on-site during the three day audit.

The offender count on the first day of the audit was 1,947 offenders. Offenders interviewed were randomly selected from each housing unit and each pod within the units. Targeted offenders were randomly selected from lists maintained by the facility. A total of 47 offenders (2.4% of the offender population) were interviewed. This included 30 random offenders, 6 offenders that were Limited English Speaking (LEP) and 10 offenders that self-identified as bisexual and 1 transgender. There were no youthful offenders, disabled offenders, offenders that previously reported sexual abuse or offender in segregated housing for high risk of sexual victimization on site to interview. No written correspondence was received from offenders. Offenders interviewed stated they felt safe at the facility and demonstrated knowledge of the agency's zero tolerance policy for sexual abuse, harassment and retaliation. Offenders were able to identify numerous ways to report allegations of sexual abuse and harassment and most were aware of services available outside of this facility for dealing with sexual abuse, if needed. Numerous offenders indicated that opposite gender announcements are not made consistently.

The Gurney Unit has an authorized staff compliment of 407 employees of which 316 are correctional Officers. The security staff is assigned to two 12 hours shifts. Their hours of work are 6:00 a.m. - 6:00 p.m. and 6:00 p.m. – 6: 00 a.m. The auditors conducted interviews with security, non-security, specialized staff, Warden, USPPM, volunteer and contractors that included male and female staff. The Agency Head, Contract Monitor and PREA Coordinator

interviews had previously been conducted by another DOJ certified PREA Auditor and were utilized as part of this audit. The auditors conducted 16 random sample staff interviews and 22 specialized staff interviews for a total of 38 staff interviews. Security staff were interviewed from both day and evening/night shifts and included: Major, Captains, Lieutenants, Sergeants and Correctional Officers. Sampling techniques for interviews with staff was accomplished by obtaining list of all employees broken down by security and non-security staff; list of employees hired during the last 12 months; list of volunteers and contractors, investigators assigned to facility, specialty staff and a SANE nurse from local hospital. The facility provided the auditors offices to hold staff and offender interviews. All staff at the Gurney Unit are trained as first responders and those questioned were well versed in their areas of responsibility regarding responding to PREA allegations.

The auditors examined a random sampling of personnel files, staff training files, and volunteer/contractor files that are maintained at the institution. The Gurney Unit personnel files were very well organized. The main personnel files for each employee are kept in Huntsville, Texas. New hires and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed the signed "Training Acknowledgement Form" documenting that the staff understood the PREA training received. The auditor selected and examined a sampling of offender institutional files and observed documentation indicating by signature the offender receiving PREA education, as well as documentation of the risk screenings performed.

All investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. There were eight (8) allegations of sexual abuse and sexual harassment received in the past twelve month. There were four (4) alleged staff on offender sexual abuse/sexual misconduct investigations. The administrative findings of the alleged staff on offender sexual abuse allegations were three (3) unfounded, and one (1) unsubstantiated. Of the four (4) offender on offender allegations of sexual abuse/harassment all four (4) were unsubstantiated. There were no substantiated allegations that were referred for criminal prosecution.

The auditors provided an out-briefing for the Warden and management staff at the conclusion of each work day. An exit meeting was conducted by the auditors at the completion of the on-site audit. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of their findings. The auditor shared with the Warden and the facility's management the positive feedback received from the offender population regarding the peer education program and the availability and responsiveness of the Unit Safe Prisons/PREA Manager, the positive interviews with staff, and the professionalism demonstrated by staff during the audit. The auditor thanked Texas Department of Criminal Justice, Warden, and the Gurney Unit staff for their hard work and commitment to the Prison Rape Elimination Act.

## 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 Gurney Unit, a facility of the Texas Department of Criminal Justice, is located on an estimated 20,000 acres of state property shared with the Beto, Coffield, Michael, and Powledge Facilities. The facility is located near the East Central Texas Community of Palestine. The maximum capacity of the facility is 2,128. Of these beds, 50 are designated single cell housing for segregation, solitary and transient status offenders. The remaining 2078 beds are double bunk dormitory beds. The Gurney Unit is a transfer facility, responsible for the reception/intake processing of offenders from county and state jail facilities; in addition the facility houses inmates in a permanent population who engage in work and program activities. Usually those inmates will be at the facility no more than two years before being transferred to another TDCJ facility. Inmates who are in need of a higher level of medical or mental health care are screened and transferred to other facilities. The facility does not have an infirmary, so those in need of infirmary care or hospital care are transferred to a local hospital or other TDCJ facility. As part of a complex of correctional facilities, the Gurney unit shares some services and personnel with nearby facilities and depends on infrastructure such as water and power from the adjoining Beto Unit.

A major function of the Gurney Unit is the intake and processing of inmates from local facilities into TDCJ. Gurney is one of the major intake facilities for the Department. Generally there are approximately 200 intakes per week and move a large number of inmates through the facility in a year's time. The intake process is organized and comprehensive. Teams of specialized staff meet each of the incoming groups. Upon arrival, screening interviews begin to assess any immediate needs including protection concerns, medical needs, mental health needs or other concerns that may be considered security issues. A comprehensive screening form is completed soon upon arrival. The Security Threat Group Coordinator and the Unit Safe Prisons PREA Manager both have immediate responsibilities in the intake process to identify and manage offenders that have particular security needs.

The Gurney Unit was constructed and activated in 1993. The compound is secured by a double chain link fence enhanced by multiple rolls of razor ribbon. There are four observation towers (pickets) which are staffed by armed officers around the clock; in addition there is an armed security patrol that makes continual rounds. The Beto Unit is located on one side of the Gurney Unit which creates a security corridor on one side. There are both vehicular sally-ports as well as pedestrian sally-ports that control access into the compound. There are a total of 14 video cameras to monitor activity within the facility. Within the secure compound there a total of 13 buildings. There are five housing units that have four 54 bed dormitories arranged around a central security hub; there is one housing unit with four 50 bed dormitories. In addition the K housing unit has eight dormitories with capacities ranging from eight to 22 inmates; that unit is used primary for intake inmates who may need additional observation or separation from larger

groups while they are being processed. The Special Housing Unit has 50 single cells; those intake inmates who are in immediate need of separation are assigned to the Special Housing unit until placement can be determined. Also, those inmates in need of separation pending transfer, those pending disciplinary action, and those sentenced to segregation are housed in the Special Housing Unit. Also inside the compound are facilities for educational services, food services, maintenance, laundry, religious activities, recreation and other support activities. The unit maintains a garden, harvesting fresh produce year around. There is no prison industries located at the facility. There are community work crews that work outside the facility on various public service activities. At the time of the audit visit the facility was very clean and well maintained. The staff at the facility appears to a good job managing a very complex mission and ever changing inmate population.

## 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 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, 115.33, 115.41 and 115.64

**Number of Standards Met:** 41

**Number of Standards Not Met:** 0

## Summary of Corrective Action (if any)

During the tour, the auditor noted a concern regarding cross gender viewing in the outside segregation recreation area. During the tour it was noted that the PREA posters in the visiting room were not prominently displayed. Action was taken immediately and privacy screens were installed by the toilets in the recreation area and PREA posters and pamphlet were displayed on a wall in visiting before the end of the audit. During interviews with offenders it was noted that opposite gender announcements are not made consistently. The facility provided documentation that knock and announce refresher training was provided to all staff.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

TDCJ Executive Directive- Safe Prisons/PREA Program (ED-03.03), the Safe Prisons/PREA Plan (PREA Plan), Agency Organizational Chart, TDCJ Unit Safe Prisons/PREA Manager Post Orders (PO-07.150) and the August 1, 2016 Memo from the TDCJ Executive Director identifying the PREA Audit Designee were reviewed and address all the requirements of this standard. TDCJ has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The agency's Safe Prisons/PREA Plan outlines the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. The plan is a forty page document that outlines the agency's zero tolerance and the implementation of the safe prisons plan through the following sections: administration and designated staff; offender management and services; offender screening and assessment; reporting allegations; investigations; training and education; data collection; and administrative considerations. Each staff member also carries an informational card that includes information about PREA and steps to take if a Sexual Assault occurs.

The Director of Correctional Institutions Division (CID) is the agency's PREA Coordinator. The PREA Coordinator has direct access to the Executive Director and has the authority to manage the agency's Safe Prisons/PREA Program. The Safe Prisons/PREA Program is managed through six (6) regional Safe Prisons/PREA managers and ninety-one (91) institution Safe Prisons/PREA managers. Monthly meeting, memos, and policy reviews are provided for direction through the office. Further training and guidance is provided as needed. Agency updates and changes are forwarded from this office to the units. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The Region II Safe Prisons Manager was present during the audit and knowledgeable of the PREA standards and the agency's compliance measures. As the agency's Regional PREA Compliance Manager, he works with the PREA Compliance Manager at the facility.

Each facility within the agency is to identify a PREA Compliance Manager that will ensure that effective practices and procedures are in place at the facility to ensure compliant with standards. This position reports directly to the Warden. The facility has designated a correctional sergeant as the Unit Safe Prisons/PREA Manager (USPPM) and this position also oversees the Safe Prisons Program for the facility. The Safe Prisons Office responsibilities include PREA policy compliance, investigations, and the audit process. The offenders interviewed reported they were familiar with the Safe Prisons Program. The USPPM starts the offender PREA education upon arrival at the facility. He provides PREA educational information and explains the Safe Prisons Office responsibilities and availability to the offenders. The USPPM makes rounds in the housing areas to ensure the office services are available to the offender population; this was documented through housing unit log reviews. Offenders were able to identify the USPPM by name during the interview process which

demonstrates the active role and accessibility he has created at the Gurney Unit. Staff and offenders both shared the positive impact the Safe Prisons/PREA Office has had on the facility and the availability and responsiveness of the USPPM. The USPPM stated during the interview process that he had enough time to perform the PREA duties for the facility and the general responsibilities as the PREA Compliance Manager. The USPPM was knowledgeable of the agency's PREA policies and procedures, the responsibilities for intake screening and education.

Based on review of policy, procedures, offender handbooks, education and orientation process, training curriculums and interviews with the PREA Coordinator, USPPM, The Regional PREA Manager, staff and offenders, observation of bulletin boards, posters and PREA, material during the tour of the facility, it was apparent that TDCJ and the Gurney Unit is committed to zero tolerance of sexual abuse and sexual harassment and exceeds the requirement for Standard 115.11.

## **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*)

## Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directive- Employees of Private Businesses and Governmental Entities Contracting with the TDCJ (AD-02.46) and The Solicitation, Offer and Awards and Modifications of Contracts for TDCJ facilities were reviewed by the auditor. Each of the contracts and/or modification of contracts for confinement of inmates in private agencies, and other entities to include government agencies, documented that the contracting agency shall comply with PREA Standards for Adult Prisons and Jails. The contracting facilities are required to report any offender's sexual assault or sexual harassment to the TDCJ-PFCMOD and in accordance with Department policy. The requirement is noted in all new contracts and upon renewal of existing contracts; these contracts are modified to include the requirement. The Modification of Contract specifically notes that the TDCJ Department designated Contract Monitor will monitor each contract for compliance with PREA standards for Adult Prisons and Jails. The interview with the Agency Contract Administrator, confirmed that a Contract Monitor is located at each of the 11 remaining Contract facilities. The assigned contract monitor primary responsibility is overseeing to ensure the contract facility is compliant with the PREA standards. The contract monitor is responsible for taking immediate action to resolve situations of any immediate risk that has been identified and to continuously monitor until a compliance level is met.

Based on review of policies, documentation and interview with the Agency Contract Administrator, the Agency is compliant with Standard 115.12. The Gurney Unit does not contract nor have any inmates confined with contract entities.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directive- Security Staffing (AD-11.52), Executive Directive- General Rules of Conduct and Disciplinary Action Guidelines for Employees (PD-22), Security Operations Procedure Manual- Deletion, New Installations or Relocation of Video Surveillance Equipment (SOPM-07.02), Turnout Roster Management (SOPM-08.01), Security Operations Annual Review of Turnout Rosters Procedures (SOPM-08.06), TDCJ Post Order for Major of

Correctional Officers (PO-07.002) Captain of Correctional Officers (PO-07.003) Lieutenant of Correctional Officers (PO-07.004) Sergeant of Correctional Officers (PO-07.005) and the PREA Plan were reviewed and address the requirements of this standard. The Gurney Unit has developed, documented, and has a staffing plan that provide adequate staffing levels to protect offenders against sexual abuse even when they do not have video surveillance to monitor inmate movement throughout the complex. In calculating adequate staffing levels and determining the need for video monitoring, Gurney has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors. The staffing plan is reviewed annually; documented and available. The last staffing plan for the Gurney Unit was completed on May 3, 2017. According to the PREA Coordinator the staffing positions are allocated from the staffing plan established by TDCJ. The facility documents and justifies all deviations from the plan as reviewed; and reasons staffing plan not met. Deviations from the Staffing Plan are documented in reports and include: Offender transports, constant direct observation and off unit hospital security. The PREA Coordinator is consulted regarding assessments of and adjustments to the staffing plan for the Gurney on an annual basis. The average daily number of offenders is 2011 and the staffing plan is based on 2128 offenders.

Review of Security Supervisor Post orders indicates that the facility has implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Such policy and practice has been implemented for night shifts as well as day shifts. The facility has a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The auditor reviewed data in log book entries showing the management team and security supervisor unannounced rounds on day and evening/night shifts.

Based on review of policy, procedures, staffing plans, logs and interviews with the Warden, PREA Coordinator, intermediate-level and higher-level supervisors, observation while touring the facility confirm that the Gurney Unit is compliant with Standard 115.13.

## **Standard 115.14: Youthful inmates**

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

#### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

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

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The PREA Plan and TDCJ policies, operational manuals, plans and procedures address this standard and the agency is compliant with standard 115.14. The Gurney Unit does not house youthful offenders.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directive- Offender Searches (AD-03.22), Safe Prisons/PREA Operations Manual - Cross Gender Searches and Log (SPPOM-02.05), the PREA Plan and Post Orders were reviewed and address the requirements of this standard. The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. There were zero cross-gender searches or cross-gender visual body cavity searches at the Gurney in the past twelve months. During the tour of housing units the auditor interviewed security staff who confirmed they do not conduct cross-gender strip searches or cross-gender visual body cavity searches. This is an all-male prison parts of this standard is non-applicable. Policies are in place to ensure the facility documents all cross-gender strip searches and cross-gender visual body cavity searches. The facility has implemented policies and procedures that enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

During the tour, the auditors identified cross-gender viewing concerns at the Gurney Unit. The outside segregation recreation area has toilets that can be seen by the pickets and public. The facility took immediate corrective action and had a privacy screen installed to eliminate sight lines to the toilets. Prior to leaving the facility, the auditors revisited this area found the cross-gender viewing concern was corrected. Interviews with offenders indicated that opposite gender announcements are not made consistently. The facility provided knock and announce refresher training to all staff at turnout immediately after the audit. Signature block training records were submitted to the audit confirming that staff received the training.

Policies are in place to ensure the facility not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with a random selection of staff confirm they have been trained not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The facility did not have such a search occurring in the past 12 months.

Policies are in place to ensure security staff are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Interview with staff confirm they have been trained how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner. Interviews with random selection of staff confirmed they have received this training in pre-service training, with initial PREA training and receive in-service PREA training annually.

Based on policies, procedures documentation provided observations of showers, toilet areas and dressing areas and interviews with staff and offenders and the corrective action the facility took during and after the audit, the Gurney Unit is compliant with Standard 115.15.

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

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

#### **115.16 (a)**

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

and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

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

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directives; Language Assistance Services to Offenders Identified as Monolingual Spanish Administrative Directive (AD-04.25) and Qualified Interpreter Services-American Sign Language (AD-06.25), Intake Procedures; Initial Orientation (1.10) and Intake Processing of Offenders in Need of an Interpreter (6.05), Correctional Managed Health Care Policies; Interpreter Services (CMHC E-37.5), Offenders with Special Needs (CMHC G-51.1), Safe Prisons/PREA Operations Manual; Offender Assessment Screening (SPPOM-03.01), Certified American Sign Language Interpreter Services Policy (CMHC G-51.5), Qualified Spanish Interpreters Guidelines Security Memorandum (SM 05.50), Psychiatric and Developmentally Disabilities Program Post Order (PO 07.105), and the Safe Prisons/PREA Plan were reviewed and meet the requirement for this standard. The Agency has established procedures to provide disabled offenders equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The directives, policies and procedures address interpreter service, American Sign Language services, and offenders with special needs.

The Gurney Unit employs qualified interpreters who are designated staff that have demonstrated a satisfactory level of competency in both Spanish and English languages through a Language Assessments Scale Spanish oral proficiency test. The facility has eleven qualified interpreters on various shifts and positions within the facility. The facility also has

numerous staff that speaks Spanish on various shifts. The agency maintains a list of staff who speaks other languages than English and Spanish by region and facility including the name of the staff member and the language spoken.

PREA handouts and the offender handbook are available both in English and Spanish. The PREA posters are posted in English and Spanish throughout the facility. The peer education orientation is also provided in Spanish. Interviews with the USPPM and offenders with disabilities and who are limited English proficient confirm: information is delivered in different formats, written, video, English, Spanish, etc.; policies are in place to provide assistance to any offender identified as having a Special Needs in accordance with Correctional Managed Health Care policy, i.e. American Sign Language Interpreter Services; language assistance is provided to monolingual Spanish offenders. Interviews with limited English speaking offenders confirmed the facility provides information about sexual abuse and sexual harassment that they are able to understand and are aware additional assistance is available to them.

AD-04.25 prohibits the use of offender interpreters or other types of offender assistants except in limited circumstances where a delay in obtaining an effective interpreter could compromise the offender's safety. In the past twelve months, there were no instances where an offender interpreter was utilized to assist with a sexual abuse and/or sexual harassment allegation. If an offender interpreter was used in a limited circumstance it would be documented. The utilization of a staff interpreter must be documented. The facility's certified qualified interpreters are available on various shifts and would assist. During the staff interviews, staff was aware of the policy and indicated that an offender interpreter would not be used, only qualified staff interpreters from the list would be used.

Based on review of policies and procedures; observation of posters placed in the facility and interviews with random sample of staff and offenders the Gurney Unit is compliant with Standard 115.16.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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TDCJ Executive Directives; Employment Status Pending Resolution of Criminal Charges or Protective Orders (PD-27), Request for Release of Employment Information or Documents (PD-56) Selection System Proceeding (PD-71) Selection Criteria for Correctional Officer Applicants (PD-73), Applicants with Pending Criminal Charges or Prior Criminal Convictions (PD-75), the PREA Plan and TDCJ Employment Application Supplement (PERS 282) and

Employment Application Supplement for Agency Applicants (PERS 598) were reviewed and address the requirement of this standard. TDCJ's hiring practices confirm policies are in place and enforced to ensure the agency not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in the first paragraph (2) of this section.

The interview with the Human Resources Director found prior to appointment the facility performs criminal record background checks and considered pertinent civil or administrative adjudication for every candidate selected for an employment, contractor or potential promotional appointment is conducted. Prior incidents of sexual harassment are considered when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. Per policy PD-75 and interview with Human Resources Director confirm before hiring new employees and contractors who may have contact with offenders, the agency: 1) Performs a criminal background records check; and 2) Consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months there were 63 new hires that have contact with offenders and had criminal background record checks. Review of policies and interviews with staff confirm all agency employees are subject to an annual criminal offense check during the employee's birth month, and six months after, to ensure there are no outstanding warrants of arrest. Interview with the Human Resources Director and review of policies, procedures, forms, employee files confirm applicants and employees complete a Personal History and Interview Record Form answering personnel history questions about sexual abuse and sexual harassment and policies are in place to ensure material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

Interview with the Human Resources Director confirms unless prohibited by law, the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Based on review of policies, documentation, forms, employee files; Background check procedures and interview with Human Resource Director confirm that the Gurney Unit meets the requirements for standard 115.17.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Gurney Unit has not made any substantial expansions or modifications of the existing facility or updates of video monitoring surveillance since August 20, 2012. The Gurney unit has 14 cameras in place which are monitored through Picket posts and the Warden's Office and other upper level supervisors can also monitor the cameras.

The Security Operations Procedures Manual- 7.02 Deletion, New Installation or relocation of Video Surveillance Equipment and SM 01.14 Operating and Monitoring Video Surveillance

Systems directs the Surveillance Systems Coordinator to collaborate with the facility's Warden and Safe Prisons/PREA compliance Manager prior to the deleting, installing, or relocating video surveillance equipment.

## 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)

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directive- Evidence Handling (AD-16.03), OIG 2015 Operational Procedures Manual- Offenders Sexual Assault Investigations (OIG-04.05), the Correctional Managed Health Care Policy -Sexual Assault/Sexual Abuse (CMHC-G57.1), Safe Prisons/PREA Operations Manual; Offender Victim Representative (SPPOM-02.02) and Sexual Abuse Response and Investigation (SPPOM-05.01) and the PREA Plan were reviewed and address the requirements of this standard. Policies are in place and enforced to enable TDCJ the responsibility for investigating allegations of sexual abuse and the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. TDCJ does not conduct on-site forensic medical examinations. When evidentiary or medical appropriate, a victim of sexual abuse is transported to an outside hospital and is provided treatment and services as required by the laws, regulations, standards and policies established by and administered includes but is not limited to, minimum standards and the uniform evidence protocol adopted by the medical facility. The protocols were reviewed and found to be in line with the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition. The Gurney Unit is a male adult facility for offenders 18 years and older. There are policies are in place and enforced to ensure the agency offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs are not available, the examination can be performed by other qualified medical practitioner. There were no forensic medical exams on an offender from the Gurney Unit conducted during the past 12 months.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented in various letters to rape crisis center agencies. The agency continues to solicit community rape crisis organizations across the state that is willing to establish a partnership with the agency. The effort to obtain an agreement is documented in various letters to rape crisis center agencies with the last solicitation letters dated January 2017. The agency's Safe Prisons/PREA Program Manager is overseeing this process.

Policy SPPOM-2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be

available to provide emotional support services and counseling on and off the facility as needed. The offender victim representatives are trained as victim advocates who can provide victim support to staff or inmates who have been sexually abused. They are available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided. Four staff have been trained and designated as the OVRs for the Gurney Unit.

Based on the review of policies, procedures, documentation and interviews with medical, mental health and OVR staff the Gurney is compliant with Standard 115.21.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Board Policy- Inspector General Policy Statement (BP-01.07), Administrative Directives; Reporting Incidents/Crimes to the Office of Inspector General (AD-16.20), Safe Prisons/PREA Operations Manual; Reporting Allegations of Sexual Assault to Other Confinement Agencies (SPPOM-04-01), Receiving Allegations of sexual Assault from an Outside Agency (SPPOM-04.02), Sexual Assault Response and Investigation (SPPOM-05.01), Completing the Offender Protection Investigation (SPPOM-05.05) and the PREA Plan were reviewed and address the requirements of this standard. Policies are in place and enforced to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Interview with the CID Director found there are multiple policies that cover both administrative and criminal investigations for sexual abuse or sexual harassment. All administrative investigations are reported to, and then conducted by TDCJ. The Office of the Inspector General (OIG) which is a separate division of TDCJ is responsible for criminal investigations. The OIG also assists in conducting staff-on-offender sexual abuse administrative investigations as well. During the past 12 month there were 8 allegations of sexual abuse and sexual harassment received. Seven allegations resulted in an administrative investigation. One allegation was referred for a criminal investigation. The agency documents all such referrals. The allegations were handled according to Agency policies and procedures and PREA Standards. The agency's policy is available on the agency's website, <http://oig.tdcj.texas.gov>.

The interviews with the PREA Coordinator and investigative staff found administrative investigations are conducted by staff trained in PREA investigations. The reports are given to a supervisor who completes the documentation requirements contained within the Safe Prisons/PREA Manual and EAC requirements. Notifications are made to the appropriate

officials, such as the facility warden, the OIG, medical and mental health staff, and the unit PREA compliance manager. Depending on the nature of the incident, forensic medical exams are conducted, victim representatives are offered, statements gathered, interviews conducted, review of available monitoring equipment, and other elements to satisfy a sound correctional investigation into the allegations are completed. Summaries of investigations are reviewed through established incident review processes.

Based on the review of policies, procedures, investigative files and interviews with the CID Director, PREA compliance Manager, facility investigator and OIG investigator, the Gurney Unit is compliant with Standard 115.22.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directive; Implementation and Operation of TDCJ In-Service Program (AD-12.20), TDCJ Executive Directives; Training Records and Database (ED-12.10), Training and Staff Development (PD-97) and PD-29, PREA Curriculum CTSD Supervisor and Non-Supervisor In-Service Training and Pre-Service Training; Safe Prisons/PREA Operations Manual-Unit Safe Prisons/PREA Awareness Training (SPPOM-06.01), Security Memorandum-On-the Job (OJT) Training program (SM-02.25) and the PREA Plan were reviewed and address the requirements of this standard. TDCJ has policies in place and enforced to ensure training of all employees who may have contact with offenders on: 1) Its zero-tolerance policy for sexual abuse and sexual harassment 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures 3) Offenders' rights to be free from sexual abuse and sexual harassment 4) The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment 5) The dynamics of sexual abuse and sexual harassment in confinement 6) The common reactions of sexual abuse and sexual harassment victims 7) How to detect and respond to signs of threatened and actual sexual abuse 8) How to avoid inappropriate relationships with offenders 9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Interviews with random sample of staff, specialty staff and executive staff, and review of employee signed training rosters confirm that the PREA training has been given to: each new employee; all current staff within one year of the effective date of PREA and PREA training is included in the annual in-service training. The training records show that all employees signed they have received and understood their responsibilities under PREA. Quarterly PREA training is also provided. Security staff at turnout also receives instructions and training including PREA updates and refresher information.

TDCJ Gender Specific Training Plan and interviews with staff confirm policies are in place and enforced to ensure that TDCJ training is tailored to the gender of the offenders at the employee's facility. Employees receive additional training if the employee is reassigned from a facility that houses only female offenders or male offenders. Familiarization training policy review confirm all Department employee who have been newly transferred from one facility to another receive familiarization on compliance with PREA and the Department's Sexual Abuse Prevention and Response Procedures. Such familiarization training is tailored to the gender of the inmate at the facility. The Gurney is an all-male facility and by facility policy staff is trained tailored to male offenders.

Based on a review of policies, procedures, employee training records, tracking program documentation, PREA employee training curriculum and video, informational card that outlines the first responder requirements and interviews with the USPPM, random staff, specialized staff and executive staff and observations and questions answered during the tour confirm the Gurney Unit meets the requirements of standard 115.31.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directives AD-02.46 and PD-29, Letter of Orientation for Special Volunteers, The Handbook for Volunteers, Volunteer Training Facilitators Guide, Volunteer and Contractor Curriculum and the PREA Plan were reviewed and address the requirements of this standard. Policies are in place and enforced to ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Interviews with the PREA Compliance Manager and volunteers and contractors who have contact with offenders confirm they have received PREA training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection,

and response policies and procedures and have documented the training they have received. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Interviews with the Training Supervisor, USPPM, Chaplain, Medical Practice Manager, volunteer and contractors who have contact with offenders found they have been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment as well as informed about how to report such incidents. Interview with the individual who supervises volunteers confirmed volunteers receive training based on the level of contact they have with offenders with all volunteers trained in the agency's zero tolerance policy. 100% of volunteers and contractors who work at the Gurney were trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Based on a review of policies, procedures, training curriculum, volunteer and contractor signed training rosters and training acknowledgements as well as interviews with staff, contractors and volunteers confirm the Gurney Unit is compliant with Standard 115.32.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

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

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

The TDCJ Unit Classification Procedure Manual; Orientation Procedures (UCPM-05.00), Intake Procedure Manual; Initial Orientation (01.10), Safe Prisons/PREA Operations Manual; Offender Sexual Abuse Awareness Training (SPPOM-06.02) and Safe Prisons/PREA Program Postings and Brochures (SPPOM-02.03), CMHC G-51.1, CMHC G-51.5, SM 05.50, Orientation Handbook, Unit Orientation, PREA Video and Video script and the PREA Plan were reviewed and address the requirements of this standard. Policies are in place and enforced to ensure during the intake process offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Interview with staff receiving the offenders confirm offenders are provided with information about the Department's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment immediately when they arrive at the facility during intake. Interviews with random sample of offenders confirm they receive the PREA information verbally and in writing via a PREA Packet. There were 9,319 offenders admitted during the past 12 months who were given PREA information at intake.

Policies are in place and enforced to ensure within 30 days of intake, the agency provides comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the interview with intake staff the staff indicated they meet with every inmate privately on the day of their arrival to the facility and addresses their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

All offenders in the facility have been educated in PREA. Offenders transferred in from another facility receive the PREA information upon arriving at the facility with formal PREA education during orientation which is given within 7 day from arriving at the facility. The agency has policies in place that require they provide inmate education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to offenders who have limited reading skills. PREA material is available in a variety of languages with interpretation services provided in accordance with the Department's Language Access Policy. In the event that an inmate has difficulty understanding the written material due to a disability or limited reading skills then appropriate staff provides assistance.

Interviews with random sample of offenders confirmed they had received PREA written information and participated in the peer to peer orientation that include a PREA component. Their participation is documented in writing and that they understand the material they receive at training. The auditor observed the peer to peer orientation and was impressed with the outstanding content and delivery format. The orientation is well received by the offenders. The intake staff also confirmed offenders sign a form when receiving material and training. Review of inmate signed documentation confirms the agency policy requires maintaining

documentation of inmate participation in these education sessions. The facility ensures that key information is continuously and readily available or visible to offenders through videos, posters, inmate handbooks, and other written formats. Observations during the tour of the facility found PREA posters, telling offenders of their right to be free of sexual abuse and how to report incidents of sexual abuse, are strategically placed throughout the facility. Each inmate receives an Inmate Orientation Handbook and The Prevention of Sexual Abuse in Prison brochure.

Based on review of policies, procedures, PREA education material and video in multiple languages and the orientation process that ensures all offenders arriving at the facility receiving PREA information on day of arrival, the outstanding peer to peer orientation that includes complete PREA education training within 7 days of arrival at the facility and offenders signing acknowledgement forms documenting training received and interviews with the USPPM and intake staff confirms that the Gurney Unit exceeds the requirement of Standard 115.33.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

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TDCJ Board Policy BP-01.07, Administrative Directive AD-16.03, Executive Directive ED-12.10 and PD-97, CTSD- Safe Prisons/PREA Investigation Training, OIG-Operational Procedures Manual; Training Procedures (OIG-02.15) and Offender Sexual Assault Investigations (OIG-04.05), OIG Interviewing and Interrogation Lesson Plan (LP-2029) and Sexual Assault Investigative Topics Lesson Plan (LP-3201) and OIG Roster for NIC PREA Training were reviewed and address the requirements of this standard. Policies are in place and enforced that ensure that in addition to the general training provided to all employees pursuant to 115.31, TDCJ ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Interview with investigative staff found they received training specific to conducting sexual abuse investigations in confinement settings beginning with a specialized investigations training and then on-the-job-training with a seasoned investigator. The specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and

the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency's 138 OIG and 11 Gurney investigators have completed the general PREA training and the required specialized training for investigators.

Based on review of policies, procedures and training records, and interviews with the OIG and facility investigators, the Gurney Unit is compliant with Standard 115.34.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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TDCJ Administrative Directive AD-16.03, Correctional Managed Health Care Policies; Continuing Education/Staff Development (CMHC-19.1) and Orientation training for Health Services Staff (CMHC-C-25.1) Letter of Orientation: TDCJ Health Services Division Students Trainees and Medical Mental Health New Employee Checklist and Medical and Mental Health PREA Training Post Test were reviewed and address the requirements of this standard. TDCJ ensures that all full-and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: 1) How to detect and assess signs of sexual abuse and sexual harassment; 2) How to preserve physical evidence of sexual abuse; 3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Medical services are provided by the University of Texas Medical Branch (UTMB) under a contract with the Texas Department of Criminal Justice. The TDCJ policy does not train medical staff to conduct forensic medical exams as policy directs medical staff to send inmate victims to an outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE). The 34 UTMB staff/practitioners who regularly work at the Gurney Unit have all received the specialized training. The medical and mental health staff received training through an electronic on-line course and training with the Safe Prisons staff. The medical and mental health staff contractors have monthly and annual training on-line through UTMB. Interviews with medical and mental health contract staff confirm they receive PREA training mandated for facility employees and specialized training.

Based on review of policies, procedures, training records and interviews with medical and mental health staff, the Gurney Unit is compliant with Standard 115.35

# 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*)

#### Instructions for Overall Compliance Determination Narrative

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

TDCJ Correctional Managed Health Care Policies; Mental Health Appraisal for Incoming Offenders (CMHC E-35.1) and Privacy of Care (CMHC A-09.01), Safe Prisons/PREA Operations Manual- Offender Assessment Screening (SPPOM-03.01), IPM-5.06 Intake Procedure Security Referrals and IPM-CL-69 Psychological Screening Interview form and the PREA plan were reviewed and address the requirements of this standard. Policies are in place and enforced that ensures all offenders are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. Interviews with staff that performs screening for risk of victimization and abusiveness confirm that they screen offenders within 24 hours of arrival at

the facility for risk of sexual abuse victimization or sexual abusiveness toward other offenders per TDCJ policies. Interviews of random sample of offenders confirm they were screened at intake.

The assessments are being conducted using an objective screening instrument. The objective screening instrument used during intake screening considers, at a minimum, the following criteria to assess offenders for risk of sexual victimization: 1) Whether the offender has a mental, physical, or developmental disability; 2) The age of the offender; 3) The physical build of the offender; 4) Whether the offender has previously been incarcerated; 5) Whether the offender's criminal history is exclusively nonviolent; 6) Whether the offender has prior convictions for sex offenses against an adult or child; 7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8) Whether the offender has previously experienced sexual victimization; 9) The offender's own perception of vulnerability; and 10) Whether the offender is detained solely for civil immigration purposes. Inmates identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored. During the past 12 months 9,137 offenders were screened for risk of sexual victimization or risk of sexually abusing other offenders within 24 hours of their entry into the facility.

Policies are in place to ensure inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. Policies are in place to ensure within a set time period, not to exceed 30 days from the offender's arrival at the facility, the facility will reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Policies in place to ensure the department implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. Except from reporting to designated supervisions or officials, staff does not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in TDCJ policy, to make treatment, investigation, and other security and management decisions.

Based on review of policies, procedures, forms and observation of the intake screening and assessment process as well as interviews the staff responsible for screening and offenders, the Gurney Unit exceeds the requirements of Standard 115.41.

## 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*)

## Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directives; Offender Housing Assignments (AD-04.17) and Offender Job Assignments (AD-04.18), Safe Prisons/PREA Operations Manual- Special Population Review (SPPOM-03.02) and SPPOM-03.01, Unit Classification Procedure 4.00, CMHC E-35.1 and CMHC G-51.11, and the PREA Plan were reviewed and address the requirements of this standard. Policies are in place showing how use of information from the risk screening required by 115.41 is limited to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. TDCJ makes individualized determinations about how to ensure the safety of each offender. Interviews with staff responsible for screening offenders state that information from the risk screening document is used by the committee to make individual determinations regarding how to ensure the safety of each offender.

The facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. There was one identified transgender offenders at the facility during the audit. Staff was aware transgender offenders should have the opportunity to shower separately and not housed in dedicated housing areas. Per policy, transgender and intersex offenders shall be reassessed at least twice each year to review any threats of safety experienced by the offender. The USPPM confirmed during the interview that a special population review would be conducted with each transgender offender every six months. This is conducted as a classification meeting with the classification committee including the Chief of Classification and a Safe Prisons Staff member

Interview with the Warden and PREA Coordinator confirms the Agency does not have any dedicated facilities, units, or wings solely for lesbian, gay, bisexual, transgender, or intersex offenders. Based on; review of policies and procedures; interviews with the Warden, PREA Coordinator, USPPM, Classification Chief, the Gurney Unit is compliant with Standard 115.42.

## 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*)

## Instructions for Overall Compliance Determination Narrative

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

TDCJ Protective Safekeeping Plan, Administrative Segregation Plan, Guideline for Administrative Segregation Committee Members, I-169 Administrative Segregation Form, I-203 Placement on Restriction Form, SPPOM-05.05 and the PREA Plan were reviewed and addresses the requirements of this standard. The agency has policies and procedures in place and enforced to ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

The Safe Prisons/PREA Plan and Administrative Segregation Plan direct that if an offender is placed in segregation housing for protective custody, the offender would have access to programs, privileges, education, and work opportunities to the extent possible. The shift supervisor interviewed who supervises offenders in special housing indicated that offenders still access to services including law library, commissary, visitation, telephone calls, school materials, and religious services to the extent possible. If a restriction occurs, it will be reviewed every twenty-four (24) hours. Any restrictions will be documented on the Administrative Segregation Hearing Record Form. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted every seven days for the first sixty days then at least every thirty days thereafter per policy Administrative Segregation Plan, Guidelines for Administrative Segregations, and the Safe Prisons/PREA Plan.

The Gurney Unit has not placed an offender at high risk for sexual victimization in involuntary segregated housing in the past twelve months. Offenders may be placed in transient housing for 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. This timeframe was verified through the review of investigation files.

Based on review of policies and procedures and interviews with the Warden, USPPM and staff supervising offenders in segregated housing the Gurney Unit is compliant with Standard 115.43.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Board Policy BP-03.91, Administrative Directive – Postage and Correspondence Supplies (AD-14.09) Executive Directives; ED-02.10 and PD-29, Immigration Statement of Fact; the PREA Plan, General Information Guide for Families of Offender Brochure and TDCJ PREA Brochure were reviewed and address the requirements of this standard. Policies are in place and enforced ensuring multiple internal and external ways for offenders to report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. PREA reporting methods are shared with offenders at intake, during orientation, in the PREA brochure, handbooks, and on posters throughout the facility.

According to interviews with random sample of staff and offenders, an offender may report an incident of sexual abuse, sexual threats or any act of retaliation verbally or in writing, anonymously and from third parties. Verbal reports are promptly documented. Inmates may report allegations in writing to the Office of the Inspector General and PREA Ombudsman as an outside agency. Offenders can send a sealed and uninspected letters to special and media correspondents. Special correspondents include: member of Texas Board of Criminal Justice; TDCJ Executive Director; Deputy Executive Director; any Division Director; Deputy Director; PREA Ombudsman; or Warden. Offenders at the Gurney Unit are not detained solely for civil immigration purposes.

Employees may privately report any suspicion of sexual abuse or sexual harassment of an offender by contacting the State PREA Ombudsman Office or the Texas Board of Criminal Justice (TBCJ) directly. Staff is informed of this reporting procedure by policy including sexual abuse prevention and response training.

Based on review of policies, procedures, Offender Orientation Handbook, brochures and posters and interviews with random sample of staff and offenders the Gurney Unit is compliant with Standard 115.51.

## 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 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*)

### Instructions for Overall Compliance Determination Narrative

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TDCJ Board Policy- Offender Grievance (BP-03.77) Administrative Directive -Management of Offender Grievances (AD-03.82), the PREA Plan and the Offender Grievance Operations Manual were reviewed and address the requirements of this standard. Policies are in place and enforced to ensure the agency has an administrative procedure for dealing with offender grievances regarding sexual abuse. The agency does not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse; the agency applies otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse; the agency does not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. Grievances alleging sexual abuse are handled as emergency grievances. They are coordinated immediately with the Warden, Major, Chief of Classification, USPPM, OIG, and the PREA Ombudsman as outlined in the Safe Prisons/PREA Plan. When the emergency grievance alleges the substantial risk of imminent sexual abuse, it is forwarded to a management level for review for immediate corrective action. An initial response is provided within 48 hours of receipt. The agency's policy requires that

within five (5) calendar days of notification of a grievance, a staff member must respond with the action taken. The agency's policy also requires that a decision on the merits of any grievance alleging sexual abuse be made within forty (40) days. Policy does not allow extensions on emergency grievances which all sexual abuse allegations are considered. The PAQ indicated zero grievances submitted for sexual abuse. A review of the investigative files revealed that two allegation were received through the grievance process. The two (2) grievances submitted alleged sexual abuse. The definitions for sexual abuse/harassment for PREA are different than those used for grievance and results in a reporting issue. These grievances were handled as emergency grievances; they were forwarded to a management level for immediate corrective action. The initial responses were provided within 48 hours of receipt of the grievance. This was also documented through the review of the timeframes in the investigation files.

During the random interview process, offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They indicated they could report through the grievance process also. Offenders also indicated they knew the reporting methods: telling a staff member, writing a grievance, writing the PREA Ombudsman, and/or contacting their family or friend.

Policies and procedures address third party assistance in filing requests for administrative remedies of sexual abuse and permit to file such requests on behalf of inmates. A third party grievance received will be processed as an emergency grievance. The alleged offender will be given an opportunity to agree or disagree with the allegation and to have the request processed on the offender's behalf. The offender's decision will be documented on the Third Party Preliminary Investigation Form. There was no third party assistance during the past twelve months.

The Safe Prisons/PREA Plan states an offender may be disciplined for filing a grievance related to sexual abuse only when the investigation determines the offender filed the grievance in bad faith. The Gurney had no disciplinary actions against an offender for having filed a grievance in bad faith in the past twelve months.

Based on review of policies and procedures; interview with staff handling offender grievances; random selection of staff, offenders, and USPPM, the Gurney Unit is compliant with standard 115.52.

## **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*)

#### Instructions for Overall Compliance Determination Narrative

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TDCJ Board Policy- Uniform Offender Correspondence Rules (BP-03.91), Executive Directive ED-02.10, the PREA Plan, Offender Orientation Handbook, Texas List of Rape Advocacy Centers and The Sexual Abuse Awareness Brochure were reviewed and address the requirements of this standard. Policies are in place and enforced to provide offenders with

access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies.

The facility provides this information in multiple ways to the offenders: during the educations process, in the PREA brochure, in the Unit Orientation Handbook, and on posters within the facility. This information is also available through the law library and Safe Prisons Office. There are posters throughout the facility that state Rape Crisis Resource Directory is available in the law library. The facility enables reasonable communication between offenders and these organizations and agencies in as confidential a manner as possible. According to interviews with random sample of offenders they are aware of and have access to victim advocates for emotional support services available outside the facility for dealing with sexual abuse. The facility informs offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented in various letters to rape crisis center agencies. The agency continues to solicit community rape crisis organizations across the State that are willing to establish a partnership with the agency. The effort to obtain an agreement is documented in various letters to rape crisis center agencies with the last solicitation letters dated January 2017. The agency's Safe Prisons/PREA Program Manager is overseeing this process.

Policy SPPOM 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The offender victim representatives are trained as victim advocates who can provide victim support to staff or inmates who have been sexually abused. They are available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided.

Based on policies and procedures, documented ongoing attempts to seek agreement with agencies to provide offenders with a victim advocate, OVR availability and interviews with OVR and offenders, the Gurney Unit is compliant with Standard 115.53.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

TDCJ Executive Directives; Ombudsman Program (ED-02.03) and PREA Complaints and Inquires (ED-02.10), Safe Prisons/PREA Operations Manual- Receiving Allegations of Sexual Abuse from an Outside Agency (SPPOM-04.02), Offender Orientation Handbook, General Information Guide for Families of Offenders Brochure, TDCJ website and the PREA Plan were reviewed and address the requirements of this standard. The agency has established a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an offender. According to interviews with the PREA Compliance Manager and Warden the agency has established a PREA Ombudsman to provide offenders, as well as the public an independent office to report sexual assault; respond to public inquiries related to allegation of sexual assault in TDCJ correctional facilities; and place the General Information Guide for Families of Offenders Brochure on the TDCJ website.

Based on review of policies, brochures, posters, TDCJ website and interviews with staff, the Gurney Unit is compliant with standard 115.54.

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

TDCJ Executive Directive PD-29, Administrative Directive AD-16.20, Correctional Management Health Care Policies; CMHC E-35.02 and Sexual Assault/Sexual Abuse (G-57.1), SPPOM 05.01 and the PREA Plan were reviewed and address the requirement of this standard. Policies are in place and enforced to ensure the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the agency; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The employee is required to report the specific details, in writing, immediately after verbal notification. Policies are in place and enforced to ensure apart from reporting to designated supervisors or officials, staff does not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Policy is in place and enforced to ensure unless otherwise precluded by Federal, State, or local law, medical mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. According to interviews with the facility medical and mental health staff at the initiation of services to an offender they disclose the limitations of confidentiality and their duty to report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The Gurney Unit does not house any offenders under the age of 18. The facility is required to report all allegations of sexual abuse and sexual harassment, including third-party and an anonymous report, to the facility's designated investigators.

Based on review of policies and procedures; interviews with the Warden, PREA Coordinator, USPPM, medical and mental health staff and random sample of staff the Gurney Unit is compliant with standard 115.61.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directive AD-02.15, Safe Prisons/PREA Operations Manual; Time Frames Associated with Offender Protection Investigations (SPPOM-05.03) and SPPOM-05.01 and the PREA Plan were reviewed and address the requirements of this standard. The agency has policies and procedures in place and enforced to ensure that when the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender. Per interviews with the Warden and random sample of staff, when learning that an offender is subject to a substantial risk of imminent sexual abuse each case is evaluated by the facility or Office of Inspector General based upon the nature of the report and the potential harm. Supervisory rounds are increased as appropriate; offender at risk or potential predator may be moved to another housing unit or transferred. If no other options are available offenders are placed in temporarily protective custody until other steps can be taken. During the past 12 months there were no times the facility determined that an offender was subject to a substantial risk of imminent sexual abuse.

Based on review of policies, procedures and interviews with the Warden, USPPM and random sample of staff, the Gurney Unit is compliant with Standard 115.62.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Board Policy BP-01.07, Administrative Directive AD-16.20, Safe Prisons/PREA Operations Manual; Reporting Allegations of Sexual Abuse to Other Confinement Agencies (SPPOM-04.01) and SPPOM-04.02, SPPOM-05.01, SPPOM-05.05 and the PREA Plan address the requirements of this standard. The agency has policies and procedures in place and enforced to ensure where upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The Gurney received four (4) notifications during the past 12 months of an allegation

of sexual abuse that occurred in another facility. Per documentation reviewed, the facility notified the head of the facility where the sexual abuse is alleged to have occurred within 72 hours. Per the CID Director interview, the allegations received at one facility involving a different facility are forwarded to the Safe Prisons/PREA Managers Office (SPPMO), Warden of the facility where the abuse allegedly occurred, with a copy of the notification to the Office of Inspector General. Allegations from other agencies are typically received by the Office of Inspector General or the Safe Prisons/PREA Managers Office. In the past 12 months, there have been two (2) allegations of sexual abuse that occurred at the Gurney Unit received from other facilities.

Based on review of policies, documentation and interviews with PREA Coordinator, Warden and USPPM, the Gurney Unit is compliant with Standard 115.63.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directive – Evidence Handling (AD-16-03), OIG OPM-04.05, SPPOM-05.01 and the PREA Plan address the requirements of this standard. Policies are in place and enforced to ensure upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In the past 12 months there were 8 allegations of sexual abuse and sexual harassment received at the Gurney Unit. None of the allegation reported in the past 12 months were within a time frame that allowed for collection of physical evidence. A random selection of staff interviewed confirmed they are trained and could respond as a 1st responder if necessary. Policies are in place and enforced to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Of the 8 allegations reported, the number times a security staff member was able to perform first responder duty was three (3) and the number of times a non-security staff was able to perform first responder duty was zero (0).

The agency and facility consider this standard a priority and are prepared, by policy to respond per the requirements of this standard. All staff are first responders and receive training. The

agency and the facility have further emphasized first responder duties by distributing pocket cards on sexual assault/harassment to include steps to take if a sexual assault occurs.

Based on a review of policies; interviews with USPPM; random sample of staff and informational pocket card that includes information about PREA and steps to take if a Sexual Assault occurs, the Gurney Unit exceeds the requirement for standard 115.64.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The PREA Plan, Gurney Unit Sexual Abuse Coordinated Response Plan and SPPOM-05.01 were reviewed and address the requirements of this standard. Policies are in place and enforced to ensure that each unit develops a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Gurney Unit has established clear facility-specific guidelines to coordinate actions taken in response to incidents of offender sexual abuse among facility leadership, staff first responders, investigators, and facility medical and mental health practitioners. The facility plans dictate responding to an allegation of sexual abuse requires a coordinated effort between security staff, the Office of the inspector General, medical and mental health services and victim

advocates or victim offender representatives. The PREA Plan also has an Attachment G, which is a checklist filled out on every allegation of sexual abuse, ensuring each of these disciplines is notified and provided their appropriate response in the process.

Based on review of the policy, Gurney Unit Sexual Abuse Response and Investigation Coordinated Response Plan, interviews with the facility Warden, USPPM and random staff confirms the Gurney Unit meets the requirements of Standard 115.65.

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

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

### **115.66 (a)**

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

### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

According to Standard 115.66 Preservation of ability to protect offenders from contact with abusers the agency or any other governmental entity responsible for collective bargaining on

the agency's behalf enters into or renew any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit. Texas is a "right to work state" and does not have collective bargaining that would interfere with the preservation of the agency's ability to protect offenders from contact with abusers. Per TDCJ Executive Directives; PD-22, PD-29 and Independent Dismissal Mediation and Dispute Resolution (PD-35), the facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

TDCJ Executive Directives; Sexual Harassment and Discourteous Conduct of a Sexual Nature (PD-13), PD-22 and PD-29, Safe Prisons/PREA Operation Manual; 90-Day Monitoring for Retaliation (SPPOM-05.08) and Intervention Practices (SPPOM-02.04) and the PREA Plan address the requirements of this standard. Policies are in place and enforced to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff, and shall designate which staff members or departments are charged with monitoring retaliation. Policies are in place and enforced to ensure the agency employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Both the facility administration and the Office of Inspector General consider whether the present housing placement is appropriate and, if no, consider whether a move to another housing unit or a transfer to another facility is appropriate. With respect to access to emotional support services, information on a list of services is provided.

The USPPM monitors the offenders for possible retaliation. An Offender 90 Day Monitoring Form is completed for each offender that is being monitored. As part of the monitoring, a review of the offender files for changes that may reflect retaliation concerns including housing changes, program changes, job assignment changes, disciplinary findings, and information from staff. The documentation included detailed information including notes on all changes, including why a housing, job or program change was made. This provided the documentation to ensure the changes were not made for retaliation. The thirty-day reviews with the offender occur in the Safe Prisons office. Further contact is made with the offender while making housing unit rounds. The staff was very knowledgeable of the responsibilities. Inmates being monitored for retaliation indicated during their interviews they were comfortable contacting the Safe Prisons Office with issues and felt they would respond appropriately to their concerns.

The Major monitors the staff sexual abuse retaliation. Reviews are completed at a minimum every thirty (30) days for retaliation. A Staff 90 Day Monitoring Form is completed for each staff member that is being monitored. As part of the review, performance reviews, reassignments of staff, discipline, and staff information are reviewed to determine if retaliation is occurring. The monitoring includes periodic in-person status checks every thirty (30) days and informal reviews with the staff member when making rounds. When evidence suggests the staff member is experiencing or expresses fear of retaliation for reporting and cooperating with sexual abuse and/or harassment investigations, the warden shall promptly remedy the situation and advise the staff member of the availability of emotional support services. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be

extended if warranted. There were no monitoring cases extended beyond the 90 days for the last twelve months and there were no incidents of retaliation reported by offenders or staff.

Based on the review of policies, forms, files and interviews with the Warden, Major, USPPM confirm the Gurney Unit is compliant with Standard 115.67.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directives; Administrative Segregation (AD-03.50) and Transient Status Offenders (AD-04.63), Protective Safekeeping Plan, Administrative Segregation Plan, Guideline for Administrative Segregation Committee Members and the PREA Plan were reviewed and address the requirements of this standard. Policies are in place and enforced to ensure any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse is subject to the requirements of Standard 115.43. Interviews with the Warden and staff who supervise offenders in segregated housing found the policies are in place to allow use of segregated housing to protect an offender. However, it is a last resort and if use it will be for less than 30 days. The number of offenders who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 month for either 24 hours or 30 days was zero. Since no offenders were held in segregated housing the auditor could not interview an offender.

Based on review of policies and interviews with the Warden and staff who supervise offenders in segregated housing the Gurney Unit is compliant with Standard 115.68.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The TDCJ Administrative Directives; AD-02.15, AD-16.03 and AD16.20, OIG Operational Procedure Manual Policies; Record Retention-PREA (OIG OPM--03.7 and Statements and Confessions (OIG OPM-05.15), Board Policy BP-01.07, Executive Directive PD-29, CTSD Safe Prisons/PREA Investigation Training, SPPOM-05.05,SPPOM-05.11, TDCJ Records Retention Schedule and the PREA Plan were reviewed and address the requirements for this standard. The agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports; the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff; agency not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation; substantiated allegations of conduct that appears to be criminal are referred for prosecution; when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interview only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The investigator interviewed reported they investigate immediately and they judge the credibility determinations of an alleged victim, suspect, or witness are based on: the individual – how they present during interviews; past dealings with them; how the evidence obtained matches up with their version of events; the motives they may have to lie and other verbal and nonverbal cues. The investigator reported they refer cases for prosecution any time there appears to be evidence that an incident of sexual abuse occurred. There were no substantiated allegations of conduct that appeared to be criminal that was referred for prosecution since August 20, 2012 When sexual abuse is alleged, the agency uses investigators: who have received special training in sexual abuse investigations pursuant to Standard 115.34; gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victim, suspected perpetrators, and witnesses; review prior complaints and reports of

sexual abuse involving the suspected perpetrator; and departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation

The Investigative file contains copies of all the witness statements, documents, reports and other evidence. Policies are in place to ensure administrative investigations: 1) include an effort to determine whether staff actions or failures to act contributed to the abuse; and 2) are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; ensure criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The agency retains all written reports referenced above for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. Interviews with investigators report they continue their investigations when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and, if there is sufficient evidence to prosecute, they present the case for possible prosecution. Also they continue the investigation when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. The TDCJ is responsible for all administrative investigations with OIG responsible for criminal investigations.

Based on review of policies, procedures and interviews with Warden, PREA Coordinator, USPPM, OIG and facility Investigator, the Gurney Unit is compliant with Standard 115.71.

## 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*)

## Instructions for Overall Compliance Determination Narrative

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

The PREA Plan, SPPOM-05.05 and CTSD Safe Prisons/PREA Investigation Training curriculum were reviewed and address the requirements of this standard. Policies are in place and enforced to ensure the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the Warden and investigators confirm that the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment is a preponderance of the evidence.

Based on a review of policy, training curriculum and interviews with the Warden and OIG and facility investigators confirm the Gurney Unit is compliant with Standard 115.72.

## 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Safe Prisons/PREA Operation Manual; Reporting Sexual Abuse Case Status to Offenders (SPPOM-05.10), SPPOM-05.05, SPPOM-05.11 and the PREA Plan were reviewed and address the requirements of this standard. Policies are in place and enforced to ensure following an investigation into an offender's allegation that they suffered sexual abuse in an agency facility; the agency informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The number of criminal and/administrative investigations of alleged offender sexual abuse that were completed in the past 12 months were 8. All the outcome notifications of closed administrative investigations were made to the offender by the facility through the Unit Classification Committee. The notifications of outcome were documented in the investigation case files.

If the allegation of sexual abuse was by a staff member, the policy requires the Warden to inform the offender of the status of the staff member to include whether the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency's learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the policy requires the Safe Prisons PREA Manager to inform the offender whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. The agency's process has the agency's Safe Prisons/PREA Program Manager making the notifications to the offender on the outcome of the OIG criminal investigations including prosecution.

Based on review of policy, procedures, investigative files and interviews with Warden and USPPM the Gurney Unit is compliant with standard 115.73.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Executive Directives PD-22 and PD-29, Administrative Directive AD-16.20 and the Windham Board Policies WBP-07.15 and WBP-07.44 were reviewed and address the requirements of this standard. Policies are in place and enforced to ensure staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The policies ensure termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Policies are in place to ensure disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The Gurney Unit had zero employees terminated due to an incident of sexual harassment or sexual misconduct incident during the

past 12 months. No staff has been disciplined, short of termination for violation of agency sexual abuse or sexual harassment policies in the last twelve months. In the past 12 months, zero staff from the Gurney Unit has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Based on review of policies, forms and files; interviews with PREA Coordinator and Warden the Gurney is compliant with Standard 115.76.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Executive Directive PD-29, the PREA Plan, Volunteer Service Plan, Acknowledgement of Volunteer Training Orientation, Volunteer Training Facilitator Guide and the Chaplain Manual – Ecclesiastical Endorsement (CM-13.03) were reviewed and address the requirements for this standard. Policies are in place and enforced to ensure any contractor or volunteer, who engages in sexual abuse is prohibited from contact with offenders and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. This was supported by the volunteer and contractor training and orientation including the PREA training video and signed forms saying they have received and understand the PREA training. Interviews with contractors and volunteers confirmed they were aware of the policies and the remedial measures that could occur for engaging in sexual abuse or sexual harassment of offenders. The PREA Plan confirm policies are in place and enforced to ensure the facility takes appropriate remedial measures, and considers whether to prohibit further contact with offenders, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past twelve months, there have been no contractors or volunteers who have violated the agency sexual abuse or sexual harassment policies.

Based on review of policies, procedures, training curriculum and interviews with Warden, USPPM, Chaplain, volunteer and contractors, the Gurney Unit is in compliance with Standard 115.77.

## **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*)

#### Instructions for Overall Compliance Determination Narrative

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

The TDCJ Disciplinary Rules and Procedures for Offenders, Correctional Managed Health Care Policy – Mental Health Appraisals for Incoming Offenders (CMHC E-35.1), Overview of the Sex Offender Treatment Program (SOTP-01.01) and the PREA Plan were reviewed and address the requirements for this standard. Policies are in place and enforced to ensure offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual

abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. During the last 12 months there have been no administrative finding of guilt and zero criminal finding of guilt for offender-on-offender sexual abuse that have occurred at the facility. Policies are in place and enforced to ensure sanctions are commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. Policies are in place and enforced to ensure the disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Policies are in place to ensure if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. The facility does not require an offender's participation as a condition of access to programming or other benefits.

Review of the PREA Plan confirm policies are in place to ensure the agency disciplines an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The PREA Plan also confirms policies are in place and enforced to ensure for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency: prohibits all sexual activity between offenders; disciplines offenders for such activity; and the agency deem such activity to constitute sexual abuse only if it determines that the activity is coerced.

Based on review of policies and procedures and interviews with the Warden, Major, USPPM, Medical and Mental Health staff confirms the Gurney Unit is compliant with Standard 115.78.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes    No    NA

### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Correctional Managed Health Care Policies; Privacy of Care (CMHC A-09.01) Mental Health Evaluation (CMHC E-35.1) Mental health Evaluation (CMCH E-35.2), Confidentiality and Release of Protected Health Information (CMHC H-61.1) Informed Consent (CMHC I-70.1) and CMHC G-57.1, SPPOM-03.01 and SPPOM-05.01 and the PREA Plan were reviewed and

address the requirements for this standard. Policies are in place to offer all offenders that disclosed any prior sexual victimization or previously perpetrated sexual abuse a follow-up meeting with a medical or mental health staff within 14 days of intake. In the past 12 months, 100% of the inmates who disclosed prior victimization were offered a follow-up meeting with medical or mental health care staff. Policies are in place and enforced to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary material documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. The auditor reviewed offender files in medical and mental health and found documentation of all meetings per policy.

The Safe Prison PREA Plan mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Gurney Unit does not house any offenders under the age of 18.

Based on review of policies, procedures, forms and files and interviews with the USPPM, security and non-security staff and medical and mental health staff, the Gurney Unit is compliant with Standard 115.81.

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

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

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Correctional Managed Health Care Policies; Access to Care (CMHC A-01.1) and CMHC-G57.1, SPPOM-05.01 were reviewed and address the requirement of this standard. Policies are in place and enforced to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Policies are in place and enforced to ensure if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to 115.62 and immediately notify the appropriate medical and mental health practitioners. Interviews with security and non-security staff found they carry a card with instructions on steps to take if a sexual assault occurs and are very prepared to act as a first responder if required.

During the last 12 months there were 8 allegations of offenders that were victims of sexual abuse. TDCJ form I-214 Referral to Medical/Mental Health Services is utilized to document referrals and responses. The auditor reviewed offender files in medical and mental health and found documentation per policy. Interviews with security staff and non-security staff first responders found during the past 12 months there were three (3) allegations requiring first responder activity. Security staff and non-security staff are all prepared to act as a first responder if required. Interviews with security and non-security staff found they carry a card with instructions on being a first responder and are very prepared to act as a first responder if required. Policies are in place and enforced to ensure offender victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This is an all-male facility and services offered would be for a male population. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on review of policies, procedures, forms and files and interviews with PREA Compliance Manager, security and non-security staff and medical and mental health staff, the Gurney Unit is compliant with Standard 115.82.

### **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*)

### Instructions for Overall Compliance Determination Narrative

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

The Correctional Managed Health Care Policies; (CMHC-G57.1) and Continuity of Care (CMHC-E44.1), SPPOM-05.01 and the PREA Plan were reviewed and address the requirements of this standard. Policies are in place and enforced to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This is an all-male facility and

services offered would be for male population. Review of files indicates that the evaluation and treatment is offered and documented per policy. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and , when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The medical and mental health services offered at the facility are consistent with community level of care. Offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Policies are in place and enforced to ensure all prisons attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Based on review of policies, procedures, forms and files and interviews with the USPPM, medical and mental health staff confirms the Gurney Unit is compliant with Standard 115.83.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Administrative Directive AD-02.15, Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment and the PREA Plan were reviewed and address the requirements of this standard. Policies are in place and enforced to ensure the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Interviews with the Warden and PREA Compliance Manager confirm the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative

sexual abuse investigation, unless the allegation has been determined to be unfounded. The reviews ordinarily occur within 30 days of the conclusion of the investigation. In the past 12 months, there were 4 administrative allegations of sexual abuse that were completed at the facility that were unsubstantiated that were followed by a sexual abuse incident review within 30 days.

Policy is in place and enforced that ensures the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioner. Interviews with Warden, PREA Compliance Manager and members of the Incident Review Team and review of minutes of meetings confirms the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The review team: 1) considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3) examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) assess the adequacy of staffing levels in that area during different shifts; 5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Interviews with Warden, PREA Compliance Manager and members of the Incident Review Team and review of reports confirms the facility prepares a report of its findings for sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility Warden and PREA Compliance Managers. The facility implements the recommendations for improvement or documents its reasons for not doing so. A form has been developed to capture the review and any recommendations of the review team and includes documentation as to reasons for not enforcing the recommendations.

Based on review of policies, procedures, Incident review reports and interviews with Warden, PREA Coordinator, Incident Review Team Members and the USPPM, the Gurney Unit is compliant with Standard 115.86.

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
 Yes  No

### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

TDCJ Directive AD-02.15, Prison Rape Elimination Act Ombudsman Policy Statement Board Policy (BP-02.09); OIG 2015 Operational Procedures Manual- Offenders Sexual Assault Investigations (OPM-04.05), PREA Plan, Safe Prisons/PREA Operations Manual- Monthly Safe Prisons/PREA Report (SPPOM-01.01), SPPOM-08.81 and the U.S. Department of Justice, Survey of Sexual Victimization 2016 address the requirements of this standard.

Policies are in place and enforced to ensure the agency: collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; and includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. Department of Justice. The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.

Based on the interviews with the Warden and PREA Coordinator and review of the Annual Reports and Surveys of Sexual Victimization, the Gurney Unit is compliant with Standard 115.87.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

## 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The TDCJ Policy BP-02.09, PREA Plan and the TDCJ Safe Prisons/Prison Rape Elimination Act (PREA) Program for Calendar Year 2016 were reviewed and address the requirements of this standard. These policies are in place to ensure the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: 1) Identifying problem areas; 2) Taking corrective action on an ongoing basis; and 3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Interviews with the PREA Coordinator and USPPM confirm the agency reviews data collected and aggregated pursuant to 115.87. The PREA Ombudsman, Safe PREA Office, and the Office of the Inspector General collaborate to compile an Annual Report. The data collected through the Emergency action center reporting process and independent reports submitted directly to the OIG is sent monthly and annually as well. The data is used to: determine appropriate interventions; enhancements to staff and offender training; assessment of appropriate housing for victims/predators; policy updates; and revisions to enhance operational aspects designed to provide safer prisons. Annual staffing plan reviews, assessment of current use of monitoring/surveillance equipment, and facility infrastructure modifications as well as leading indicators in data that may assist TDCJ in making determinations. The data is used to ensure that appropriate action is taken at every level of the organization. Interviews with Warden and PREA Coordinator confirms the agency reviews data collected and aggregated pursuant to Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The annual report include a

comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. Policies are in place to ensure the agency's report is approved by the agency head and made readily available to the public through its website. The auditors visited the website and reviewed the annual reports. Policies are in place to ensure the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Personal identifiers are not included in the annual report.

Based on review of policies, procedures, agency website and annual reports, as well as interviews with the Agency Head, Warden and PREA Coordinator the Gurney Unit is compliant with Standard 115.88.

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

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The TDCJ Records Management Executive Directive (ED-02.29), TDCJ Records Retention Schedule 2014 and the PREA Plan were reviewed and address the requirements of this standard. These documents direct how the incident based information and aggregate data is collected, properly stored, and securely retained. Interview with PREA Compliance Manager confirms the agency policy requires that aggregated sexual abuse data from facilities under its direct control are made readily available to the public annually through its website. TDCJ Safe Prisons/Prison Rape Elimination Act (PREA) Program for Calendar year 2016 prepared by the PREA Ombudsman, Office of Inspector General is the most recent Annual Report available and was reviewed by the Auditor. The Annual Report is made readily available to the public and posted on the agency website. Policy is in place and enforced to ensure before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Review of the PREA Plan confirm policy is in place and enforced to ensure the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise. The Records Retention schedule is followed for all Safe Prison/PREA documents.

Based on review of policies, procedures, agency website, the Annual Report and interview with the PREA Coordinator, the Gurney Unit is compliant with Standard 115.89.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes    No    NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Texas Department of Criminal Justice did not complete a PREA Audit of all of their 133 correctional facilities within the first cycle as required by the standard. However, the Agency has followed the Safe Prisons Plan since the early 2000. The Agency was notified in March 2014, they would be required to begin conducting PREA audits in August 2014. The first cycle of PREA audits were conducted August 2014 – September 2017. A PREA audit was

conducted on all 133 facilities during the first cycle. The Agency is now within its second cycle of conducting PREA audits for its facilities. Although the Agency did not meet the standard in August 2014, it has met the standard of completing the first cycle and has begun the second cycle.

TDCJ is in compliance with the 3 year period for completing PREA audits based on review of its web site and interview with the PREA coordinator. TDCJ has entered into agreements with private organizations for Community Base Residential Programs to provide housing and treatment for selected Parolees. Each contract permits contract monitoring and requires the Program to achieve and maintain PREA Compliance, and to arrange for PREA Audits on a schedule set in consultation with the TDCJ PREA Coordinator. Audits were scheduled per contract to ensure that one-third of each facility type operated by a private organization on behalf of the agency will be audited during each forthcoming audit year. The auditors had access and were able to observe all area of the facility. Auditors were able to request, review and receive all relevant documents including electronically stored documents. The auditors were permitted to conduct private interviews of staff and offenders. Notice of PREA audit posted prior to start of the on-site audit. Interview with random offenders stated they have seen posting. No offenders contacted the auditor prior to, during or after the audit.

## 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*)

## Instructions for Overall Compliance Determination Narrative

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

TDCJ has all PREA Final Reports from the units within its jurisdiction, published on the Agency's website within 90 days after the final report is issued by the auditor. The agency has continuously provided these documents on their web site since 2014. Review of the Agency's website indicated compliance with this standard.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

*David Andraska*

April 12, 2018

**Auditor Signature**

**Date**